



STATE OF MICHIGAN
DEPARTMENT OF HEALTH & HUMAN SERVICES
LANSING

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GOVERNOR

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Juvenile Justice Residential Policy Manuals

**BUREAU OF
JUVENILE
JUSTICE MISSION**

The Bureau of Juvenile Justice will be a dynamic leader in building safe and healthy communities through our balanced approach, professionalism, and shared commitment to innovation and effective partnerships.

VISION

The vision of the Bureau of Juvenile Justice is to promote safe and healthy communities by:

- Providing comprehensive treatment and services for juvenile offenders through which they will develop competencies to assist in achieving independence and responsibility.
- Holding juvenile offenders accountable for their behavior and working toward repairing harm done to the victim and the community.
- Providing leadership within the juvenile justice community by promoting best practices and comprehensive treatment and services for juvenile offenders in Michigan.
- Providing targeted high need communities with the necessary resources or information to create purposeful and collaborative juvenile delinquency prevention programs.

**MICHIGAN
STATUTES**

Child Care Organizations Act, MCL 722.111 et seq

Crime Victim's Rights Act, MCL 780.751 et seq

Child Protection Law, MCL 722.621 et seq

Escape from a Juvenile Facility, MCL 750.186a

Juvenile Facilities Act, MCL 803.221 et seq

Probate Code, MCL 712A.1 et seq

Revised School Code, MCL 380.1 et seq

Sex Offenders Registration Act, MCL 28.721 et seq

Social Welfare Act, MCL 400.1 et seq

Youth Rehabilitation Services Act, MCL 803.301 et seq

POLICY

DHS residential juvenile justice facilities must not offer employment to any individual convicted of a felony or certain other offenses specified in this policy, an individual who has a criminal case pending, an individual with a substantiated child abuse or neglect complaint, or an individual who appears on the Michigan or national sex offender registry.

This policy applies to personnel hired after September 1, 2011.

PURPOSE

To ensure facility personnel are role models for adjudicated youth under their supervision and avoid exposing youth to actual or potentially negative influences.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

DHS human resources staff, DHS juvenile justice facility directors, and other employees involved in employee recruiting, screening and hiring.

**SCREENING AND
HIRING
PROCEDURES**

Each DHS juvenile justice facility must develop and implement a written procedure for screening and hiring applicants or accepting applicants for transfer to facility positions. This procedure must include situations where a current employee seeks a different position within a juvenile justice facility including positions that would constitute a promotion. The procedure must contain the following requirements:

**Position
Announcements**

State of Michigan facility job postings must contain notification that new or transfer applicants are subject to all of the following:

Criminal history checks.

- Central registry checks.
- Other background checks including checks of the Michigan and national sex offender registries.
- Checks with prior institutional employers for information on substantiated allegations of sexual abuse by the applicant.
- Direct questions about previous misconduct in written applications for hiring or promotions and during interviews.
- Submission of fingerprints.
- Testing for use of illegal substances.

Note: In the event that a facility is contacted by an institutional employer regarding a former employee seeking work, the facility director must coordinate providing information regarding substantiated allegations of sexual abuse with the juvenile programs director and Office of Labor Relations.

Pre-employment Screening

All applicants must complete pre-employment screening that includes:

- Submission of fingerprints; see AHP 629-9, Criminal History File Search by Fingerprints.
- Criminal history checks using the Law Enforcement Information Network (LEIN) or Internet Criminal History Access Tool (ICHAT).
- Testing for use of illegal substances.
- Checks of the central registry.
 - The prospective employee must submit a written DHS-194, Request for Central Registry Clearance, which is available online.
 - The facility director or designee must contact the local county office to verify that a prospective employee is not listed as a perpetrator on the central registry.

- The county office must provide a completed DHS-1910 which documents that there is no central registry record of the individual or that a record exists and lists the county that entered the record.
- Checks of the Michigan Public Sex Offender Registry and the Dru Sjodin National Sex Offender Public Website.

Prospects Determined Ineligible for Employment

The facility director or designee must notify prospective employees if they are determined to be ineligible for employment. Upon the prospective employees' request, the facility director or designee must allow them to review the relevant portion of their records with the exception of LEIN results; see JJ2 280, LEIN Checks, for restrictions on access to LEIN results.

Requests for Hiring Ex- offenders

The facility director or designee may request to hire an individual previously convicted of a misdemeanor offense by taking the following steps:

- Prepare a written request showing that the candidate is of good character and has demonstrated a suitable history of lawful behavior.
- Submit the request to the director of the Bureau of Funding, Contracting and Juvenile Programs for approval. The request process cannot be approved for an individual convicted of any of the following:
 - A felony or pending felony charge.
 - Child abuse or neglect (conviction, adjudication or substantiation).
 - Any offense listed as Tier I, II or III in the Michigan Sex Offenders Registration Act.

Note: The above requirement applies whether the offender is required to register or not.

- Any other misdemeanor involving harm or threatened harm to an individual within the immediate 10 years preceding the date of consideration for hire.

Annual Checks

The facility director or designee must ensure the following annual checks are conducted and documented for all staff:

- Central registry checks.
- Criminal history checks using LEIN or ICHAT including checks for for all interns and contractors.
- Checks of staff for current driver's licenses and the appropriate endorsements for duties performed.
- Checks of the Michigan Public Sex Offender Registry and the Dru Sjodin National Sex Offender Public Website.

AUTHORITY

Social Welfare Act, 1939 PA 280, as amended, MCL 400.115a(1)(I)

Child Care Organizations Act, 1973 PA 116, as amended, MCL 722.119

Sex Offenders Registration Act, 1994 PA 295, as amended, MCL 28.721 et seq.

Prison Rape Elimination Act, 42 USC 15601 et seq.

POLICY

Residential juvenile justice facilities must make use of only volunteers who meet rigorous screening requirements. Facilities must not offer volunteer opportunities to any individual convicted of a felony, certain other offenses specified in this policy, an individual who has a criminal case pending, a substantiated child abuse or neglect complaint, or an individual who appears on the Michigan or national sex offender registry.

PURPOSE

To ensure facility volunteers are role models for adjudicated youth and avoid exposing youth to actual or potentially negative influences.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

The facility director or designee and staff involved in volunteer recruiting, screening and programming.

**SCREENING
PROCEDURES**

Each facility must develop and implement a written procedure for conducting pre-screening checks of the central registry for potential volunteers. The procedure must also cover checks of volunteers using the Law Enforcement Information Network (LEIN) or Internet Criminal History Access Tool (ICHAT) as well as the Michigan and national sex offender registries. Procedures must contain the following requirements:

**Central Registry
Screening**

All prospective volunteers must complete checks of the central registry as follows:

- The facility director or designee must contact the local child protective services (CPS) office to verify that a prospective volunteer is not listed as a perpetrator on the central registry.

- The prospective volunteer must submit a written Request for Central Registry Clearance, DHS-194, which is available online. CPS must provide a completed DHS-1910 which documents that there is no central registry record of the individual or that a record exists and lists the county that entered the record.

**Criminal History
Checks**

The facility must complete criminal history checks using LEIN or ICHAT for all prospective volunteers. See JJ2 280, LEIN Checks, for more information regarding controls and limitations for LEIN access.

**Sex Offender
Registry Checks**

The facility must complete checks of the Michigan Public Sex Offender Registry and the Dru Sjodin National Sex Offender Public Website for all prospective volunteers.

**Additional
Institutional
Screening**

The facility must make a best effort to contact previous institutions where the prospective volunteer served for information on substantiated allegations of sexual abuse.

The facility must ask all volunteer applicants about previous misconduct as part of the initial screening process.

**CONDITIONS
PROHIBITING
VOLUNTEER
CONTACT WITH
YOUTH**

An individual may not serve as a volunteer if the individual has a substantiated child abuse or neglect complaint or an adjudication or conviction for the following:

- A felony or pending felony charge.
- Child abuse or neglect.

- Any offense listed as Tier I, II or III in the Michigan Sex Offenders Registration Act.

Note: The above requirement applies whether the offender is required to register or not.

- Any other misdemeanor involving harm or threatened harm to an individual within the immediate 10 years preceding the date of offering to volunteer.

ACTIONS FOR INELIGIBLE CANDIDATES

The facility director or designee must notify the prospective volunteer if they are determined to be ineligible to volunteer. Upon the prospective volunteer's written request, the facility director or designee must allow the candidate to review the relevant portion of their records with the exception of LEIN results; see JJ2 280, LEIN Checks, for additional information.

ANNUAL CHECKS

The facility director or designee must ensure annual criminal LEIN/ICHAT, central registry, and sex offender registry checks are conducted and documented for all volunteers.

SUPERVISION OF VOLUNTEERS

The facility director or designee must ensure that volunteers receive appropriate facility orientation and training for the duties they will perform.

Facility staff must supervise volunteers at all times when volunteers are in contact with youths. Volunteers must not be left alone with youths and may not be counted in determination of staff to youth ratios.

AUTHORITY

Child Care Organizations Act, 1973 PA 116, as amended, MCL 722.119.

AHP-629-7, Children's Program Central Registry Screening.

Prison Rape Elimination Act, 42 USC 15601 et seq.

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that facility staff will be tested for the presence of communicable diseases at recommended intervals.

PURPOSE

This policy enhances the health and well-being of youth placed under the BJJ supervision through interaction with healthy staff.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to testing employees for communicable diseases. At a minimum, these SOPs must contain the following requirements:

TB TESTING

- All staff have a pre-employment TB screening or documentation of a TB screening within the previous year.
- Annual TB screening for direct care staff that have regular contact with youth in residential facilities.
- Document the date and results of the employees' TB tests.

Positive Result on Test

Requires a chest x-ray every three (3) years or a shorter interval as determined by a physician.

Hepatitis***Eligible Individuals***

Facility staff and volunteers who are expected to render first aid as part of their job duties are offered vaccinations for Hepatitis A and B.

Documentation Requirements

Facilities will maintain records of an employee's receipt or decline of Hepatitis A and B vaccinations and Hepatitis A and B exposure reports.

Documentation includes:

- An exposure incident.
- Report and file a worker compensation claim with the Disability Management Unit via the Web-based express claim form.

**Payment for
Vaccinations**

If an employee's health insurer does not cover the cost of the vaccinations, the facility uses existing reimbursement procedures to cover expenses out of local funds.

AUTHORITY

Child Caring Institutions Rules, R400.4114.

DHS DBO January 18, 2006 - Response to Infectious Disease Policy and Procedure Update.

POLICY

Juvenile justice facility directors or their designees must notify the Bureau of Juvenile Justice (BJJ) director whenever an incident occurs that may lead to employee suspension, demotion or dismissal, including incidents relating to staff involvement in illegal or unethical conduct, child abuse or neglect, sexual harassment, ethnic intimidation and the excessive or improper use of force.

PURPOSE

To ensure that incidents that may involve employee discipline are uniformly handled.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

All facility staff.

PROCEDURE

Each facility must develop and implement a written procedure for employee discipline and incident notification. The procedure must contain the following requirements:

- Facility employees must immediately inform the facility director or designee when an employee is involved in an incident that could result in an employee's suspension, demotion, or dismissal.
- After being informed about the incident, the facility director or designee must notify:
 - The BJJ director.
 - The Office of Labor Relations regarding employee disciplinary matters if applicable.
 - The Bureau of Children and Adult Licensing and Child Protective Services if the incident involves mandated child abuse/neglect reporting.

- The Office of Equal Opportunity and Diversity Programs if the incident involves issues of sexual harassment and/or ethnic intimidation.

The only exception to this policy occurs when the allegation(s) may involve the BJJ director or a family member of that person, and the notification may jeopardize an investigation or disciplinary action. Under those circumstances, the notification must be to the director of the Children's Services Administration.

AUTHORITY

Social Welfare Act, 1939 PA 280, as amended, MCL 400.115a(1)(g).

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that the use of state telecommunications equipment must not conflict with the safety and security responsibilities of the facility.

PURPOSE

This policy ensures that staff are not distracted from their primary responsibility of care and custody of youth.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to staff usage of telephones. At a minimum, these SOPs must contain the following requirements:

**Personal Local
Calls**

The use of state telephones for personal local calls are:

- Kept to a minimum.
- Monitored for abuse.

**Personal Long
Distance Calls**

Staff may make personal long distance telephone calls at state expense to communicate:

- A delay in scheduled work departure times.
- Unavoidable changes in travel plans while in travel status.
- As authorized by their supervisor prior to the phone call.

Telephone Logs

Facilities that have Centrex, or PBX telephone systems with Station Message Detail Recorder (SMDR) equipment or service, are provided with detailed information of all outgoing calls by extension,

including the date, time, number dialed and duration of call. In facilities not provided this information through the telephone system or service, a telephone log is required.

Incoming and outgoing cellular calls and outgoing facsimile (FAX) messages must be recorded on a log.

Information required on a log includes all of the following:

- Name of party called.
- Telephone number called (include area codes).
- Date and time of the call.
- Name of person making the call.
- Purpose of the call.

Records produced from Centrex and the SMDR equipment or service, as well as the telephone logs, are to be maintained at the facility for a period of three (3) years or until audited, whichever comes first.

AUTHORITY

DHS Administrative Handbook Manual, Telecommunications (AHT), item 200-3.

Department of Management and Budget (DMB) Procedure 1410.14.

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that personal communication devices will not be worn or carried by staff while on duty without the prior authorization of the facility/center director or designee.

PURPOSE

This policy ensures that staff are not distracted from their primary responsibility of care and custody of youth.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

Procedure

Each facility is required to develop and implement standard operating procedures (SOPs) relative to staff's use of personal communication devices. At a minimum, these SOPs must contain the following requirements:

**Written Request
and Approval**

- Staff submits a written request supporting the need to carry a personal communication device to the facility/center director or designee.
- Written approval by facility/center director or designee must specify:
 - Acceptable use of the device.
 - The starting and ending dates of the approval.

AUTHORITY

Social Welfare Act, MCL 400.115a(1)(l)
DMB Procedure 1410.15
DIT Procedure 1410.15

POLICY

It is the policy of the Michigan Department of Human Services (DHS) Bureau of Juvenile Justice (BJJ) that computer passwords must be kept confidential.

PURPOSE

This policy prevents the fraudulent and illegal use of DHS computers by unauthorized users.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to the confidentiality of staff computer passwords. At a minimum, these SOPs must contain the following requirements:

**Password
Confidentiality**

Staff accessing DHS computers must keep their passwords confidential.

If staff believes that their password has been compromised, they must:

- Change their password immediately.
- Notify their supervisor of possible misuse.

**Email and
Calendar
Access**

Staff must give their supervisor proxy access to their GroupWise calendar.

AUTHORITY

DHS Director Memorandum, March 25, 2001.

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that tobacco products are not to be possessed in facility buildings or used on facility property, and the use and/or possession of alcohol, illegal or non-prescribed prescription drugs is prohibited on state property and in state vehicles.

PURPOSE

This policy ensures a safe and healthy environment for residents, staff, and visitors of the BJJ facilities.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to a tobacco and drug free workplace. At a minimum, these SOPs must contain the following requirements:

- Prohibits the use and/or possession of alcohol and illegal drugs:
 - In the facility or on the facility property.
 - In state vehicles.
 - During facility sponsored activities.
 - While a staff member is on-duty.
- Prohibits the possession of tobacco products within facility buildings.
- Prohibits the use of tobacco products:
 - In facility buildings.
 - On facility property.
 - In state vehicles.

- In private vehicles used for the purpose of transporting youths.
- During facility sponsored events.
- Prohibits:
 - The use and/or possession of prescription medication by an individual that has not been prescribed the medication.
 - Individuals from using prescription medication in a manner other than as directed by the prescribing health professional.

AUTHORITY

Controlled Substances Act, 21 USC 812
Child Care Organizations Act, MCL 722.113b
Executive Order 1992-3
DHS Employee Handbook Department Work Rules

POLICY

Juvenile justice facility staff must always perform their duties in a manner that is professional and mindful of their role as an example for youth. Staff must not engage in any behavior that brings reproach upon themselves, DHS or the State of Michigan.

PURPOSE

To ensure that facility staff adhere to the highest moral and ethical standards for professional and personal conduct.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Facility director and staff.

PROCEDURE

Each juvenile justice facility must develop and implement a written procedure to emphasize ethical staff behavior. The procedure must contain the following requirements:

**Protection of
Civil and Legal
Rights**

- Staff must respect and protect the civil and legal rights of all individuals that they meet in the course of their official duties.
- Staff must not use their position to secure special privileges, any type of financial gain, or to promote any partisan political purpose.
- Staff must not accept, receive or provide any loan or gift that could be construed as a reward or incentive to perform a certain act or that creates the impression of favoritism.
- Staff must maintain the integrity of personal information and must not seek personal information beyond that needed to perform their official responsibilities.

- Staff must comply with requirements for safeguarding confidential information in accordance with JR1 120, Confidentiality, and SRM 131, Confidentiality.
- Staff must not engage in any conduct that adversely affects their ability to perform their job or that adversely affects a facility's ability to carry out its assigned mission.

Staff/Youth Relationships

Staff must maintain a professional demeanor with other staff and youth. Staff must remain appropriately clothed at all times when supervising or in the presence of youth, volunteers, or visitors. Staff must not allow or participate in any of the following activities:

- Engaging in physical contact with youth or allowing physical contact between youth including horseplay, rough-housing, wrestling, fighting, or other similar activities.

Exception: Contact as needed for an approved physical or mechanical restraint is authorized as are staff safety actions to guide or protect a youth. Additionally, incidental contact between youth consistent with normal participation in approved athletic activities (for example basketball or soccer) is authorized.

- Engaging in verbal or non-verbal altercations with or between youth that would have the potential or actually demean, frighten, intimidate, or provoke a physical or verbal response (for example, name calling, taunting, flinching).

Note: Facial gestures, hand signals, aggressive use of body language, and infringing on a reasonable amount of personal space are included in the scope of this contact.

- Socializing on a personal level with present or former residents of facilities.
- Entering into or continuing in romantic relationships with present or former residents of facilities.
- Engaging in any sexual or intimate contact with present or former residents of facilities.
- Attempting to force religious beliefs on youth.
- Allowing youth to drive state or staff personal vehicles.

Exception: Vehicles approved as part of an authorized driver's education program.

- Using their position to engage in business or financial dealings with youth or members of a youth's families.
- Any other behavior with youth that would appear to be inappropriate to an objective observer.

AUTHORITY

Social Welfare Act, 1939 PA 280, as amended, MCL 400.115a(1)(l)

Standards of Conduct for Public Officers and Employees Act, 1973 PA 196, as amended, MCL 15.341 et seq.

DHS Administrative Handbook

DHS Employee Handbook, DHS Pub 87

Prison Rape Elimination Act, 42 USC 15601 et seq.

POLICY

It is the policy of the Michigan Department of Human Services (DHS) Bureau of Juvenile Justice (BJJ) that confidential information about youth is provided only when it is in the youth's best interest as determined by DHS or the committing court, or by receipt of legal consent or a court order. Social Security numbers will not be released to (or be viewable by) non-DHS staff except when fulfilling a legal requirement.

PURPOSE

To identify the responsible party who determines the youth's best interest or provides consent to the release of confidential information.

DEFINITIONS

See JRG, JJ Residential Glossary.

RESPONSIBLE STAFF

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to the release of confidential information. At a minimum, these SOPs must contain the following requirements:

Best Interests Requests

- Information requests from the following persons are in the youth's best interest unless determined otherwise:
 - The youth.
 - The youth's attorney.
 - The court or tribal court when the youth is subject to court jurisdiction.
- Service providers including all of the following:
 - Teacher.
 - Foster parent.
 - Counselor.

- Physician.
- Training and/or career development counselor to the extent necessary to provide services.
- DHS staff who are required to do any of the following:
 - Provide a service.
 - Provide a service-connected function.
 - Investigate criminal or civil laws.
 - Investigate violations in connection with DHS programs.
 - Audit DHS programs.
 - Conduct research in DHS programs.
 - Conduct hearings on services programs.
- Department of Corrections staff when the youth comes under the jurisdiction of that department.
- The victim or victim's relatives. These persons may receive information only when requested in compliance with the Crime Victims Rights Act.

Information Regarding State Wards

The facility/center director or designee, representing the department, will release information on state wards when that release is considered to be in the best interest of the youth unless prohibited by law or court order. The facility/center director or designee should refer legal confidentiality issues to the office of legal affairs.

When a request for information is received:

- The youth and juvenile justice specialist (JJS) in the county DHS office should be contacted to determine if there are legitimate reasons to recommend that the requested information not be released.
- If the JJS believes the release would not be in the best interest of the youth and the residential facility staff do not concur, refer the request for information, along with the JJS's recommendation through administrative channels in the respective field and program office for a decision.

Exception: Once a state ward youth has reached age eighteen (18), the youth's consent is required to release

records to anyone other than those listed under best interests requests above.

Information Regarding Court Wards

When the court has retained jurisdiction, requests for case information from persons other than those listed under best interests requests above are referred to the court of jurisdiction for determination whether release of the requested information is in the best interest of the youth. Even though the court may open the hearing to the public, the DHS will not release any information outside of the hearing except in accordance with this policy.

Information Requests Regarding Released Youth

Former Court Wards

Documents filed with the court are public information, unless the record was closed by the court (MCR 5.925(D)).

Former State Wards

If the former state ward youth is under eighteen (18) years of age, DHS will determine if it is in the best interest of the youth to release the information. If the former ward is eighteen (18) years of age or older, information may only be released with the former ward's consent (MCL 803.308) or to the documented personal representative of their estate.

Assistance to Police Agencies

Apprehension requests to law enforcement agencies may include basic demographic data, identification information and committing offense. The facility/center director or designee will cooperate with police agencies conducting proper investigations.

Media Requests for Information

Media inquiries are to be referred to the office of communications at (517)373-7394. Media representatives will be informed that this is

DHS policy and that inquiries will be expedited in an effort to cooperate.

AUTHORITY

Crime Victim's Rights Act, MCL 780.751 et seq.
Youth Rehabilitation Services Act, MCL 803.301 et seq.
DHS Administrative Handbook, 1180-1

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that Children's Protective Services (CPS) records are only available in compliance with the Child Protection Law.

PURPOSE

This policy prevents the unauthorized disclosure of confidential information.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to access to CPS records. At a minimum, these SOPs must contain the following requirements:

- Youth files containing CPS records must be easily identifiable to help ensure the confidentiality of the records.
- Names and all references to the complainant are removed from the youth's file.
- CPS records are accessible only to treatment personnel working with the youth and/or family.

AUTHORITY

Child Protection Law, MCL 722.621 et seq.

POLICY

Juvenile justice program documents within DHS must be retained in accordance with approved general and agency-specific record retention schedules unless directed to be retained longer by audit or legal requirements.

.PURPOSE

To comply with state law and facilitate orderly maintenance of required records for state juvenile justice programs.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Facility directors, designees, and central office staff.

PROCEDURE

Each residential juvenile justice facility must develop and implement a written procedure for the retention, periodic review, and destruction of records.

Note: This policy does not affect the record retention requirements established by the Department of Technology, Management and Budget (DTMB), the DHS administrative handbook, or other auditors. Documents potentially relevant to the subject matter of a grievance or lawsuit must be retained until no longer needed.

Youth Files

Youth files must be maintained during each youth's residence at the residential facility. These files include the case record, the medical file, and the education file.

Case Record

The facility must maintain a case record for each youth; see JJ2 255, Case Record Requirements.

Note: The case record normally originates from the DHS county office providing services to the youth.

The facility must return the youth's case record to the youth's DHS caseworker when the youth is released from the facility.

Medical file

The facility director or designee must:

- Send the youth's original medical file to the DHS caseworker when the youth is released from the facility.
- Maintain a complete copy of each youth's medical file at the facility following youth release in accordance with the record retention schedule.
- Securely store medical files in locked cabinets with limited access. Files for youth currently in residence must be stored physically separated from files for former youth.

Educational File

The facility director or designee must send the education file (including individualized education program team reports, multidisciplinary evaluation team reports, individualized education programs, transcripts, and attendance records) to the Juvenile Programs Education Unit when the youth is released from the facility.

The mailing address for the education unit is:

Juvenile Programs Education Unit
8701 East M-36
Whitmore Lake, MI 48189

Skeletal File

The facility director or designee must establish and maintain a skeletal file for each youth who has been released in accordance with the approved record retention schedule. The skeletal file must include the following records (as applicable):

- DHS-0199, Consent for Publication Form.
- Initial Service Plan.
- Initial Treatment Plan(s)(residential treatment).
- Risk assessments associated with the Release Treatment Plan.

- Release Treatment Plan (for final release).
- Treatment Program Termination Form (for final release).
- Strengths/Needs Assessments.
- Assessment instruments from the Michigan Juvenile Justice Assessment System.
- Local facility release checklist documentation (for final release).
- Preliminary Services Plans, Resident Assessments, and Discharge Plans associated with detention (if final release is from detention).
- Client intake summary from Juvenile Justice Online Technology (residential treatment).
- DHS-3307A Youth Face Sheet.
- DHS-62 Delinquent Youth DNA Profile Verification.
- MSP Form DD-4 Sex Offender Registration.
- MSP Form DD-4A Explanation of Duties to Register as a Sex Offender.
- Selective Service Registration (if a male aged 18 or older).
- Youth property inventory at facility intake.
- Youth signed receipt for return of personal items on release.
- Post-escape inventories of remaining youth belongings (for youth who escape and do not return).
- Documentation for disposition of escaped youth's personal property.
- Initial and annual Michigan Protection and Advocacy Services notification to parents.
- Court order directing or used as authority for placement at the facility.
- Court order directing or authorizing release or de-escalation from the facility.

- Transition Accountability Plans or other documentation associated with the Michigan Youth Re-entry Initiative.
- Victim Requests for Notification.
- Documentation that shows when victims are notified.

Review of Holdings

The Bureau of Child Welfare Funding, Contracting, and Juvenile Programs director or designee(s) must ensure that central office record holdings are reviewed at least every 12 months:

- To verify that all records held are covered under an approved general or agency-specific record retention schedule.
- To ensure that records are appropriately identified and destroyed in a proper and timely manner.

Note: Reorganization or realignment of staff may result in the need to resubmit record retention schedules for review and approval. Assistance may be obtained from the DHS Records Management Officer or DTMB staff.

The facility director or designee must ensure that facility record holdings are reviewed at least every 12 months:

- To verify that all records held are covered under an approved general or agency-specific record retention schedule.
- To ensure that records are appropriately identified and destroyed in a proper and timely manner.

Records Management Software Users

The Bureau of Child Welfare Funding, Contracting, and Juvenile Programs director or designee and facility directors must ensure that they have sufficient staff trained in use of the Versatile records management software. Training may be arranged with DTMB.

Confidentiality

All records must be stored and disposed of in a manner designed to protect the confidentiality of the enclosed information. Approved methods for disposal include shredding and burning.

AUTHORITY

Public Health Code, 1978 PA 368, as amended, MCL 333.16213
Social Welfare Act, 1939 PA 280, as amended, MCL 400.115a(1)(I)
Department of Technology Management and Budget (DTMB)
Procedures 0920.01 et seq.

POLICY

It is the policy of the Michigan Department of Human Services (DHS) Bureau of Juvenile Justice (BJJ) that legal consent must be obtained for non-security related videotaping or photographing of youths.

PURPOSE

This policy protects the confidentiality rights of youth in facilities.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to the non-security related videotaping or photographing of youth. At a minimum, these SOPs must contain the following requirements:

Purpose

Facilities will define the internal purpose and circumstances for videotaping and/or photographing youth.

**Use of
Videotape or
Photograph*****Treatment Purposes***

Youths and family members may be videotaped or photographed as part of the treatment process if valid legal consent is obtained from all parties.

Non-treatment Purposes

All parties must sign a valid legal consent form.

Media

Non-DHS media (newspaper, television, etc.) requests for photographing and/or videotaping must be approved in advance by the DHS director through the office of communications.

**Storage and
Destruction**

All videotapes must be erased or otherwise destroyed when the affected youth is released from the facility.

Consent

All parties that have reached the age of majority must sign a copy of the "Consent for Publication" form (DHS-0199) prior to being videotaped and/or photographed.

For youth under 18 years of age, the following parties (based on the youth's legal status) must make the determination that videotaping/photographing is in the best interest of the youth and sign the consent form:

Legal Status/Type of Care/Authorizing Party

Delinquent State Ward (1974 PA 150).	DHS director or designee.
Temporary court ward.	Court/judge and parent or legal guardian.
Permanent court ward.	Court/judge.
Dual wards – MCI and Act 150 & 296 or 220.	DHS director or designee and the MCI Superintendent.
Michigan child placed out of state.	Michigan authority supervising child at time of placement.
OTI/Interstate Compact youth.	Sending state authority/court.

**Copyrighted
Materials**

No copyrighted material, including music, may be used in any videotape.

Miscellaneous

- DHS employees videotaped as a part of their job or volunteer duties do not need to sign a consent form.
- Non-DHS employees, including volunteers, must sign the “Consent for Publication” form before the videotape may be used for any purpose.
- Contracts for presentations to be videotaped must state the uses for which the videotape will be used.
- Any videotape that may be shown to any member of the general public must be closed captioned.

AUTHORITY

Social Welfare Act, MCL 400.115a (1)(l)

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that a staff member trained in first aid and cardiopulmonary resuscitation will always be on duty and readily available at all facilities.

PURPOSE

This policy enhances the safety and security of youths placed under the Department of Human Services supervision.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to having a staff member trained in first aid and cardiopulmonary resuscitation on duty. At a minimum, these SOPs must contain the following requirements:

- Staff member always on-duty.
- Each facility will ensure that a staff member with current certification in first aid and age-appropriate CPR is always on-duty and readily available.
- Training available to all staff:
 - Initial and recertification training in First Aid and CPR is required for all direct care staff working in residential facilities. The training is optional for all other facility staff.
 - Supervisory personnel review the certification status of all direct care staff on an annual basis.

AUTHORITY

Child Care Organizations Act, MCL 722.112a

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that the driver of any vehicle on state business must possess a valid driver's license with the appropriate endorsement for the vehicle driven or the circumstances of its use. Drivers will comply with Department of Management and Budget (DMB) regulations and state law.

PURPOSE

This policy ensures the safety of youths and staff during transport.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to driver licensing. At a minimum, these SOPs must contain the following requirements:

**Validation
Procedure**

Each facility ensure and document that staff operating vehicles on state business have a valid driver's license with any necessary endorsements.

**Revoked/Suspe
nded License**

Staff immediately report a revoked or suspended driver's license to their supervisor.

**Conform to
State Policy**

Staff follow published DMB regulations for the use of state vehicles.

**Traffic/Parking
Violations**

Drivers of state-managed vehicles are exclusively responsible for tickets or fines received while operating the vehicle.

Traffic/parking citations received while operating a state vehicle are resolved immediately by the driver receiving the citation.

A driver's failure to pay tickets or citations may result in the revocation of state vehicle privileges.

AUTHORITY

Child Caring Institutions Rules, R400.4181
Michigan Vehicle Code, MCL 257.301
DMB Administrative Guide 0410.04
DHS Administrative Handbook, AHU 811

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that facility advisory committees will have representation from a local elected officials or administrative employees.

PURPOSE

This policy ensures compliance with state statute.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to recruiting local members for representation. At a minimum, these SOPs must contain the following requirements:

**Process for
Securing Local
Representation**

Request elected chief executive officer (e.g. Mayor) or a member of the legislative body of the local entity to appoint an elected official or administrative employee to serve on the facility's advisory committee.

**Repeat of
Request for
Representative**

If local entity does not respond to initial contact, submit the request to local entity in writing.

If the local entity fails to respond to written request, the facility will annually repeat the written request until a representative from the local entity is appointed.

Maintain a copy of the written request as documentation of the efforts to secure a local representative.

AUTHORITY

Social Welfare Act, MCL 400.115p

POLICY

It is the policy of the Michigan Department of Human Services (DHS) Bureau of Juvenile Justice (BJJ) that purchases made with procurement cards are in accordance with DHS guidelines.

PURPOSE

This policy ensures meeting the needs of youths while practicing fiscal responsibility.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to for the use of DHS procurement cards. At a minimum, these SOPs must contain the following requirements:

Authorized User

Only the individual whose name appears on the card is authorized to use the card.

Purchase Limits

The authorized cardholder adheres to the limits set on the card.

The authorized cardholder never splits purchases to avoid exceeding card transaction limits.

Documentation

The cardholder uses the card only for approved purchases.

Each cardholder is responsible for accurately documenting the purchases made with their card with original documentation.

The cardholder records all transactions on the DHS procurement card transaction log (DHS Administrative Handbook Item 421-1, Exhibit 3).

The cardholder forwards receipts and the procurement card transaction log to the cardholder's supervisor.

The cardholder's supervisor verifies the appropriateness of all card purchases monthly.

**Approved
Purchases**

The card is used for DHS approved purchases. DHS approved purchases include:

- Books and subscriptions.
- Television and video appliances and supplies for DHS worksite purposes.
- Seminar training fees (excluding lodging or meals associated with the seminar).
- Office supplies, excluding supplies available through the just-in-time program for office supply purchases.
- Services that are CS-138 reportable (and the vendor is not 1099 reportable).
- The purchase of these supplies when other authorized methods for purchasing have been exhausted:
 - Maintenance supplies.
 - Hygiene supplies.
 - Medical/dental supplies.
 - Clothing.

The card cannot be used to purchase computer related equipment and/or software without the approval of the Department of Information Technology (DIT).

**Unauthorized
Procurement
Card Purchases**

The card may not be used for:

- Cash advances.
- Employee travel expenses.

- Commodities and services that are available on state contract or Michigan State Industries.
- Services from 1099 reportable vendors (See the DHS Administrative Handbook item AHR 421-1 for instructions).
- Health and medical services.
- Standard merchant category exclusions.
- Personal use.
- Items available through the just-in-time program for office supply purchases.
- Gasoline, repairs and supplies for state-owned or personal vehicles used for state business.
- Purchase or rental of graduation attire (prom dresses, tuxedos), class rings or graduation photographs.

**Improper Use of
the Card**

Improper or fraudulent use of the card can lead to disciplinary action up to and including termination of employment, or criminal prosecution.

Appropriate steps must be taken to secure reimbursement from the cardholder for abuse or misuse of the card.

**Purchases of
Clothing for
Youth**

Clothing for youths are obtained from facility stock when available.

When needed, the facility/center director or designee may approve the following purchases from department stores:

Item	Maximum Annual Number
Belt	2
Pants/slacks/jeans	6
Shirt/blouse/sweatshirt	6
Underwear	7 sets
Socks	7 pair
Gym shoes	2 pair
Oxford/dress shoes	1 pair
Pajamas	2 sets
Robe	1

In addition, winter clothing items may be purchased as needed.

Needed items not available at a department store may be purchased with facility/center director or designee approval from a non-discount department store.

Specialty retail stores are only considered when a needed item is not otherwise available within the geographic area.

The facility/center director or designee must pre-approve in writing all purchases from a specialty retail store. This documentation is attached to the procurement card transaction log.

Youths verify receipt of items by signing the DHS procurement card transaction log next to the purchase record.

AUTHORITY

DHS Administrative Handbook, AHR 421-1
Department of Management and Budget Rules and Regulations
Social Welfare Act, MCL 400.1 et seq.

POLICY

Residential juvenile justice facilities must develop and implement a facility training program. The program must include a written training plan and be monitored to ensure the plan is executed and employee training needs are addressed.

PURPOSE

To provide clear guidelines for employee training at residential juvenile justice facilities.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Facility directors and direct care staff.

PROCEDURE

Each residential juvenile justice facility must develop and implement a facility training program. The program must contain the following requirements:

**Facility Training
Plan**

The facility training plan must ensure that employees complete a minimum of 50 clock hours of training during their first year of employment and a minimum of 25 clock hours of training annually thereafter related to the employee's job function. At least 16 of the 50 hours provided in the first year must be orientation training provided prior to the employee assuming duties.

The training plan must include orientation for new and transfer employees and also recurring training for employees after their first year at the facility. Plans may be based on the fiscal year or other time period deemed appropriate by facility management. Plans may cover multiple years.

The training plan must include mandatory elements for direct care staff in accordance with the Mandatory Training Requirements Table in this policy.

The plan may also include professional development training for clinical staff such as group leaders or social workers. For example, a facility that provides juvenile sex offender therapy could schedule sex offender assessment and therapy training.

Orientation training may include job shadowing but must include other types of training; for example, lecture, seminar, practical skills demonstration etc. See the Mandatory Training Requirements Table in this policy for orientation requirements.

Training opportunities in the plan for direct care staff must include but are not limited to:

- The developmental needs of children.
- Child management techniques.
- Basic group dynamics.
- Appropriate discipline, crisis intervention and child handling techniques.
- The direct care worker and social services worker roles in the institution.
- Proper and safe methods and techniques of restraint and seclusion/behavior management if the facility has such a room(s).
- First aid.

No employee may assist with or restrain a youth or place a youth in a seclusion/behavior management room prior to receiving training on these topics. The training model must be approved in writing by the department.

Facility Director Responsibilities

The facility director must:

- Work with facility and department training staff to implement the approved facility training plan.
- Coordinate with facility staff to:
 - Schedule training and inform facility staff.

- Provide suitable training rooms and equipment to support the training.
- Maintain required curricula and training materials to support training.
- Monitor training sessions and personally lead training sessions when deemed necessary or appropriate.
- Make provisions for refresher training for employees returning to work after being absent for significant periods of time. Significant periods of time must be determined by the duration of the absence, the employee's duties and responsibilities, and the requirements of the training plan.
- Periodically review staff training records to ensure documentation of orientation, recurring and situational training.
- Maintain training documentation that includes:
 - Full names of staff.
 - Staff duty assignment(s)/position classification.
 - Official date of hire and date of arrival at facility (if different).
 - Training hours required (for a new employee or recurring requirement).
 - Current (for training period) chronological listing of training topics completed, topic duration in hours, and total training hours for the period.
 - Documentation of actual individual staff attendance for each training presentation where the facility provides the training.
- Review implementation of the training plan on at least a quarterly basis. Take corrective action in cases where the plan lacks adequate implementation or requires modification.

Training Staff Responsibilities

Training staff must:

- Administer written tests and skill demonstrations as contained within applicable curricula and materials.
- Evaluate staff knowledge retention subject to appropriate criteria.
- Provide staff they train with opportunities for remedial training and retesting. Remedial training and retesting may be repeated.
- Notify facility director of any concerns related to participant completion of training.

Staff Responsibilities

Staff must attend training as scheduled or make arrangements in advance to coordinate alternative training times and locations.

Staff may request or make recommendations for additional training relevant to their jobs and the services they provide.

Mandatory Training Requirements Table

Topic	Attendees	Frequency
First aid	Direct care (Notes 1,2).	Orientation, every two years. JR1 140.
CPR	Direct care (Notes 1,3).	Orientation, every two years. JR1 140.
Emergency plan	All staff.	Orientation, annual. Licensing rule 128.
Suicide prevention	Direct care (Notes 1,4).	Orientation, annual. JR5 503.
Bloodborne pathogens	Direct care (Note 1,5).	Orientation, annual. JR3 351.
Massachusetts Youth Screening Instrument (Second Version) MAYSI-II	Intake staff (Note 6).	Initial and annual. JR3 304.
Suicide assessment tool	Managers (Note 7).	Initial and every two years.
Post-restraint visual examination	Managers (Note 8).	Initial and every two years; JR6 610 and JR6 620.

Physical restraint including Handle with Care (HWC) and Mechanical Advantage Control Hold (MACH V) curricula	Direct care (Note 1).	HWC orientation (16 hours), HWC annual refresher (8 hours), orientation and refresher for MACH V; JR6 610.
Mechanical restraint	Direct care (Note 1).	Orientation and annual refresher; JR6 620.
Medication distribution	Direct care (Note 1,9).	Orientation, annual.
Access control devices	Direct care (Notes 1,10).	Orientation, every two years; JR5 514.
Right to Know including Material Safety Data Sheets	All staff.	Orientation, annual. JR5 531.
Sex abuse prevention, Prison Rape Elimination Act	All staff (Note 11a and 11b).	Orientation, annual. JR5 560.
Mandated Reporters, Maltreatment in Care Procedures	All staff (Note 12).	Orientation, annual. Child Protection Law.
Whistleblower Protection (conducted with Right to Know)	All staff (Note 13).	Orientation, annual.
Teacher training	Teachers and aides.	Orientation, annual.
Lifeguard training	Note 14.	Initial and annual or per certified.
Michigan Juvenile Justice Assessment System (MJJAS)	Social workers, group leaders and others as designated by facility management.	Orientation. Trainees must successfully pass a written and practical examination to become certified to administer the MJJAS.
Automated Emergency Defibrillator	Note 1.	Orientation and every two years.
Policy and Procedure Review	Note 1.	Facility-selected policies; annually.
Staff boundaries with youth review	Note 1.	Annually.

Table Notes

Note: 1 Direct care staff, shift supervisors and program managers.

Note: 2 Training in proper application of first aid to ensure facility has staff on duty to render first aid.

Note: 3 Training in cardiopulmonary resuscitation.

Note: 4 Training for identification and management of youth who may be suicidal; minimum of eight hours initially followed by annual refresher training that is at least two hours in duration.

Note: 5 Training in the Occupational Safety and Health Administration bloodborne pathogen standard.

Note: 6 Training in Massachusetts Youth Screening Instrument (second version) for program managers, shift supervisors, group leaders, social workers and intake staff. Training includes proper data collection, scoring and result interpretation.

Note: 7 Training in use of facility suicide assessment instrument for program managers, shift supervisors, group leaders, social workers and others conducting these assessments.

Note: 8 Training in post-restraint visual examination of a youth who was restrained.

Note: 9 Training requirement is waived at W.J. Maxey Boys Training School due to contract nurses handling medications.

Note: 10 Training in proper use, care and safeguarding of keys, locks and other applicable access control devices.

Note: 11a Training in sexual abuse prevention and response as covered under the standards for the Prison Rape Elimination Act (PREA), JR5 560, and local facility operating procedures. Training must include emphasis on sexual harassment as a violation of PREA standards and documentation through employee signature that employees understand the training received.

Note: 11b Specialized training for facility investigators to the extent that the facility conducts sexual abuse investigations. Includes specialized training for full and part-time medical and mental health care practitioners in matters relating to sexual abuse and harassment.

Note: 12 Training for mandated reporters regarding definitions and reporting requirements in case of child abuse and neglect under Michigan Child Protection Law. This includes procedures for situations involving staff from the DHS Maltreatment in Care unit.

Note: 13 Staff rights and responsibilities under federal whistleblower statutes.

Note: 14 Training to ensure there is at least one certified lifeguard for each facility with an operating swimming pool or using waterborne activities as part of programming.

LEGAL BASIS

Social Welfare Act, 1939 PA 280, as amended, MCL 400.115a(1)(I)

Child Care Organizations Act, 1973 PA 116, as amended, MCL 722.112a

Child Caring Institutions Rules, R400.4128

POLICY

Each state and private contracted residential juvenile justice facility must have a continuous quality improvement program. The program must include a continuous quality improvement plan that is approved by the facility director and, in the case of state facilities, the Director of Juvenile Justice Programs.

PURPOSE

To evaluate and improve facility conditions of safety and security for youth and staff as well as the delivery and effectiveness of treatment and therapeutic services.

DEFINITIONS

See JRG, JJ Residential Glossary.

RESPONSIBLE PARTY

All facility staff.

PROCEDURE

The program must work in concert with other inspection and review programs including licensing by the state, contractual performance monitoring, and reviews by any external auditing or accrediting organizations. Where appropriate, licensing reviews and efforts to achieve and maintain a current nationally recognized accreditation may be considered as meeting policy requirements. The program must include:

- A plan-do-check-act methodology.
- Qualitative and quantitative elements.
- Input and feedback from residents, their families, staff, and other relevant stakeholders.
- Protocols that support the evaluation of contractor performance.
- Clinical peer reviews, where appropriate, for treatment and therapy.

The program must generate written reports that include findings, conclusions and appropriate recommendations.

Program records must be maintained in accordance with approved general or agency-specific record retention schedules.

LEGAL BASIS

Social Welfare Act, 1939 PA 280, as amended, MCL 400.115a(1)(I)

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that incidents requiring investigation are referred to the BJJ director and other agencies as appropriate.

PURPOSE

This policy ensures that rule infractions are promptly referred and assigned to the appropriate person/agency for investigation.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to investigation referral. At a minimum, these SOPs must contain the following requirements:

**Investigation
Request**

The facility/center director or designee requests the investigation in writing to the director of the BJJ residential facilities division within one (1) working day of occurrence.

The director of the BJJ residential facilities division or designee forwards the request to the director of the bureau of juvenile justice via email, fax, or telephone.

The investigation request consists of all of the following:

- Complete names and titles of staff involved.
- Complete names of juveniles involved, a copy of the youth face sheet (DHS 3307-A), and housing location.
- Date/time/location of incident.
- Names of all potential witnesses.

- Detailed description of the incident, including all information that may prove or disprove the allegation or incident.
- A list of evidence collected at the scene (described in detail including chain of custody and evidence storage).
- Photographs or videos related to the incident.
- Copies of BJJ incident report(s) related to the incident.
- Any other related supporting documentation.

Incidents Referred for Investigation

Incidents referred for investigation include all of the following:

- Criminal activity:
 - Allegations of criminal misconduct (excluding child abuse and neglect, see Child Abuse and Neglect Reporting, JR5 512) are referred to local law enforcement authorities.
 - After notification to law enforcement, the BJJ director is immediately notified and he/she makes appropriate referrals.
 - The BJJ investigation officer serves as the liaison to law enforcement during the criminal investigation and may conduct a concurrent investigation.
- Major rule infractions.
- Infractions committed by an employee on duty that would generally result in dismissal.
- Employee wrongdoing.
- Employee conduct that may discredit the public perception of BJJ.

Exception: Union grievances are referred to the DHS office of labor relations.

**Assignment to
the BJJ
Investigations
Officer**

The BJJ director or designee reviews each referral and either approves or disapproves assignment to the BJJ Investigation Unit within five (5) days of receipt.

If the referral is disapproved, the referring party is informed of the decision and its rationale.

The BJJ director or designee may also assign background investigations, special projects, and investigations involving federal, state, or local law.

**Incidents
Investigated by
Facility
Management**

Typically, all of the following incidents are investigated by facility management:

- Continued or gross neglect of duty including:
 - Absence without leave, or failure to give proper notice of absences.
 - Habitual tardiness or excessive absenteeism.
- Possession of alcohol or being under the influence of alcohol while on state property or while on duty.
- Insubordination or other serious breaches of discipline involving improper attitudes toward supervisor or coworkers.
- Any other administrative type of incident.

**Sexual and
Discriminatory
Harassment**

Sexual and discriminatory harassment complaints are referred to the Office of Equal Opportunity and Diversity Programs.

AUTHORITY

Management and Budget Act, MCL18.1101

Civil Service Regulation 1.03

POLICY

It is the policy of the Michigan Department of Human Services (DHS) Bureau of Juvenile Justice (BJJ) that the investigation officer investigates assigned incidents involving juveniles placed in BJJ facilities and BJJ staff.

PURPOSE

This policy requires that investigations ensure policy adherence and appropriate job performance.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

The BJJ investigation officer is required to develop and implement a procedures manual for investigation protocol. At a minimum this manual must contain the following components:

**Investigation
Officer
Responsibilities**

The investigation officer is responsible for all of the following:

- Review the initial information/evidence and identify the nature of the assignment as either criminal or administrative.
- Notify the appropriate investigative agencies:
 - DHS office of legal affairs and financial integrity administration for staff conduct that is criminal in nature.
 - The DHS office of labor relations regarding personnel action.
 - The local law enforcement agency for youth criminal misconduct.

- The appropriate facility administration for administrative investigations following approval of the BJJ director.
- Identify potential witnesses and subjects.
- Determine if any additional information, documentation, and evidence is required.
- Review relevant policies and operating procedures.
- Gather and preserve all evidence and supporting documents related to the incident.
- Store evidence in a manner that best ensures the chain of custody.
- Interview witnesses and suspects following all applicable bargaining unit agreements, civil service rules and regulations, and DHS policy and procedures.
- Obtain written statements from all suspects and witnesses to the assigned incident whenever possible.
- Document findings in a written report.

Guidelines For a Written Report

Investigation reports generated by the BJJ investigation officer contain all of the following:

- The nature of complaint.
- The suspect's vital information.
- The details of the investigation.
- A summary.
- A conclusion.
- The status.
- An evidence list.
- A witness list.

Note: Investigation reports are provided to the BJJ director or designee for final approval before closing the investigation.

**Investigation
Disposition**

All closed investigations indicate one of the following as the BJJ's final decision:

- Sustained, when there is sufficient evidence to conclude that the allegation is true.
- Not sustained, when there is insufficient evidence to conclude that the allegation is true.
- Unfounded, when there is sufficient evidence to conclude that the allegation is not true.
- Other, when an allegation does not fall into any of the above categories.

**Record
Retention and
Disposal**

Closed/completed investigation files are stored in the BJJ investigation office.

Closed/completed investigation files are purged:

- Seven (7) years after completion when criminal or administrative action is taken or, when applicable, in compliance with collective bargaining agreements.
- One (1) year after completion with no disciplinary action taken.
- Closed investigations involving BJJ staff resulting in no adverse action are destroyed in accordance with the Bullard-Plawecki Act.

**Employee Right
to Know Act
Compliance**

Notification to the employee is accomplished as follows:

- As part of the interview, if the employee is interviewed by the BJJ investigator or in conjunction with another agency being assisted by BJJ.

- If through the course of an investigation, the employee/suspect is exonerated of a complaint and they are unaware that such an investigation has been conducted, an employee notification letter is sent.

AUTHORITY

Management and Budget Act, MCL 18.1101 et seq.
Bullard-Plawecki Employee Right to Know Act, MCL 423.501 et seq.
Civil Service Regulation, 1.03

POLICY

Residential policy must be relevant and based on promising practices in the field of juvenile justice.

PURPOSE

To ensure administration and facility staff involvement in the policy development process.

DEFINITIONS

See JRG, JJ Residential Glossary.

RESPONSIBLE PARTY

BJJ residential facility directors and residential policy committee representatives. BJJ policy writer and coordinator.

PROCEDURE

The BJJ residential policy committee develops policy for the Juvenile Justice Residential (JR) group of DHS online manuals. Each facility must identify a staff member to serve on the committee.

Policy Development

The policy development process includes:

- Staff identifying the need for a new policy or policy change must contact a committee representative to bring the matter up for discussion at a future meeting of the committee.
- The proposed policy or policy change must be discussed at a committee meeting. Development may be expedited by providing the proposal in draft form.
- In addition to facility members, interested DHS staff may also attend policy development meetings. The committee develops a draft policy.

Policy Review

In the policy review process includes:

- Committee members review the draft policy and recommend changes to the committee chair for inclusion in the final draft.
- The final draft must be provided to the BJJ director of residential facilities and the BJJ director. A meeting may be scheduled for the policy committee and BJJ director to resolve differences regarding the final draft.
- The final draft enters the DHS online manual process for DHS administrative review, incorporation of final department review comments and approval. Facility staff receive notification of new online manual policies via the DHS intranet. Facility management reviews the new policies and coordinates implementation and training with their staff.

Forms Development

The following actions must be completed for forms created or revised that are associated with new or revised policy:

- Follow DHS Pub 105, Guide to Developing Forms and Publications.
- If a policy is revised or new and there are associated new or revised forms, both the policy and form(s) must go through the final department review phase of online manuals before the form(s) can be submitted for inclusion in the reference forms manual (RFF).
- If there is no policy change, but an associated form is created or revised, the form must clear final department review before the form can be submitted for inclusion in the reference forms manual (RFF).
- If the policy is revised or new, but associated forms do not change, make sure the form(s) remain consistent with the policy. Final department review for the form is not required.

Policy Promulgation

DHS publishes the approved policy item using the online manual process.

AUTHORITY

1939 PA 280, Social Welfare Act, MCL 400.115a(1)(I)

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that youth facilities must remain clean, environmentally safe, and attractive at all times.

PURPOSE

This policy ensures that facilities are maintained in an orderly and visually appealing manner.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to physical plant cleanliness. At a minimum, these SOPs must contain the following requirements:

Construction/Landscaping

To the extent allowed by safety, security and financial constraints, facilities are appealing through the use of design and décor.

Facility grounds are landscaped and free of harmful objects and obstructions.

**Housekeeping
Plan**

Staff and youths are responsible for ensuring their personal work and living spaces are maintained in a neat and orderly fashion. The facility/center director ensures all of the following:

- A written housekeeping plan exists.
- A written checklist exists that identifies required tasks relative to daily cleaning.

- A daily schedule exists that includes individual responsibility for plan oversight.

Inspections

There is a documented weekly inspection by designated staff that clearly indicates those physical plant areas that are in compliance or non-compliance with this policy.

AUTHORITY

Social Welfare Act, MCL 400.115a(1)(l)

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that BJJ facilities provide a well-maintained environment for youth.

PURPOSE

This policy ensures ongoing physical plant maintenance to prevent costly repairs and ensure youths' safety.

DEFINITIONS

See JRG, JJ Residential Glossary.

RESPONSIBLE PARTY

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) pertaining to the physical plant maintenance. At a minimum, these SOPs must contain the following requirements:

The facility/center director ensures all of the following:

- The facility/center director or designee conducts weekly maintenance and sanitation checks at the facility utilizing a facility developed maintenance and sanitation checklist.
- The facility maintains a repair log that minimally includes the date, repair needed and date of repair completion.
- All staff are responsible to report maintenance problems or concerns to management through written communication.

AUTHORITY

Social Welfare Act, MCL 400.115a(1)(l)

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) to ensure that the nutritional needs of youths are met while confined within facilities.

PURPOSE

This policy establishes appropriate guidelines governing the planning, preparation and delivery of meals to youths in a nutritionally sound, sanitary and professional manner.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) that govern food services. At a minimum, these SOPs must contain the following requirements:

**Food Service
Manager
Responsibilities**

The food services manager is designated by the facility/center director or designee. The food services manager must:

- Supervise all food services operations.
- Ensure compliance with applicable federal, state, and local statutes, regulations, policies, and procedures regarding sanitation and health standards related to facility food services.
- Monitor kitchen staff for cleanliness, health, and professionalism (including the wearing of hair restraints and appropriate washing of hands).
- Submit menus in advance for approval by the facility/center director or designee.

- Expedite implementation of corrective action plans to address any inspection-noted deficiencies.

Meals

All of the following are minimal requirements:

- There are three (3) nutritionally sufficient meals per day, two (2) of these meals must be hot at scheduled mealtimes.
- There is a snack before bedtime.
- No more than fourteen (14) hours pass between the evening snack and breakfast.
- Meals meet the Recommended Dietary Allowances (RDA) published by the National Research Council.
- Meals are not altered for disciplinary reasons.
- Meals appear appetizing and are aesthetically pleasing.
- Mandated substituted food items have comparable nutritional value.
- The preparation, consumption, and clean-up of meals are supervised by staff.
- Detailed and complete records on all meals served are retained for two (2) years.

Special Diets

Any of the following individuals may order special medical, therapeutic, or religious diets:

- Physician.
- Physician's assistant.
- Nurse practitioner.
- Dentist.
- Facility chaplain.
- Facility/center director or designee.

Inspections

Inspections are conducted and logged by the food services manager or designee. The food services manager ensures all of the following:

- Regular inspections ensuring appropriate temperatures for all foods during storage, thawing, cooking, cooling, serving, holding and reheating.
- Weekly inspections of the food services area.
- Daily temperature checks of refrigerators, freezers and dishwashers.
- Results of any health inspections posted prominently in the food service area.
- All inspections are documented with copies forwarded to the facility/center director or designee.

Food Service Tools

All food services tools:

- Must be kept in a secured area or container when not being used by designated staff.
- Are not to be used by youth unless directly supervised by staff.
- Must have an updated inventory posted promptly in the storage area or on the container that is checked and documented at the beginning of each shift.

Special Procedures

Develop procedures to address the special control, storage and handling of food services tools/equipment, sensitive products such as yeast and extracts, and any chemicals utilized in the food service area

Sanitation

Disposal of garbage must be in accordance with applicable sanitation regulations.

AUTHORITY

Social Welfare Act, MCL 400.115a(1)(l)

POLICY

Residential juvenile justice facilities must assist each youth in successful behavior development and rehabilitation through effective, comprehensive and timely individualized treatment plans.

Treatment plans must be based on the youth's assessed risk and assessment of the youth and family's strengths and needs. Plans must be developed in concert with the service plans prepared by the juvenile justice specialist (JJS) or other designated staff.

Treatment plans must incorporate the input of members of the facility treatment team, the youth's parent(s)/legal guardian(s), and the youth. At the W. J. Maxey Training School, the clinical review team and treatment team must work together to develop the treatment plan.

At each facility, the treatment team must meet so that the treatment needs and progress of each youth is reviewed at least every 30 calendar days. Parent(s)/legal guardian(s) must be notified in advance of these meetings and encouraged to participate in person, by telephone, or through video conference. When parent(s)/legal guardians are unable to participate in person, their written input must be encouraged.

PURPOSE

To ensure each youth placed in a residential treatment institution is provided individually appropriate, complete and timely treatment planning which supports service delivery and positive, permanent changes in behavior. This policy does not apply to short-term institutions; see 1973 PA 116, Licensing Rule R 400.4234-400.4238 for required assessments in short-term institutions.

DEFINITIONS

See JRG, JJ Residential Glossary.

RESIDENTIAL TREATMENT PLANS

Residential treatment plans are written plans that must be completed for each youth at a residential treatment facility. Residential treatment plans consist of the following:

- DHS-232, Initial Treatment Plan (ITP).
- DHS-233, Updated Treatment Plan (UTP).
- DHS-234, Release Treatment Plan (RTP).

Residential treatment plans must be completed in the Juvenile Justice OnLine Technology (JJOLT) system. Plans must be written to support the permanency goal in the current juvenile justice service plan and document community reintegration planning.

**ITP Completion
Date
Compliance**

The prepared initial treatment plan is considered complete when the facility case worker submits the ITP to the supervisor through the JJOLT system. The completion date is reflected as the "Report Date" on the first page of the ITP.

The ITP is considered overdue if the Report Date is on or after the 31st calendar day following the youth's date of placement at the facility.

**UTP Completion
Date
Compliance**

Completion of the first UTP is required within 120 calendar days of the facility placement date (such as within 90 calendar days of the completion of the initial treatment plan) and at least every 90 calendar days thereafter or more frequently, if necessary, to ensure coordination with court hearings.

At a minimum, the UTP must be updated and revised at 90-day intervals. The due date of the UTP is within 90 calendar days of the previous treatment plan's report period end date. The updated treatment plan is considered complete when the treatment worker submits the UTP to the supervisor through the JJOLT system. The completion date is reflected as the "Report Date" on the first page of the treatment plan.

The UTP is considered overdue if the Report Date is on or after the 91st calendar day from the previous treatment plan's report end date.

**RTP Completion
Date
Compliance**

Completion of the RTP is required within 14 calendar days of the youth's release date from the facility. The completion date is

reflected as the "Report Date" on the first page of the treatment plan.

The RTP is considered overdue if the Report Date is on or after the 15th calendar day from the previous treatment plan's report end date.

Supervisory Approval

Prior to finalizing, the treatment plan, along with the required assessments, must be reviewed and approved by the supervisor. The treatment plan approval process requires the supervisor to:

- Review and approve the treatment plan within 14 calendar days of the Report Date.
- Select the "Approved" button in the JJOLT system to generate the approval transaction date.
- Enter their JJOLT password to electronically sign the treatment plan.

The agency is considered out of compliance with licensing R400.12403(2)(o) if the supervisor signature date is past the 14-day review and approval time frame.

Supervisory approval indicates agreement with:

- The treatment staff recommendations to the court within the treatment plan.
- The identified strengths and needs of the youth and family.
- The rate of progress identified.
- Appropriateness of current placement.
- Current treatment and reintegration plan for the youth.
- Permanency planning goal.

Required Signatures

Treatment plans must be signed by:

- The treatment team leader (group leader, social worker, or appropriate designated staff).
- The treatment team manager.
- The behavioral health professional/consultant (as applicable).
- The youth.
- The parent(s) or legal guardian(s).

Distribution

Approved treatment plans must be distributed within seven calendar days to the youth, the youth's file, the court, the youth's juvenile justice specialist, Case Management Organization worker or probation officer, and the youth's parent(s)/legal guardian(s). Copies of letters documenting plan transmittal must be retained in the youth's case file until the youth is released from the facility.

DEVELOPING THE TREATMENT PLAN

Treatment plans must include goals and objectives for negative-scoring domains on the most recent strengths and needs assessment. In order to allot appropriate treatment services, clearly stated goals and action steps must be formed. Action steps within a goal may be deferred as long as the steps are clearly documented in the plan with the supporting reason. Goals must otherwise be maintained from plan to plan unless there is a specific written justification explaining how the goal was achieved or why the goal was changed or deleted.

Team Member Roles

Treatment plans must specifically address appropriate actions required and modalities to be used by treatment team members. Plans must indicate:

- How actions will be completed.
- Who will complete the actions.
- When the actions will be completed.
- Report on the results of the actions.

Plans must address programs/services to be delivered as well as the amount, duration and intensity of the services.

Residential Risk Reassessment

A residential risk reassessment must be completed under the following circumstances:

- To support de-escalation to a non-secure facility or the community.
- Based on treatment team judgment as a function of youth behavior, changes in the treatment program or services, or as otherwise deemed appropriate.
- As deemed necessary to justify reintegration into the community including off-campus treatment, employment, or educational opportunities.
- Prior to completing the third updated treatment plan at the same facility.
- To justify and/or support development of the release treatment plan.

Initial Treatment Plan Instructions

The initial treatment plan (ITP) must be developed in collaboration with the assigned case worker. Goals in the initial service plan must be reflected in the ITP. Any goal differences between the juvenile justice specialist and the treatment team leader must be resolved prior to treatment plan approval.

For a youth with an identified behavioral health need or youth with a negative score for emotional stability or substance abuse on the strengths and needs assessment, the ITP must include a DSM-IV diagnosis and specific symptoms which are the focus of treatment. The plan must identify treatment strategies and interventions to address the youth's behavioral health needs.

**Updated
Treatment Plan
Instructions**

The updated treatment plan must be developed in collaboration with the youth's juvenile justice specialist and based on the current risk reassessment and the strengths and needs assessment.

**Release
Treatment Plan
Instructions**

The release treatment plan must be developed in collaboration with the youth's juvenile justice specialist and based on the current risk reassessment and the strengths and needs assessment.

Release treatment plans must specifically identify strategies and community resources to address unachieved goals and remaining needs of the youth and family.

Release treatment plans must formally include a relapse prevention plan that describes actions the youth and family must take if relapse or a subsequent offense occurs or is considered imminent.

**Treatment
Program
Termination
Form**

Treatment team staff must complete the Treatment Program Termination Form in the JJJOLT system within 14 calendar days of the youth's release from the facility.

**TREATMENT
TEAM MEETINGS**

Treatment team meetings must be conducted as follows:

- At least once every 30 calendar days to discuss youth progress.
- Team staff must prepare a written meeting agenda in advance of the meeting.
- Team staff must maintain written minutes in a facility-approved format that includes:

- Date, time and location of meeting.
- Names and positions of those staff required to attend.
- Names and positions of those staff who attended.
- Those staff absent with reason for absence.
- Full names of youth discussed and summary of matters discussed.
- Any participation by parent(s)/guardian(s), mode of participation, or the fact that none participated.
- Brief comments on any written input submitted by those unable to attend.
- The following items must be discussed for each youth discussed in the meeting:
 - The youth's needs, goals and objectives in the treatment plan.
 - The youth's progress in achieving the goals and objectives.
 - The effectiveness of treatment strategies and interventions and any changes in diagnoses, goals, objectives, treatment approaches, interventions, or medications.
 - Intentions to add, modify, reschedule, or eliminate existing goals. The goal and basis for the goal change must be documented in the treatment plan meeting minutes and in the next treatment plan. The basis for goal changes must derive from:
 - A service plan or other input from the assigned juvenile justice specialist.
 - The most recent strengths and needs assessment.
 - Significant new information or observations of the youth's behavior.
 - The best interest of the youth, the youth's family, or the public.
 - The youth's progress.

AUTHORITY

Child Caring Institutions Rules, R400.4336, R400.4337 and R400.4338

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that each facility must maintain a client intake/summary youth data file for each youth at the facility.

PURPOSE

This policy ensures updated information essential for the apprehension of escaped youths.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to maintaining a youth data file. At a minimum, these SOPs must contain the following requirements:

**Data File
Contents**

Each facility maintains a card file and/or JJIS intake record to include:

- Name, address, telephone number.
- Date of birth.
- Race.
- Gender.
- Current height and weight.
- Ethnicity.
- Religion.
- Language.
- Disability.

- Parent/guardian contact information.
- Last school attended.
- Highest grade completed.
- Eye color, hair color, and complexion.
- Distinguishing characteristics (such as scars, marks, tattoos) that would aid in identification of the youth.
- Legal status.
- DNA profile (if applicable).
- Current placement.
- Previous placement.
- Current case manager.
- A current photograph (taken within one (1) year).
- Summarization of the offense history (including committing offense).

Location of Data File

Each facility ensures that:

- The file is kept in a secure area inaccessible to youths.
- The file is updated on an annual basis.
- The file is available to designated staff on a 24-hour basis.

Victim Notification

When victim notification has been requested pursuant to law, the youth's card or record is marked in a clearly identifiable manner.

The victim's contact telephone number and address is available.

In the event of an escape, victim notification occurs immediately or as soon as possible after the escape.

See BJJ Policy JR5 502.

AUTHORITY

Social Welfare Act, MCL 400.115a(1)(l)

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that the treatment needs of youths are identified and prioritized.

PURPOSE

This policy ensures a youth's priority strengths and needs are determined through a systematic review. This policy is only applicable in those situations where a strengths/needs assessment was not completed prior to placement.

DEFINITIONS

See JRG, JJ Residential Glossary.

RESPONSIBLE STAFF

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to the process for conducting a strengths/needs assessment. At a minimum, these SOPs must contain the following requirements:

Timeframe

Designated staff working with treatment team members:

- Conduct an evaluation of the youth and family to determine the treatment needs.
- The strengths/needs assessment is completed on the JJIS within twenty-five (25) calendar days of the youth's admission to the program and prior to the development of the youth's ITP.

Domain Areas

The designated staff working with treatment team members collects data from various sources pertaining to the following domain areas:

- Family relationships.
- Emotional stability.
- Substance abuse.

- Social relations.
- Education.
- Victimization.
- Sexuality.
- Life skills/functional independence.
- Employment.
- Health care/hygiene.
- After care living situation.
- Needs not otherwise addressed.

**Information to
Treatment Team**

The data collected through completion of the strengths/needs assessment is the basis for the generation of an effective and meaningful plan of treatment.

The designated staff presents a summation of the assessment to the treatment team members.

Re-Assessment

The strengths/needs assessment is an on-going document that must be updated quarterly in JJIS, or revised as various assessments, screenings, and interviews reveal new strengths, needs, and risk factors.

AUTHORITY

Social Welfare Act, MCL 400.115a(1)(l)

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) to ensure that youths are fully informed of program expectations, available programming and their rights and responsibilities.

PURPOSE

This policy ensures that youths are provided with timely and informative orientation.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to the orientation that is provided to youth subsequent to admission to the facility/program. At a minimum, these SOPs must contain the following requirements:

**General Criteria
for Orientation**

The facility/center director or designee designates staff to provide the orientation to youths.

An informative orientation is conducted within twenty-four (24) hours of admission unless there are documented extenuating circumstances.

The orientation does not occur in the youth's room.

The orientation involves live presentations, but may also include video presentations.

Arrangements are made to accommodate non-English speaking and disabled youths to ensure that the orientation information is understood.

Opportunities exist for youth to ask questions during the orientation process.

Youth are given written materials and handbooks that reinforce, supplement or enhance the orientation process.

Orientation Checklist

An orientation checklist is developed for designated staff to utilize, which will contain:

- Philosophy and goals of the program.
- Identification of key staff and the roles they play.
- Expectations, rights, and responsibilities of youth.
- Standards of conduct, rules, and regulations.
- Potential consequences for violations of statutes, rules, and regulations, including escape.
- Behavior management/support system.
- Grievance process.
- Due process proceedings.
- Process for obtaining medical and mental health care.
- Process for reporting alleged physical abuse, sexual abuse, or neglect.
- Drug testing protocol.
- Disaster and emergency preparedness procedures, including emergency drills and evacuations.
- Dress code and personal hygiene requirements.
- Personal property and contraband.
- Searches.
- Visitation, correspondence/mail, and telephone privileges.
- Treatment planning process, services, and treatment.

- Daily/weekly schedule.
- Educational programming and opportunities.
- Recreational and leisure activities; religious/spiritual programming.
- Eligibility criteria for off-campus activities.
- Release criteria and anticipated length of stay.

Documentation

At the conclusion of the orientation, the youth and staff conducting the orientation must sign and date the orientation checklist.

A copy of the signed and dated checklist is placed in the youth's file.

AUTHORITY

Social Welfare Act, MCL 400.115a(1)(l)

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) to provide evidence-based, outcome-driven treatment programs and services designed to ensure the successful performance of the youths in placement and upon reentry into the community.

PURPOSE

This policy ensures that facilities and programs implement evidence-based treatment programs to effectively address the needs of youth with emotional and behavioral problems.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) pertaining to the implementation of evidence-based treatment approaches for the rehabilitation of youth. At a minimum, these SOPs must contain the following requirements:

**Facility/Center
Director or
Designee
Responsibilities**

Facility/center director or designee has the ultimate responsibility for ensuring the utilization of evidence-based theory and methods to guide treatment approaches. The facility/center director or designee ensures that:

- Evidence-based, outcomes-driven treatment approaches being utilized are specifically identified and documented.
- The size of the youth population, the nature of the youth population (risk level, types of offenses, gender, etc.), the average length of stay for youth, the number of available staff and volunteers, and the available resources are considered.

- All staff working directly or indirectly with youths are knowledgeable as to the treatment programs available to youths at their site and can articulate the key elements of the programs.
- Daily programming supports treatment methods through the provision of structured therapeutic activities.

**Basic
Components of
Evidence-
Based,
Outcomes-
Driven
Treatment
Approaches**

Treatment approaches include:

- Structured, intense activities for changing specific behaviors.
- Modification techniques aimed at:
 - Reducing risk factors.
 - Addressing criminogenic factors.
 - Addressing negative thinking of youths.
- Cognitive-behavioral therapy/treatment.
- Family members in the treatment and rehabilitation of their children.
- Integrated and multi-modal or multi-component activities.
- Respects the inherent value and potential of every person.

AUTHORITY

Social Welfare Act, MCL 400115a(l)(l)

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) to provide treatment and services to those youths within its care and custody that are structured to meet their gender-specific needs and differences.

PURPOSE

This policy ensures youths are provided treatment services that address the unique and different ways that females and males respond and interact socially, emotionally, psychologically, academically, physically, and nutritionally.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) pertaining to the implementation of gender-responsive treatment. At a minimum, these SOPs must contain the following requirements:

- The gender of the youth population is considered in terms of program design and determining the treatment and services that are provided to youths.
- The facility/center director or designee ensures that a range of documented, evidence-based, gender-responsive services and treatment are offered to youths that will better assist them in:
 - Developing strengths to face challenges.
 - Eliminating negative behaviors.
 - Developing skill competencies.
 - Developing effective problem-solving and decision-making skills.
 - Becoming assets to their communities upon release.

**Training
Available to all
Staff will**

Ensure awareness of gender differences.

Promote gender-responsive interactions with youths.

Reinforce gender-responsive intervention.

AUTHORITY

Social Welfare Act, MCL 400.115a(1)(l)

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) to provide youths with social and life skills training.

PURPOSE

This policy ensures that youths are provided with social and life skills training to prepare them with the necessary skills to be successful, responsible and productive members of society.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) that govern the provision of social and life skills training to youths. At a minimum, these SOPs must contain the following requirements:

The facility director ensures there is lifeskill training for the duration of a youth's stay in the facility.

Note: Multiple lifeskill curriculum may be needed to cover the average length of stay.

Curriculum

Each facility will utilize a social and life skills curriculum that incorporates best practice. The curriculum:

- Is gender-responsive to the unique needs of males and females.
- Is based on the individual needs of youths using multiple methods of instruction.
- Provides the opportunity to learn through example and practice.

- Includes assessment/evaluation of skills.
- Ensures instruction is documented in treatment and education plans.

Frequency/Documentation

Social and life skills training occurs at least once a week in:

- Group settings.
- Classroom settings.
- Completion of skill attainment is documented.

Staff Training/Responsibilities

Staff receive training in the areas of:

- Life/social skills.
- Gender-responsive cultural diversity/sensitivity.
- Group facilitation.
- Effective communication.
- Problem-solving.
- Conflict resolution.

Staff (as role models) reinforce the social and life skills training through their interactions with staff and youths.

Staff ensure that a youth's peer interactions are constructive and reflect the ideals included in the social and life skills training.

AUTHORITY

Social Welfare Act, MCL 400.115a(1)(l)

POLICY

The Michigan Youth Reentry Initiative (MYRI) within DHS is established to reduce crime and enhance public safety by increasing the success rates of youth transitioning from residential placements to the community. DHS must provide a seamless plan of services and supervision developed in concert with each youth and family that is delivered through state and local collaboration from the time the youth enters a residential placement through their transition to community reintegration and aftercare.

PURPOSE

To ensure there is a community-driven effort designed to create positive outcomes for youth from state residential juvenile justice facilities and their families.

The MYRI, managed within the Bureau of Funding, Contracting and Juvenile Programs (FCJP) in DHS, involves planning the youth's reintegration into the community while providing needed services and permanency. Individualized aftercare planning while in placement and following release is vital to reducing the likelihood of recidivism and maintaining community safety. Youth and family-centered service planning is conducted in collaboration with stakeholders and services are based on the level of criminogenic risk and other identified barriers to the youth's success in the community.

The MYRI model is built on a collaborative case management process which begins the first day a youth is placed in the facility and continues beyond release from the facility until the youth achieves stability in the community. Collaborative case management is implemented by the youth's transition team, comprised of multiple stakeholders who collaborate, communicate and coordinate resources to effectively deliver the plan of services and supervision. The model includes decision-making at seven critical decision points and incorporates a three-phase reentry approach to the placement, release and community supervision/aftercare process. The three phases of the reentry initiative are:

- Getting ready.
- Going home.
- Staying home.

The seven critical decision points are:

- Assessment and classification.
- Programming.
- Release preparation.
- Release decision-making.
- Supervision and services.
- Incentives.
- Discharge and aftercare.

Expected outcomes of this initiative include:

- Reducing the number of youth that reoffend and return to a juvenile justice placement, jail or prison.
- Reducing the number and rate of children placed in juvenile institutions based on the youth's criminogenic risk assessments.
- Decreasing the length of stay of youth in juvenile justice placements.
- Connecting each youth with community resources, agencies and caring adults that assist the youth in being successful in the community.

The initiative is open to court and state wards being released from state-operated juvenile justice facilities.

DEFINITIONS

See JRG, JJ Residential Glossary.

RESPONSIBLE STAFF

Assigned FCJP staff including facility direct care staff working with youth participating in the initiative.

PHASE ONE, GETTING READY

Phase One, Getting Ready, begins immediately upon the youth's admission to the facility and involves the first two reentry decision points:

- Assessment and classification. Criminogenic risk and need factors are predictive of high-risk acting out and criminal behavior. In order to reduce recidivism, services and treatment

must target criminogenic risks (for example, peer associations, family connections and support, enhanced educational connections, and increased self-management and problem-solving skills). Each facility must screen and assess each youth upon admission with assessment techniques that identify both the level of criminogenic risk and need in order to serve as a basis for the treatment plan.

- Programming. An individualized treatment plan, based on the assessments conducted for each youth, must be developed to outline the programs and services that will be provided during the placement and to support a safe and successful return to the community. Programming must include evidence-based treatment options that are proven to impact the specific needs and criminogenic risks identified in the youth's assessment. Programming elements include:
 - Medical and mental health services.
 - Substance abuse treatment and behavioral therapy.
 - Education and vocational training.
 - Family engagement services and supports to strengthen the relationship between youth and their families.

PHASE TWO, GOING HOME

Phase Two, Going Home, begins about six months before the youth's target release date. In this phase, highly specific reentry plans are organized that address housing, employment, family relations, education, and other needed services (for example, addiction and mental health treatment).

Phase Two includes the next two major decision points:

- Release preparation. During Phase Two, the youth must be reassessed to begin development of the aftercare plan. A transition team must be convened that includes the following:
 - The youth.
 - The youth's family.
 - The juvenile justice specialist.
 - Treatment staff.
 - Service providers.
 - Other stakeholders.

The transition team must work together and join with community-based agencies to develop a strong public safety conscious release and aftercare plan that will ensure a youth's access to stable housing, health care, and employment opportunities upon release. While preparing the youth for release, family members and victims are also prepared by receiving notification and appropriate information concerning the youth's release. Counseling, safety planning, and other supports are available to the family and victims to help them cope with the emotional, financial and interpersonal issues surrounding the youth's return.

- Release decision-making. The transition team must provide an ongoing review of the youth's progress following the service plan and the extent to which the youth is prepared to return to the community. The strengths and needs of the youth, the resources in the community, and conditions for release must be developed to support court decisions to release the youth.

PHASE THREE, STAYING HOME

Phase Three, Staying Home, begins upon return to the community and continues until the end of supervision and jurisdiction in the community. In this phase, the youth, along with service providers and the youth's network of community supports and mentors, must be responsible for continued success. Phase Three involves the final three decision points:

- Supervision and services. Flexible and firm supervision and services must continue to be provided to the youth following release to the community. Ongoing assessment of the youth's risk and needs must support the adjustment of supervision strategies as the needs of the youth, the family, the victim, and the community change.
- Incentives. Case managers and field staff must have a range of options available to them to reinforce positive behavior and to address violations of conditions of release. Positive reinforcements must exist to motivate and encourage each youth to comply with the terms of release.
- Discharge and aftercare. Case managers, facility staff, and service providers must assist communities with developing resources and bridging local service gaps to provide linkages to education, employment, housing, physical/mental health, and family reunification services.

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that youth will have access to personal and legal resources via mail.

PURPOSE

This policy ensures the appropriate handling of all mail received and sent by youths.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to youths' mail. At a minimum, these SOPs must contain the following requirements:

**Mail Sent or
Received**

Privileged mail is opened only in the presence of the youth to inspect it for contraband.

Privileged mail is opened only if there is a reasonable basis to believe the envelope contains illegal contraband.

Outgoing mail is only opened following approval of the facility/center director or designee.

Staff may thoroughly inspect all packages.

Reading Mail

Staff will not read mail unless there is clear and convincing evidence to justify reading the mail.

The youth is present when the mail is opened and read.

AUTHORITY

Child Caring Institutions Rules, R400.4145

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that youth will have reasonable access to telephones.

PURPOSE

This policy states the minimum requirements for the youth's use of the telephone.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to the use of telephone by youth. At a minimum, these SOPs must contain the following requirements:

**Access to
Telephone and
Authorized
Charges**

Youths in residential care programs are permitted access to telephones.

- Youths are permitted to make at least two (2) telephone calls per week to parties approved by the youth, parents, JJS, CMO worker, or probation officer at established times.
 - An approved list of incoming and outgoing telephone calls is readily available to program staff.
 - Facilities will allow for reasonable privacy of telephone calls within program parameters.
 - Staff will not listen to an outside party's portion of a telephone conversation without the outside party's consent or a court order.

Charges

When a call is an emergency or is necessary for treatment purposes, the youth group leader or clinical social worker may authorize a call at state expense.

All other calls are made collect or on a prepaid telephone card.

Incoming calls are paid by the caller.

Limitations on telephone usage Include:

- Specific hours of telephone availability.
- The minimum and maximum length of calls.
- Any other limitations on telephone calls.

AUTHORITY

Social Welfare Act, MCL 400.115a(1)(l)

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that parents/legal guardians are entitled to regular or special visits with their son/daughter in accordance with each facility's visiting procedure.

PURPOSE

This policy ensures contact with family and achievement of treatment and reintegration goals.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to parental/legal guardian visitation. At a minimum, these SOPs must contain the following requirements:

**Right to Visit
Youth**

Parents/legal guardians have a right to visit their son/daughter unless prohibited by court order.

Parents and youths do not have any right to an unsupervised visit.

Other visitors must be pre-approved by the facility/center director or designee.

Personal Items

Personal items such as keys and cellular telephones are secured in accordance with security level and facility procedures. No contraband is allowed in the facility.

Visitation Rules

Each facility develops clear rules governing on-campus, off-campus, and home visits. A copy of the rules is given to the parents/legal guardians.

Supervision of Visits

Facility staff monitor visitation areas to prevent the transfer of contraband and to prevent or intervene in case of inappropriate or illegal behavior. Youths are searched subsequent to the visit.

Terminating a Current Visit

Visits by parents/legal guardians or pre-approved visitors may be denied or immediately terminated when:

- A youth or parent(s)/legal guardian(s) behavior warrants staff intervention (including behavior prior to the start of the visit).
- A parent/legal guardian or other visitor is suspected or actually involved in the transfer of contraband to the youth.

Restricting a Future Visit

The facility/center director or designee will inform the director of the residential facilities division of the circumstances warranting a denial of parent/legal guardian visit.

Parent/legal guardian visits may not be permanently restricted without a court order.

Any temporary restriction of the parent/legal guardian visitation right must have the involvement of the youth's:

- JJS.
- CMO worker.
- Probation officer.

The facility/center director must authorize in writing any restriction or denial of parent/legal guardian visitation. The written approval includes arrangements for a conference to structure the reinstatement of visits involving:

- The parent(s)/legal guardian.

- A treatment team representative.
- JJS, CMO worker, or probation officer.
- Facility/center director or designee.

When temporary visitation restrictions are imposed on previously approved visitors they are informed of the reason in writing, and if time permits, prior to a scheduled visit. A copy of the notification is sent to the youth's JJS, CMO worker or probation officer.

AUTHORITY

Child Caring Institutions Rules, R400.4142

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that youth and their families will be guaranteed free access to the grievance process without fear of reprisal.

PURPOSE

This policy protects youth and family rights and offers administration a tool to become aware of and to correct problems related to the grievance process.

DEFINITIONS

See JRG, JJ Residential Glossary.

RESPONSIBLE STAFF

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to youth and family grievances. At a minimum, these SOPs must contain the following requirements:

Process Explained to Youth and Families

The grievance procedure is explained and provided in writing to the youth upon admission and sent or given to their families.

The youth signs an acknowledgement that he/she has received a copy of the grievance procedure and an explanation of the grievance procedure by staff.

Submitting a Grievance

Grievances may be initiated by:

- The youth.
- A member of youth's family.
- A member of youth's treatment group.

Grievances may be filed concerning any conditions or circumstances of care or treatment over which BJJ exercises authority and control.

Each facility has a minimum of one clearly identified locked box located in:

- Each living unit.
- The administrative area.
- The visiting area.

The youth places the written grievance into the locked box.

Grievances are submitted in writing and dated. Assistance in writing the grievance is provided if needed by the youth. Grievances may also be audio taped and transcribed.

Isolation

A youth in isolation/room confinement may request a grievance form and should be reminded of the process.

The youth is provided the form and an envelope if a manager determines it is safe for the youth to possess the form and a writing instrument.

Staff will not read the grievance.

Staff may place the grievance in a locked box at the direction of the youth.

A staff member accesses the locked box(es) each workday. Non-grievance materials (such as youth requests for medical appointments) that are placed in the same box are immediately forwarded to the appropriate person/unit.

A staff member is responsible for receiving, logging and date/hand stamping all youth and family grievances. At a minimum, the log contains:

- Youth or family member's name.
- Date of grievance.
- Nature of grievance.
- Person who answered the grievance.
- Date and nature of the appeal if applicable.
- Final decision maker.
- Final resolution.

Investigating a Grievance

The designated manager is responsible for investigating the allegations contained in the grievance via:

- A review of pertinent written materials.
- A review of other evidentiary materials.
- Informal interviews with those persons who were witnesses to the issue being grieved.
- Interviews with family members which may be conducted via telephone.

Responding to a Grievance

The designated manager:

- Completes the investigation of the grievance.
- Provides a written response, including the rationale for the decision, to the youth or family member within five (5) calendar days.
- Responds to grievances of emergency nature immediately.
- Sends a copy to the facility/center director or designee for review.

Responding to Decision

If the decision is in youth's/family member's favor, the designated manager must expeditiously remedy the situation.

If the decision is not in youth's/family member's favor, the returned grievance form must clearly inform the youth/family member of the right to appeal to the next level.

Designated staff personally delivers completed grievance responses to the youth.

Family grievance responses can be:

- Personally delivered.

**Appealing a
Grievance
Response**

- Sent certified mail/return receipt requested.
- Delivered via any other method that provides confirmation of receipt.

The youth or family member may appeal the grievance response to the facility/center director or designee within fifteen (15) calendar days.

**Responding to
an Appeal**

The facility/center director or designee:

- Conducts additional interviews.
- Gathers additional evidentiary materials.
- Reviews the initial record.
- Provides a written response, including the rationale for the decision, within seven (7) calendar days.

**Record
Retention**

Copies of all grievances are maintained in a chronological facility file, along with the grievance log.

Copies of any return receipts or other confirmations are maintained in the file.

Grievance files are retained for five (5) years.

AUTHORITY

Child Caring Institutions Rules, R400.4132

POLICY

Youth in treatment facilities are eligible for a weekly incentive allowance.

PURPOSE

To enable the use of allowance as an incentive to support participation in the treatment program.

Child Caring Institutions Rules, R400.4146

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility must develop and implement standard operating procedures (SOPs) relative to youths' money, allowance and savings accounts. At a minimum, SOPs must contain the following requirements:

**Possession of
Money**

Youth in facilities may have money on their persons, subject to written procedures established by the facility.

Youth must be provided with a receipt for any money confiscated or turned over to staff for safekeeping.

**Incentive
Allowance**

Youth in BJJ treatment facilities must receive a weekly allowance as determined by the facility/center director or designee.

Youth on a leave of absence must receive the weekly allowance if they are in charge status on the charge back report (i.e. the facility is reporting the youth as being in placement during the days of the leave).

Forfeiture of Allowance

Any unauthorized leave during a week automatically results in the forfeiture of the allowance.

Staff must not threaten to deny the youth's allowance.

Staff must document the circumstances and recommend that the allowance is forfeited for a particular week if the youth is not participating in assigned treatment program activities.

The facility/center director or designee must approve or deny the forfeiture of an allowance.

Monitoring Eligibility and Documentation

The facility/center director or designee must approve procedures to monitor each youth's eligibility for the weekly allowance and document all transactions related to allowances.

Restitution to Facility

Up to one half of the weekly allowance may be withheld to pay restitution to the facility for property damaged by the youth. This is in addition to any amount withheld to satisfy court ordered restitution.

Savings Account

A joint signature savings account must be established for youth assigned to non-secure residential care facilities which requires:

- The youth and the facility/center director or designee signatures for all withdrawals from the account.
- Tracking of deposits and withdrawals from the youth's account.

AUTHORITY

Crime Victim's Rights Act, MCL 780.751 et seq.

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that youth will not view or attend any movie that is rated R or NC-17 or any television program rated TV-MA.

PURPOSE

This policy ensures that youths view only appropriate movies and television programs.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to movie and television viewing by youth. At a minimum, these SOPs must contain the following requirements:

**Movie
/Television
Viewing**

Youths may view appropriate movies and television programs under staff supervision as a part of their treatment program at facilities if the:

- Movie is rated G, PG or PG-13 by the MPAA (for MPAA rated theatrical releases) or TV-Y, TV-7, TV-PG, or TV-14 (if rated by the television industry).
- Staff determines the movie or television program has treatment benefits.
- Unrated movies are pre-approved by the facility/center director or designee.

AUTHORITY

Social Welfare Act, MCL 400.115a(1)(l)

POLICY

A leave of absence (LOA) for a youth may occur due to a court order, the need for medical treatment, as part of a restorative justice plan or in preparation for release.

PURPOSE

This policy ensures public safety and promotes reintegration of youths preparing to leave secure facilities.

Social Welfare Act, MCL 400.115a(1)(l)

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

**LEAVE OF
ABSENCE
PROCEDURE**

Each facility must develop and implement standard operating procedures (SOPs) relative to a leave of absence. At a minimum, SOPs must contain the following requirements:

Leave Criteria

Youths in secure programs may not leave the facility except for medical treatment, court appearances or other good cause approved in writing by the facility director or designee.

Excluding court-ordered or medical leaves of absence, a LOA may be to a residence of family members or to a structured aftercare placement setting.

Factors considered by the treatment team in recommending a LOA include:

- Recent risk reassessment score.
- Stability of the youth with respect to volatile issues relating to the treatment program.

- Evaluation of the youth's appropriate and active participation in treatment and progress toward established goals.
- Youth's written safety/relapse prevention plan.
- Assessment of the need for tracking or other approved monitoring method during the LOA including specific contact check-in dates, times and requirements.

Written Agreement and Required Notices

Requires a written LOA agreement including:

- Terms and objectives of LOA.
- Method for obtaining feedback from the community regarding youth's behavior during LOA.

The facility director or designee must provide written notice of the proposed LOA at least two (2) weeks prior to the LOA to the:

- Court of jurisdiction.
- Youth's JJS, CMO case worker or probation officer.
- Crime victim, when the victim requests notice.

The written notice must contain:

- The youth's name.
- Identifying case numbers.
- Date(s) of the anticipated visit.
- Location of the visit.
- Reason for the visit.
- A contact telephone number for the individual to call with any questions.

Multiple Planned Visits

Facilities which regularly use an LOA as a part of a standard treatment modality may apply one LOA plan to multiple planned visits provided that all the above listed parties received notification prior to the first LOA.

Checklist

A facility adopted LOA checklist must be completed.

The checklist and proposed LOA agreement must be sent to the JJS, CMO worker or probation officer.

The JJS, CMO worker or probation officer must confirm that the court and victims have received notice, obtain the home/community contact signature on the LOA agreement; and return the completed materials to the designated staff person at the facility.

The LOA checklist and LOA agreement must be approved by the facility director or designee.

**Law
Enforcement
Notice**

Law enforcement must be notified within one (1) hour of an unauthorized absence. This includes a youth on an unsupervised activity or approved LOA who fails to return to the facility at a set time.

AUTHORITY

Crime Victims Rights Act, MCL 780.751 et seq.

POLICY

Youth in residential juvenile justice facilities may participate in off-campus activities consistent with their risk to public safety, the expected therapeutic gain from participation, and their ability to participate. Each case of a youth in a secure facility that is eligible to participate in off-campus activities must be periodically reviewed to determine if de-escalation to a non-secure or community placement is appropriate.

PURPOSE

To ensure public and youth safety while preparing a youth to successfully return to the community.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

The facility director, in coordination with the juvenile programs director, must approve off-campus activities. The facility director and managers must coordinate off-campus activities with treatment team staff. Treatment team staff must plan the overall activity, screen the youth, and execute the off-campus activity.

**OFF-CAMPUS
ACTIVITY
PROCEDURE**

Each facility must develop and implement a written standard operating procedure for conducting off-campus activities. The procedure must contain the following minimum elements:

Activity Types

There are three types of activities:

- General off-campus activities.
- Employment.
- Education/training.

General off-campus activities include, but are not limited to, community services and other restorative justice service events as well as treatment activities in the community.

**Youth Eligibility
Criteria**

The treatment team must determine youth eligibility for off-campus activities based on:

- The expected therapeutic or educational benefit derived from participation.
- A screening of the youth (see factors below).
- An evaluation of the youth's threat to public safety and other participating youth.
- The youth's recent behavior.

**Screening
Factors**

The following screening factors restrict youth eligibility to participate in off-campus activities:

- The youth was rated high in the most recent DHS risk assessment. The risk assessment may be conducted using the DHS-497, Residential Risk Reassessment, or other approved DHS risk assessment instrument, but must have been completed within the previous 90 calendar days.
- The youth has less than 30 calendar days in the current program.
- The court has restricted the youth from participating.
- The youth presents an escape risk.
- The youth has engaged in recent fights, assaults, suicidal behavior, sexual misconduct, or other demonstrations of failure to make adequate treatment progress.
- A medical condition prohibits the youth from participation.

Activity Staffing

A minimum of two staff must supervise youth participating in off-campus activities.

Staff must be trained or have credentials in:

**Activity
Planning and
Approval**

- CPR and first aid.
- Crisis intervention continuum.
- Physical and mechanical restraints.
- Lifeguard (if waterborne activities are planned).
- Training/competence to conduct planned activities.

The facility director and juvenile programs director must approve any off-campus meals other than those provided by the facility.

The facility director and juvenile programs director must approve all off-campus activities in advance by signing the DHS-2221, Request Form for Off Grounds Group Activity. Facilities must send the form to the juvenile programs director for approval at least five business days before the scheduled event.

Facilities may request advance approval for multiple activities of the same type within a set time frame (for example, weekly balanced and restorative justice activities within the month of January). Facilities must provide as much information as possible in the initial request and follow up with additional information as it becomes available.

**Supervision and
Safety of Youth**

Staff must familiarize themselves with the activity setting, potential safety and escape risks, and actions to mitigate risk.

Staff must follow standard procedures for youth transport; see JR5 520.

Staff must maintain line of sight supervision of youth and appropriate youth to staff ratios; see JR5 540. Staff must carry at least one cell phone and either a backup cell phone or a portable radio (mobile walkie/talkie).

During bathroom breaks, staff must maintain line of sight supervision with at least a portion of the youth's body and maintain close proximity.

Staff must ensure that appropriate safety equipment is available and worn correctly as part of participation. Personal flotation devices are mandatory for all participants including staff on

waterborne activities (for example, rafting, canoeing, kayaking or boating).

In the event of youth escape, staff must follow escape response procedures; see JR5 501, including incident reporting using the DHS Alert system. Staff must ensure that remaining youth stay under supervision and that the remaining youth do not pursue the escaping youth.

**Special
Requirements
for Education
and
Employment
Activities**

The following provisions apply only to youth engaged in opportunities that can be utilized exclusively off-campus and after a thorough review of risk and safety considerations. Benefits must be considered clearly necessary and appropriate for meeting the permanency goal and successful return of the youth to the community. Staffing, planning, approval, and supervision requirements in this policy remain fully in effect unless all of the following requirements are met:

- The youth involved is expected to be released within six months.
- The youth may engage in side trips or other activities only with advanced written authorization. The youth may not use the opportunity to conduct off-campus visits, engage in recreational activities or entertainment, go shopping, run errands, or other activities that are not part of the educational or employment opportunity.
- The youth may be equipped with or allowed to have a cellular phone at facility discretion. If allowed, the phone must be surrendered on return to campus.
- The youth may not leave the educational institution campus or the work site except to return to the facility with staff.
- The youth may not operate a motor vehicle or ride in a vehicle with persons other than facility staff. Transport to and from the event must be by state vehicle driven by facility staff.

- Facility staff must review the escape policies and procedures with the youth within 15 calendar days of starting the activity. This review must be documented in writing and filed in the youth's case file.
- Facility staff must review the employment or educational opportunity with the youth and ensure the youth understands possible consequences if the youth misbehaves or reoffends. Depending on the youth's age, criminal offenses may be prosecuted in the adult criminal justice system.
- The youth's juvenile justice specialist must be aware of and approve of the activity.
- The youth's parent(s)/legal guardian(s) must be aware of the activity and understand restrictions in effect.
- The facility director and juvenile programs director must be fully knowledgeable and approve of the activity in writing.
- The court must approve and document that they are knowledgeable of the activity in a court order held by the facility. The order must be separate and distinct from the order resulting in placement with at the facility. The order must be filed in the youth's case file.
- If the youth is a sex offender, the facility must advise the relevant educational or training institution in advance.
- The facility must ensure that any victim's rights notification requirements are fulfilled. If a victim is known to be at the same educational institution or place of employment, the youth is ineligible to participate in educational or employment opportunities at that location under this policy.
- The facility must coordinate with the youth and employer to ensure compliance with all labor laws and employment regulations, including the administration of wages.
- The facility must provide the youth with appropriate medication and the youth must have a demonstrated record of compliance with taking medications. Medications must not interfere with job duties.

- The facility must ensure that prospective employers are able to provide emergency first aid and coordinate with the facility for medical care should the youth become ill or injured.
- The facility may provide a participating youth with limited amounts of cash to purchase appropriate food at the work site or educational institution, but expenditures must be accounted for with receipts and documented staff approval.
- The facility must monitor the youth's work or educational performance. Failure of the youth to provide access to educational records renders the youth ineligible to participate.
- The facility must search the youth on each return to the facility.
- The facility must conduct unannounced on-site spot checks of the youth at intervals not to exceed 30 calendar days during the activity's duration.
- The use of the DHS-2221 form is mandatory.

Relaxations Under Special Circumstances

Relaxations to normal secure facility supervision may be approved based on the special requirements discussed above. Key emphasis must be placed on the risk posed by the youth. Delegation of supervision, to other than state employees, must not occur unless the risk to the youth and the community is evaluated to be acceptable.

If the level of risk is in doubt, the activity must be considered inappropriate for the youth and the activity postponed or cancelled. The facility may terminate its permission for the activity at any time without notice.

Youth supervision, normally under staff control, may be delegated to an employer acting as a program-delegated individual. Prior to this delegation, the facility staff must meet with the employer, visit the work site, gain understanding of the youth's activities on the job, and observe the youth working for at least one scheduled shift.

Youth supervision may also be delegated to an educational institution based on approved enrollment at the institution and the approval of the facility director. Prior to this delegation, facility staff must attend any orientation with the youth, meet the youth's teachers (if feasible), and attend the first class(es).

The employer and educational institution must be provided with emergency facility contact information and response actions should the youth become ill/injured, misbehave, escape, or otherwise be non-compliant.

AUTHORITY

Social Welfare Act, 1939 PA 280, as amended, MCL 400.115a(1)(l)

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that all youths identified as having substance abuse issues are subject to scheduled and random drug testing.

PURPOSE

This policy ensures that youths with substance abuse concerns are monitored for drug use.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to drug testing of youths. At a minimum, these SOPs must contain the following requirements:

**Mandatory
Testing**

All youth whose ISP and/or treatment plan identifies substance abuse as an issue, or who have failed a prior drug test within the previous year, will submit to an on-site drug test following:

- Every off-campus activity not directly supervised by facility personnel.
- Every unsupervised leave of absence from the facility.

This drug testing procedure is only altered by the facility/center director or designee upon the recommendation of the treatment team.

Random and Reasonable Suspicion Testing

All youth in treatment programs are subject to random drug tests following off-campus activities or leaves of absence.

Drug tests are required of any youth based upon a reasonable suspicion of staff that a youth may have ingested alcohol or a controlled substance.

Verification and Reporting Results

Every youth who has a positive result on an on-site urine or saliva-based drug test have a second sample taken for laboratory analysis.

In addition to any facility-designated sanction based on the treatment needs of the youth, the result of any positive laboratory analysis is noted on the youth's UTP and entered in JJIS within seventy-two (72) hours of receipt of laboratory results.

AUTHORITY

Social Welfare Act, MCL 400.115a(1)(l)

POLICY

Youth adjudicated or convicted of an identified offense must submit a deoxyribonucleic acid (DNA) profile prior to release or placement in a non-secure program.

PURPOSE

To ensure youth compliance with the DNA Identification Profiling System Act.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility must develop and implement standard operating procedures (SOPs) relative to the submission of DNA profiles. At a minimum, SOPs must contain the following requirements:

**Case File
Inspection/Refer
ral**

Facilities must review the youth case records for conviction or adjudication of the offense(s) listed in the DNA Identification Profiling System Act.

- If a youth's case record documents via DNA Profile Verification (DHS-62) that a DNA profile was submitted to the Michigan State Police, no further action is required.
- If a DNA profile is not documented, a DNA profile must be submitted before the youth is placed in a non-secure program, or is otherwise released from wardship.

**Sample
Collection Kits**

DNA profile sample collection kits are available at the
Michigan State Police

DNA Lab
714 S. Harrison Road
East Lansing, MI 48823
(telephone 517/336-6208).

**Verification
Form**

Complete the DNA Profile Verification (DHS-62) form and file in the youth's case record after a DNA sample is submitted.

**Payment to
Department of
Treasury**

Youth submitting a DNA sample must pay a fee to offset the costs associated with the sample.

BJJ facilities collect this fee from the youth's weekly allowance, if the youth has no other money available.

The youth must be given a receipt for each payment and a copy of the receipt must be filed in the youth's case record.

At least quarterly, facilities must submit any payments received to the Michigan Department of Treasury for deposit in the justice system fund.

**MAILING
ADDRESS**

Michigan Dept. of Treasury
Receipts Processing Division
7285 Parsons Drive
Dimondale, MI 48821

AUTHORITY

Youth Rehabilitation Services Act, MCL 803.307a

Juvenile Facilities Act, MCL 803.225a

DNA Identification Profiling System Act, MCL 28.171 et seq.

POLICY

Residential juvenile justice facility staff must inform any youth who is subject to the Sex Offenders Registration Act of the obligation to register, periodically verify registration when required, and make situational reports to the registering authority. Staff must also inform each sex offender of the right to petition for removal from the sex offender registry.

Any youth in a secure public or private residential facility is considered to be incarcerated. Registration verification requirements and payment of annual registration fees are held in abeyance until the youth is released to a non-secure facility or the community.

Any youth in a non-secure facility is subject to periodic verification requirements based on the tier of the sex offense as well as payment of the annual verification fee.

PURPOSE

To ensure that residential juvenile justice facility staff assist sex offenders in fulfilling registration obligations.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Facility director and direct care staff.

PROCEDURE

Each facility must develop and implement a written procedure for sex offender registration. At a minimum, the procedure must contain the following requirements:

Admission Review

The court is required under law to register a youth as a sex offender for adjudication or conviction of a listed offense. As part of facility admission, staff must review the case record and verify that registration directed by the court order is properly documented. Case records must include:

- Signed copy of the MSP DD-004A, Explanation of Duties to Register as a Sex Offender, with the youth and have the youth sign the form.
- Signed copy of the MSP RI-004, Michigan Sex Offender Registration.

The case record may also contain copies of the MSP RI-004V Sex Offender Verification/Update if the youth has had to verify registration.

Michigan State Police forms related to sex offenders can be found on the department web site at http://www.michigan.gov/msp/0,1607,7-123-1645_3500---,00.html

In cases where staff cannot verify that registration has occurred as ordered by the court, staff must seek clarification from the juvenile justice specialist.

Offenses requiring registration and their tier designation are found in JJ3 300, Offense Class I-V, Sex Offender Registration, and DNA Profile Codes Exhibits VI-VIII, and the Sex Offenders Registration Act.

Registration Requirements

Any youth who was 14 years of age or older at the time of the offense and was adjudicated for a Tier III offense must register unless the court grants a Romeo and Juliet exemption as described below.

Any youth convicted as an adult for a Tier I-III offense must be registered in accordance with MCL 28.722b(i).

Any youth convicted in a designated proceeding in juvenile court must register in accordance with the adult registration rules in MCL 28.728(4)(a).

Juveniles may avoid the requirement to register for certain Tier III offenses if the court grants their petition seeking a Romeo and Juliet exemption.

**Romeo and
Juliet
Exemption
Determination**

The granting of a Romeo and Juliet exemption must be decided by a court. The court may hold a post-conviction, pre-sentencing hearing, or a post-adjudication, pre-disposition hearing to make a determination regarding the exemption.

The defendant must prove by a preponderance of the evidence that:

- The victim was between the ages of 13 and 16.
- The defendant or juvenile was not more than four years older than the victim.
- The sexual conduct was consensual.

The defendant may also assert status by proving by a preponderance of the evidence that:

- The victim was 16 or 17 and was not under the custodial authority of the defendant at the time of the violation.
- The victim consented to the conduct.

The rules of evidence, except those relating to privileges and the rape shield law (MCL 750.520j), do not apply at this proceeding.

The victim has the right to attend and be heard, to attend and be silent, or refuse to attend.

The court's decision is a final order, appealable by right to the Court of Appeals.

**Identification
Cards**

Any youth required to register must have a digitized driver's license or state identification card obtained from a Secretary of State office for use in identification. The address must match the current address listed on the registry.

The youth's juvenile justice specialist must provide the youth's certified birth record to the facility as needed to assist the youth in securing the state identification card. After the card has been

obtained, the specialist must ensure the birth record is returned to the youth's local office case file.

The registering authority is the law enforcement agency or sheriff's office having jurisdiction over the offender's residence, place of employment, institution of higher learning, or the nearest Michigan State Police post.

Petition for Removal from the Sex Offender Registry

An offender who is on the registry under any of the following circumstances may petition immediately for removal from the registry:

- Youth is seeking or is granted a Romeo and Juliet exemption.
- Youth was under 14 at the time of the offense and was adjudicated as a juvenile.
- Youth is on the registry for an offense that no longer requires registration (for example, indecent exposure and offenses that are not tier III offenses).

The petition must be filed in the county of adjudication/conviction. If the offender was convicted in another state or territory, the petition must be filed in the youth's county of residence.

The prosecuting attorney must be served with the petition.

A false statement in a petition is perjury.

If the victim is known, the prosecuting attorney must notify the victim.

The victim has the right to attend any hearing and make a statement. Victims cannot be required to attend a hearing against their own will.

Further information regarding the eligibility of a youth filing a petition for removal from the registry may be obtained by the youth from the local court and the Sex Offenders Registration Act, MCL 28.721 et seq.

**Payment
Method for State
identification
Card**

If the youth or family is unable to pay for a driver's license or state identification card, the DHS-1583, Interagency Voucher Request, must be completed to bill the cost to DHS. The following codes must be used:

- TC-413.
- AGY-431.
- AY-last two digits of the fiscal year.
- Index-65340.
- PCA-47037.
- AOBJ-6155.

The facility staff must submit a completed DHS-1583 to the Secretary of State office when requesting a state identification card or driver's license for a delinquent youth. The facility staff must also file a copy in the case record.

LEGAL BASIS

Sex Offenders Registration Act, 1994 PA 295, as amended, MCL 28.721 et seq

POLICY

Youth must pay court ordered restitution and other charges.

PURPOSE

To ensure youth compliance with court ordered payments.

DEFINITION

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility must develop and implement standard operating procedures (SOPs) for court ordered payments. At a minimum, these SOPs must contain the following requirements:

**Review Case
Records**

Treatment facility staff must review the case record of each youth as part of the intake process to determine if the youth must make court ordered payments.

**Determining
Payment
Percentage**

Youth in secure placements must pay half of all income for court-ordered payments.

Youth in non-secure placements must set aside the percentage of income determined by the treatment team for court ordered payments.

In all programs, the amount set aside for court-ordered payments must not exceed half of all income unless the court orders, or the youth agrees to provide, a greater percentage of income for court-ordered payments.

**Payment
Schedule**

At regular intervals, staff must send the youth's payment and a copy of the court order, or a brief description of the reason for the payment, to the court.

At the court's direction, payment may be made to a designated individual.

The youth must be informed of each payment and be provided documentation of the payments at the time of release.

Each treatment or release plan must include the amount of court ordered payments completed and outstanding.

**Opportunities
for Earning
Money**

Youth who owe court-ordered payments are provided opportunities (suitable to the security level and ability of the youth) to earn money at the facility.

**Victim
Restitution**

If the court orders victim restitution and in any one month the juvenile receives over fifty dollars (\$50), fifty percent (50%) of the amount over fifty dollars (\$50) must be deducted by the facility and held for victim restitution.

When the amount deducted by the facility exceeds one hundred dollars (\$100), or the youth is released, the money deducted must be sent to the victim.

AUTHORITY

Social Welfare Act, MCL 400.115a(1)(l)

Probate Code, MCL 712a.30

Crime Victim's Rights Act, MCL 780.751 et seq.

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that staff will assist male youth to fulfill their responsibility to register with the Selective Service System (SSS).

PURPOSE

This policy ensures youths compliance with the Selective Service Act.

DEFINITION

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to selective service registration. At a minimum, these SOPs must contain the following requirements:

**Notification to
Youth**

Inform male youths of their obligation to register with the SSS.

Educate youths about the consequences of failing to register within thirty (30) days of reaching their 18th birthday including:

- Felony charge.
- Ineligible for future benefits including student loans and federal employment.

**Completion of
Registration
Form**

Selective Service Mail-Back Registration Form is available at the local post office.

Selective Service form is available on line at:
<https://www.sss.gov/regver/wfRegistration.aspx>

An acknowledgement form from SSS is proof of completion.

AUTHORITY

Selective Service Act, 50 App USC 329 et seq.

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that youth attire and appearance will promote a positive self-image and reflection on the facility.

PURPOSE

This policy ensures that BJJ facilities have guidelines for appropriate clothing and appearance for youths.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) that govern youth attire and appearance. At a minimum, these SOPs must contain the following requirements:

**Clothing
Guidelines for
All Programs**

Underwear must be worn. Girls must wear bras.

Clothing is worn in such a way that a youth's undergarments are not exposed.

Pants are worn at the waist level with shirts tucked in unless designed to be worn on the outside.

Clothing is laundered frequently enough to provide youth with clean underwear and socks on a daily basis and clean clothing at least three (3) times per week.

Youth must not wear any unapproved head coverings.

When not in their rooms, youths are fully dressed except when showering.

**Facilities &
Programs
Utilizing
Uniforms**

Youths wear clothing and footwear issued by the facility.

Youths are issued a minimum of two (2) sets of clothing.

Clothes are not altered in any manner.

**Facilities &
Programs Not
Utilizing
Uniforms**

Youths may wear personal clothing if:

- It is clean and in good repair.
- It does not depict or promote gang activity, illegal activity, violence, nudity, profanity, alcohol, smoking, drugs, sexually explicit, sexually suggestive, or anything that is inflammatory.
- It does not mimic or represent street gang attire.
- It does not present a safety or security concern.
- It fits properly.
- The facility/center director or designee may approve the wearing of dress clothes and shoes for special events such as court, off-site church attendance, graduation, etc.

**Appearance
Guidelines for
all Programs**

Youths' hair is clean and combed at all times.

Youths' hair (including eyebrows) does not display lettering, signs or symbols.

Youths are clean-shaven unless approved by the facility/center director or designee.

Youths may not wear jewelry.

Youths may not get tattoos while in the facility.

**Exceptions to
Attire/Appearance
Guidelines**

Exceptions to this policy based upon the youth's religion is granted unless there is a clear safety and/or security concern and the restriction is the only means to satisfy that concern.

AUTHORITY

Religious Land Use and Institutionalized Persons Act, 42 USC 2000cc, et seq.

Social Welfare Act, MCL 400.115a(1)(l)

Child Caring Institutions Rules, R400.4168

POLICY

Staff must provide youths with opportunities to voluntarily participate in religious activities while in residential facilities.

PURPOSE

To ensure that youths can participate in religious activities of their choice.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

**RELIGIOUS
PROCEDURES**

Each facility must develop and implement standard operating procedures (SOPs) relative to religious programming and activities. At a minimum, SOPs must contain the following requirements:

**Duties of
Religious
Coordinator**

The religious coordinator must:

- Review religious literature provided to youth.
- Arrange worship services.
- Collaborate with local community leaders.
- Ensure religious personnel are informed of and follow the facility's safety, security and operating procedures.
- Ensure adequate and appropriate space, equipment and supplies are provided for religious services subject to security, space and budgetary concerns.

**Duties of
Facility Director
or Designee**

The facility director or designee must:

- Screen volunteers for criminal history and placement on the children's protective services Child Abuse/Neglect Central Registry (CA/NCR).
- Ensure the facility has a chaplain or staff member designated as the religious coordinator.
- Ensure direct care staff presence at all services.
- Record religious activities in facility log.
- Review requests for special diet or specialized rituals.
- Grant youths in secure facilities approval to attend formal off-site religious services (See JR2 221).

**Youth
Involvement**

Staff determine and document the religious preference of youth during the admissions and/or assessment process.

Youth participation is voluntary.

Other planned activities are available for youth who choose to not participate in religious activities.

AUTHORITY

Religious Land Use and Institutionalized Persons Act, 42 USC 2000cc, et seq.

Social Welfare Act, MCL 400.115a(1)(l)

Child Caring Institutions Rules, R400.4138

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that youths will participate in safe and appropriate recreational and leisure activities to enhance successful rehabilitation, physical and mental development, and positive social interaction.

PURPOSE

This policy ensures youth participation in structured recreational and leisure activities.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to the involvement of youths in recreational and constructive leisure time activities. At a minimum, these SOPs must contain the following requirements:

Activity Protocol

Activity planning considers:

- The specific needs, interests and capabilities of their population, including gender-specific needs.
- The physical plant and space.
- Safety and security, avoiding activities that involve a substantial risk of injury.

**Activity
Schedule
includes**

Posted schedule includes designated times for recreational, leisure and physical activities.

Schedule includes at least one (1) hour each weekday and two (2) hours on weekend days of large muscle recreational activities and includes supervised leisure activity each day.

Recreational and leisure activities may be restricted due to:

- Documented medical restrictions.
- Disciplinary reasons.
- Security concerns.
- Emergencies.

Equipment Inventory Inspection

To the extent fiscally feasible, a variety of recreational equipment and leisure time supplies are available for the youth.

Recreational equipment and leisure activity supplies are inventoried after each use.

Recreational areas are carefully inspected before and after each use.

Record the recreation and/or leisure activity in the daily log.

AUTHORITY

Social Welfare Act, MCL 400.115a(1)(l)

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that escalations in the level of custody are court ordered. All de-escalations and transfers of youth between facilities/centers are approved and coordinated through the BJJ Juvenile Justice Assignment Unit (JJAU).

PURPOSE

This policy ensures that changes in placement of all youths are in compliance with legal and JJAU requirements.

DEFINITIONS

See JRG, JJ Residential Glossary.

RESPONSIBLE STAFF

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to youth transfers, escalations, and de-escalations. At a minimum, these SOPs must contain the following requirements:

Pre-Transfer/Escalation/De-escalation Activities

All transfers and changes in the level of custody occur after consulting with the JJS, CMO worker, or probation officer. All changes in security level must be recorded in JJIS.

Excluding court ordered placements, medical and mental health screening must support the appropriateness of the projected placement.

The facility/center director or designee is responsible for notifying the JJAU when there is a:

- Reassignment of a youth to a different facility by court order.

- Reassignment of a youth from one facility to another facility (including transfers between Maxey campus centers).
- Release of a youth.
- Transfer of a youth.

**Transfers
between
Facilities which
involve an
Escalation or
De-Escalation in
Level of
Security**

The sending and receiving facility/center directors or designees ensures:

- The court of jurisdiction receives written notice.
- The court orders the transfer prior to the actual movement of the youth to a more secure facility.
- Parents or legal guardians are notified of the transfer prior to transferring the youth to the receiving facility.

If the committing court orders a youth placed in a particular facility, obtain court approval prior to moving the youth to another facility.

When the committing court orders a youth placed in any facility having a particular security level, obtain court approval prior to transferring the youth to a facility resulting in an escalation or de-escalation in security level.

If the committing court does not designate a particular facility and a transfer between facilities results in the same security level, such transfer can be approved by the sending and receiving facility/center directors or designees with subsequent notice to the court.

When a court order indicates that BJJ has the discretion to transfer, or change the security level of a youth, the sending facility/center director or designee provides notice to the court following a transfer resulting in an escalation in security level.

**Emergency
Transfers and/or
Escalations**

When court approval is required and the court cannot be contacted and an emergency circumstance requires immediate action, the transfer/escalation may be made with the approval of both the sending and receiving facility/center directors or designees.

The sending facility/center director or designee obtains subsequent court approval of the transfer/escalation.

**Escalation of
Youth Released
to the
Community**

A court order is needed to place a youth released from placement in a treatment facility. A released youth arrested on a new charge may be placed in a detention facility pending court action.

The treatment team and JJS, CMO worker or probation officer ensures at the release hearing that court orders reflect authorization of the use of short-term detention (up to seventy-two hours under prescribed circumstances).

AUTHORITY

Social Welfare Act, MCL 400.115

Transfer of Juveniles Between Institutions, MCL 720.602 et seq.

Michigan Court Rule, MCR 6.935

POLICY

It is the policy of the Michigan Department of Human Services (DHS) Bureau of Juvenile Justice (BJJ) that all youth property is inventoried at intake and accounted for at release.

PURPOSE

This policy ensures that the youth's property is properly stored and returned to the youth upon release.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to the storage of youth property. At a minimum, these SOPs must contain the following requirements:

Intake Inventory

Process to inventory a youth's personal property upon entry into the facility.

- Packaged personal items may either be stored in a locked area of the facility inaccessible to the youth or given to the youth's parent/legal guardian.
- The parent/legal guardian must sign an acknowledgement of receipt of the package.

Process to destroy or receipt and store all contraband items in a secure manner.

Procedure for the collection, documentation and storage of U.S. currency including a receipt to the youth.

**Release or
Transfer of the
Youth**

Upon release or transfer from the facility, the youth signs a receipt for stored personal items when they are returned.

When efforts to locate youths who left personal belongings and/or money in their accounts have failed, after one (1) year the property is considered abandoned and must be delivered to the state treasurer as provided in the statute.

Escaped Youth

Upon a youth's escape from a facility, all of the youth's personal clothing and belongings that are not in storage are:

- Inventoried by staff.
- Packaged with the youth's name and current date visible on the package.
- Held for no longer than forty-five (45) days in locked storage.

The facility/center director or designee ensures that personal clothing and belongings of an escaped youth are returned to the youth's parent/legal guardian within forty-five (45) days of the escape.

When there is no parent or legal guardian to accept the packaged personal items, the facility/center director or designee and the youth's JJS, CMO worker or probation officer determines how to dispose of the abandoned property.

After forty-five (45) days, money in a youth's account will be applied to any outstanding balance of the youth's court ordered payments (Residential Policy 1104.3).

Designates the reporting mechanism to document the disposition of an escaped youth's personal property.

AUTHORITY

Uniform Unclaimed Property Act, MCL 567.221 et seq

POLICY

It is the policy of the Michigan Department of Human Services (DHS) Bureau of Juvenile Justice (BJJ) that trained Michigan Protection and Advocacy Service, Inc. (MPAS) advocates are permitted reasonable access to youths who may be eligible for special education or mental health services. MPAS is the agency designated by the Governor as the federally mandated protection and advocacy system for Michigan.

PURPOSE

This policy ensures external advocacy services are available to eligible youth.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to Michigan Protection and Advocacy Service, Inc. access to the facility. At a minimum, these SOPs must contain the following requirements:

**Eligibility for
Services**

DHS permits reasonable access for Michigan Protection and Advocacy Service, Inc. (MPAS) to provide services to eligible youths at BJJ facilities.

Eligible youths include:

- Any youth who suffers from a severe and chronic condition that can be attributed to a mental or physical impairment (or a combination of the two) which results in delayed or disrupted development.
- Any youth who has a significant mental illness or emotional impairment, as determined by a mental health professional.

Notification

Upon MPAS request, the facility/center director or designee provides MPAS with a list of youth who may be eligible for their services.

The facility/center director or designee ensures a notice advising of MPAS access to youths is sent to the parents or guardians of all youths:

- At admission to the facility.
- Annually.

The notice to parent(s)/legal guardian contains the name and title of the individual to whom a written objection to MPAS services may be submitted.

**Parental
Consent/Objection**

MPAS has access to eligible youths unless the parent(s)/legal guardian objects in writing.

If a parent/legal guardian provides a written objection to MPAS services, MPAS is not allowed any visitation with the youth and reasonable steps are taken to ensure the youth is not present during group or classroom visits by trained MPAS representatives.

If the youth is under eighteen (18) years of age and for any reason the youth and the parent do not agree on consent, the parent's decision is recognized.

If the youth wish to meet with MPAS and the parent(s)/legal guardian has objected in writing, the parent(s)/legal guardian decision is recognized.

If the youth is eighteen (18) years old or older, he/she may grant consent for MPAS Services.

Once a written objection is received, MPAS must have parent(s)/legal guardian written permission to provide services to eligible youth.

**MPAS Access to
Facilities and
Grounds**

MPAS provides each facility with a current list of all trained and insured MPAS advocates and attorneys who may seek access to the facility.

The facility/center director or designee ensures this list is available to personnel monitoring access to the facility and/or grounds.

Only MPAS advocates and attorneys on the list are admitted into facilities. Admission requires presentation of an MPAS identification card, or an MPAS business card and picture identification.

- MPAS advocates and attorneys are provided immediate access between the hours of 8:00 a.m. and 5:00 p.m.
- When MPAS requests access to facilities between 5:00 p.m. and 8:00 a.m. to investigate a particular complaint, MPAS provides twenty-four (24) hour advance written notice to the facility/center director or designee, or the BJJ director.
- In the event of an emergency, MPAS may obtain access by telephoning the facility/center director or designee, or the director of the BJJ Residential Facilities Division. That person ensures:
 - Reasonable access to facilities is made available.
 - Notifies personnel monitoring access to the facility and/or grounds of the visit.

Access to Youth

Unless a parent/guardian has objected in writing, MPAS has access to eligible youths to:

- Inquire about any complaints.
- Inform youths of their rights.
- Make visual inspections.

The facility/center director or designee allows access for the above purposes if they are conducted in a reasonable manner and do not unduly interfere with the facility's programs and treatment responsibilities.

MPAS personnel are not present during confidential individual or group meetings, absent consent by all parties.

Any unresolved difficulties with MPAS personnel regarding access to youths are referred to the BJJ Director within ten (10) working days.

Written Records

MPAS advocates or attorneys provide the written consent of the youth's parent/legal guardian to access a youth's file or other written records.

Given written consent, the facility/center director or designee allows MPAS reasonable access to copy a youth's records.

If the youth is eighteen (18) years old or older, the youth may provide written consent to copy the records.

Note: MPAS may view the files of MCI wards. Also, if MPAS attempts to contact the responsible adult and no response is received, MPAS may access the youth's records.

Use of Telephone and Meeting Space

The facility/center director or designee ensures reasonable access to:

- A telephone for youth to contact MPAS in reasonable privacy.
- Upon request, an appropriate meeting space that is lighted and contains at least two chairs and an elevated writing surface.

AUTHORITY

Mental Health Code, MCL 330.1931

Public Health Code, MCL 333.16101 et seq.

Social Welfare Act, MCL 400.115a (1)(l)

Developmental Disabilities Assistance And Bill Of Rights Act Of 2000, 42 USC 15000 et seq.

Advocacy for Mentally Ill Individuals Act, 42 USC 10801 et seq.

Written Agreement between MPAS and DHS (DSS), April 1994

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) to respond to the health needs of youth with resources and trained medical staff.

PURPOSE

This policy ensures that all youths placed with DHS receive high quality health care.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to the delivery of health services. At a minimum, these SOPs must contain the following requirements:

**Health Care
Needs**

If a health care need (health maintenance, health improvement, health crisis services) cannot be met on-site, then the youth is referred to the appropriate off-site resource.

Resources

The available resources within the health services delivery system are:

- Health maintenance units (health clinics), where feasible, through which the following services are available:
 - Dental.
 - Nurse/physician.
 - Referral services.
 - Daytime minor emergency services.
 - HIV testing and counseling.

- First-aid unit, including first-aid supplies and equipment, nonprescription medication, and a room that is available to medical staff for use during on-site visits.
- Health and safety services including:
 - Technical assistance and training.
 - Participation on facility health and safety committees.
 - First Aid.
 - Physician-ordered drug screening of youths for legal purposes.
- Internal process for mobilizing resources.
- All health services delivery is recorded in JJIS.

AUTHORITY

Youth Rehabilitation Services Act, MCL 803.303

Child Caring Institutions Rules, R400.4160

Social Welfare Act, MCL 400.115b(1)

POLICY

It is the policy of the Michigan Department of Human Services (DHS) Bureau of Juvenile Justice (BJJ) that consent for medical treatment of youth is obtained prior to treatment.

PURPOSE

This policy ensures documentation of appropriate consent for a youth's medical treatment.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to consent for medical treatment. At a minimum, these SOPs must contain the following requirements:

**Facility/Center
Director or
Designee
Responsibility**

The facility/center director or designee is the youth's guardian delegate while the youth is under the jurisdiction of the DHS and must:

- Provide consent for routine nonsurgical medical care.
- Authorize emergency medical and surgical treatment and medically necessary orthodontic services.
- Ensure the responsibility of signing consent forms for non-surgical medical care, emergency medical care, and surgical treatment is delegated in writing when the facility/center director or designee is unavailable.

**Parental
Consent**

A youth's parent or legal guardian's consent precedes non-emergency, elective surgery unless the youth is eighteen (18) years of age or older and signs a consent form.

AUTHORITY

Child Care Organizations Act, MCL 722.124a

Youth Rehabilitation Services Act, MCL 803.303

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that each facility will have a licensed mental health professional that is responsible for the oversight and coordination of behavioral health service delivery. This designated authority will also be responsible for providing clinical supervision.

PURPOSE

This designation is needed to ensure consistency, professional integrity and accuracy in the delivery of behavioral health services and treatments to BJJ youth, as needed and identified.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to the designation of a mental health authority. At a minimum, these SOPs must contain the following requirements:

Each program shall designate a certified or licensed mental health professional to coordinate the service delivery system for behavioral health services for the program. The responsibilities of the mental health authority include:

- Oversight, clinical management and authorization of the delivery of mental health, substance abuse, and counseling services including:
 - Certification of services, assessment instruments, comprehensive and substance abuse evaluations, and treatment plans.
 - Psychotropic medication management (if the behavioral health authority is professionally qualified).

- Review and consult with psychiatric and medical staff to ensure the needs of individual youths are being addressed.
- Communicate with staff regarding youths' behavioral health status and care needs to ensure continuity and quality of individual care.
- Oversee the clinical administration of treatment for youths on psychotropic medications.
- Provide weekly supervision of clinical staff.
- Provide peer review of certified or licensed clinical staff.
- Review and sign comprehensive mental health and substance abuse evaluations, treatment plans, treatment plan reviews and suicide risk assessments of non-certified or non-licensed clinical staff.
- Conduct additional assessments as determined by the needs of the youth and conduct group and/or individual therapy, if necessary.
- Serve as part of release/reintegration plan coordination for youths upon completion of the treatment program or otherwise upon discharge.

AUTHORITY

Public Health Code, MCL 333.16101 et seq.

Social Welfare Act, MCL 400.115a(1)(l)

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that the behavioral health needs of youths admitted to a residential facility are identified and addressed through a comprehensive behavioral health services system consisting of a connected continuum of assessment services, interventions and treatment modalities.

PURPOSE

This policy ensures access to a comprehensive continuum of services for youth who have behavioral health needs.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to a comprehensive system for delivery of behavioral health services. At a minimum, these SOPs must contain the following requirements:

Assessment

Behavioral health screening instrument.

- MAYSI-2
 - Completed within one (1) hour of admission to the facility.
 - The youth remains under constant supervision until assessment is completed and reviewed.

Suicide Evaluation.

- Completion of a suicide risk assessment when a youth presents as being suicidal, including the results of the MAYSI-2 screening.
- Potentially suicidal youth are placed on suicide watch and appropriate suicide prevention precautions are taken.

Treatment

Referral.

- Timely and appropriate referrals for evaluation are submitted to address the needs indicated in the MAYSI-2.

Treatment planning.

- Behavior health goals are incorporated into treatment plans.
- Counseling.
- Individual, family and group therapy takes place as defined in the treatment plan.

Psychotropic medication.

- Psycho-pharmacological therapy by a psychiatrist is provided and monitored as needed.

Substance abuse testing.

- Youths with substance abuse disorders are given random drug screenings.

**Transition
Planning**

Transitional planning begins at the time of admission. The release plan identifies all discharge planning as it relates to the youth's behavioral health needs including:

- Type and frequency of services to maintain progress.
- Identifying the individual agency responsible for follow-up psychiatric services.

Staff address relapse prevention techniques and the youth completes a relapse prevention plan to assist the youth in successful reintegration into the community.

Training

Behavioral health providers receive appropriate on-going training.

Documentation

MAYSI-2, behavioral health assessments, psychotropic medications, and drug screenings are documented in the JJIS.

AUTHORITY

Social Welfare Act, MCL 400.115a(1)(l)

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that youth are screened for behavioral health issues using the MAYSI-2 instrument during the intake process into residential facilities.

PURPOSE

This policy ensures that all youth receive behavioral health screening at intake.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to conducting a behavioral health screening. At a minimum, these SOPs must contain the following requirements:

Staff meet with transporting staff to obtain relevant information about the youth's condition and history.

Designated Staff

The facility/center director or designee designates staff that is responsible for completing behavioral health screenings utilizing the MAYSI-2 on admitted youths.

**Intake
Screening**

The MAYSI-2 is completed within one (1) hour of a youth's admission to the facility.

The youth is provided with constant supervision until the MAYSI-2 is completed and assessed. With sufficient staff, constant supervision may occur in the general population.

Record Review

The designated staff documents a review of:

- Psychological/psychiatric reports.
- Previous placement reports.
- Pre-disposition reports.
- Any other information in the youth's file regarding behavioral health to determine the need for further assessment by a behavioral health professional.

Need for Further Assessment

If a youth's responses indicate the need for further assessment or the youth has a significant history of behavioral health related problems, the designated staff must:

- Document the referral of the youth for a comprehensive behavioral health assessment.
- Verbally contact the designated behavioral health authority or facility/center director or designee and inform them of the referral.
- Initiate suicide precautions for the youth deemed at immediate risk for suicide.

Records

A copy of the completed MAYSI-2 instrument and any written referral for a behavioral health assessment is maintained in the youth's file and the results are documented in JJIS.

Training

Designated staff receives initial and annual training on the administration, scoring and interpretation of the MAYSI-2.

The facility maintains documented verification of staff certification and annual training.

AUTHORITY

Public Health Code, MCL 333.16101 et seq.

Social Welfare Act, MCL 400.115a(1)(l)

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that all youths entering a residential facility receive screening and comprehensive behavioral health assessments as needed.

PURPOSE

This policy sets forth guidelines for staff in conducting in-depth, timely administered, effective and comprehensive behavioral health assessments of youth as needed to identify the need and ensure the timely provision of this treatment.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to the provision of behavioral health services in BJJ facilities and programs. At a minimum, these SOPs must contain the following requirements:

**Need for
Assessment**

A comprehensive mental health assessment (completed within seven (7) days) and/or substance abuse assessment (or update, completed within fourteen (14) days) when:

- An initial screening has identified a potential mental health or substance abuse problem that warrants a more in-depth assessment.
- It has been clinically determined that further assessment is required.
- The youth exhibits behavior indicative of acute psychological distress, serious emotional disturbance, mental illness or substance abuse impairment.

- When mental health assessment or treatment is directed by court order.

Professional Assessment

Comprehensive behavioral health assessments are completed by a licensed mental health or substance abuse professional or by an unlicensed professional working under the supervision of a licensed professional. Staff conducting assessments and using the assessment instruments shall be thoroughly trained so they can accurately gather the required information and strictly adhere to scoring procedures.

The mental health or substance abuse professional that completes the assessment (or update) must sign and date the assessment. If the assessment was completed by a non-licensed mental health or substance abuse professional, the assessment must be thoroughly reviewed, signed and dated by a licensed mental health or substance abuse professional within ten (10) calendar days after the assessment (or update) was completed.

Assessment Contents

A comprehensive behavioral health assessment (or update) must directly address the specific issues that led to the referral and include a review of available mental health and substance abuse records, clinical interviews and behavioral observations that determine the existence or non-existence of a mental disorder or substance related disorder.

Mental health assessments will minimally include:

- Identifying information.
- Reason for the assessment.
- Relevant background information.
- Behavioral observations/mental status examination.
- Interview and/or assessment methods.
- Discussion of findings.
- Diagnostic impressions/formulations.
- Recommendations.

Substance abuse assessments will minimally include:

- Identifying information.

- Reason for assessment.
- Relevant background information.
- Assessment methods.
- Behavioral observations.
- Alcohol and/or other drug abuse patterns.
- Impact of alcohol and/or other drug abuse on major life areas.
- Risk factors for continued alcohol and/or other drug abuse.
- Clinical impressions.
- Recommendations.

Updated Assessments

An updated comprehensive behavioral health assessment may be utilized in lieu of completing a new assessment if the youth's file contains a comprehensive behavioral health assessment completed within the previous twelve (12) months of the youth's admission to the facility or program and the assessment was conducted in accordance with this policy.

The updated comprehensive behavioral health assessment must:

- Be clearly identified as an updated assessment.
- Have the previous comprehensive behavioral health assessment attached.
- Include current information obtained from the youth, the youth's records and the youth's parents/legal guardians.
- Contain current findings, diagnoses and recommendations.

Documentation

All mental health and substance abuse assessments are documented in JJIS.

AUTHORITY

Mental Health Code, MCL 330.1100b

Public Health Code, MCL 333.6233 et seq.

Social Welfare Act, MCL 400.115a(1)(l)

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that youth will be screened at intake into facilities for outstanding health issues and suicide risk.

PURPOSE

This policy ensures that incoming youths receive prompt treatment of health issues.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to initial screenings. At a minimum, these SOPs must contain the following requirements:

**Health
Screening at
Intake**

An initial health screening for health conditions which require immediate attention and/or pose a health risk to other youths is performed within twenty-four (24) hours of arrival at the facility by a nurse or physician.

The initial health screening is recorded in the JJIS.

**Health
Education**

All youth are informed, verbally and in writing, about the process to access health services.

AUTHORITY

Social Welfare Act, MCL 400.115a(1)(l)

POLICY

Each youth initially entering a juvenile justice residential facility must receive a complete health evaluation and required immunizations. The health evaluation must include a review of available medical records, a medical history and a physical examination. The evaluation must be conducted by a licensed medical professional and must be performed within seven days of youth admission to a detention facility. Evaluations for a youth admitted to a treatment facility must be performed within 30 days of admission. Health evaluations completed within the 12 months prior to admission may be used to meet these requirements at the facility's discretion.

PURPOSE

To ensure that each youth receives an initial health evaluation and is appropriately immunized upon admission to a juvenile justice facility.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Facility director, admissions staff and medical staff.

PROCEDURE

Each facility must develop and implement a written procedure for intake health evaluations and immunizations. The procedure must contain:

- Review of available youth medical records.
- Taking of youth medical history.
- Physical examination.
- Immunizations.

**Taking of Youth
Medical History**

The youth medical history must include:

- Past and present illnesses including communicable diseases.
- Chronic conditions such as asthma, epilepsy and diabetes.

- Use/abuse of alcohol, legal and illegal substances. This includes last use, amount and manner of use.
- Surgeries.
- Past and present medications.
- Drug and other allergies. List date and reaction if known.
- Immunization information.
- Psychiatric history including prior treatment as well as suicide ideations, gestures and attempts and any history of self-mutilation, carving or cutting.
- Sexual history.
- For females, a history of gynecological problems, breast abnormalities, pregnancies and the date of last menstrual period.

Physical Examination

The physical examination includes:

- Observation of youth behaviors.
- Vital signs including temperature.
- Notation of skin lesions, scars, tattoos, bruises and burns.
- Examination of head and neck, chest, abdomen, genitalia (pelvic), extremities and back.

Note: Documentation of Tanner staging for sexual offenders may occur at the discretion of the medical professional conducting the examination. The genital examination associated with Tanner staging must be explained to the youth in advance and the youth may refuse to participate without penalty.

The examination must include additional tests and evaluation as follows:

- Laboratory testing (urinalysis and blood tests) as indicated by history and physical examination.
- Testing for sexually transmitted diseases as clinically indicated. No testing is required if the youth has not been sexually active since they were last tested. Should the physician conducting

the examination believe HIV testing is necessary, see JR 3 360, HIV Testing, for additional requirements.

- Sexually active females must undergo pregnancy testing.
- A pregnant youth must be referred to an obstetrician or gynecologist (if not already under treatment by one), undergo testing for Hepatitis B and be offered HIV counseling and testing.
- Any youth who has a history of intravenous drug abuse must be tested for Hepatitis B and offered HIV counseling and testing.
- Vision and hearing testing on each incoming youth (treatment facilities only) with referral to vision specialists or audiology as indicated.

The licensed medical professional conducting the examination must document all findings, restrictions, medical services provided, tests ordered and prescribed treatments including medications. The licensed medical professional must also document diagnoses when present or if provisional.

Immunizations

If previous immunization records are not received within 30 days of a request for same, the facility and its health provider must begin providing the necessary immunizations to the youth unless the parents refuse or the youth's records contain a statement from a physician indicating that the immunizations are contra indicated.

For a youth 7-18 years of age, follow the American Academy of Pediatrics Adolescent Immunization Schedule at <http://www.aapredbook.aappublications.org/resources/IZSchedule7-18yrs.pdf>

If immunizations are started late or fall behind more than one month, follow the American Academy of Pediatrics Catch-up Immunization Schedule at <http://www.aapredbook.aappublications.org/resources/IZScheduleC atchup.pdf>

AUTHORITY

Child Caring Institutions Rules R400.4232, R400.4332 and R400.4334

Public Health Code, 1978 PA 368, as amended, MCL 333.1101

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that all youth are screened annually for tuberculosis.

PURPOSE

This policy ensures the health of youth placed in facilities.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to tuberculosis testing of youth. At a minimum, these SOPs must contain the following requirements:

Health record information is maintained in JJIS.

Intake

All youths are screened at intake for tuberculosis.

Note: This test does not have to be repeated if there is documentation of a TB test within the previous twelve (12) months.

**Annual
Screening**

The facility/center director or designee ensures all youth are annually screened for TB using a physician approved testing method including a skin (Mantoux) or patch test.

**Response to
Positive Test
Results**

Youth minimally have a chest x-ray if the youth has:

- No prior history of TB.
- No prior positive TB test result.

Youths receive further diagnostic testing and treatment as determined by a physician if the youth has:

- A prior history of TB.
- A prior positive TB test result.

AUTHORITY

Social Welfare Act, MCL 400.115a (1)(l)

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that youths in residential treatment facilities will receive a physical examination each year that they are in placement.

PURPOSE

This policy ensures that the health of youth placed in facilities is monitored.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility's standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to annual physicals. At a minimum, these SOPs must contain the following requirements:

- Each youth receives a physical examination by a physician at least every 365 days.
- Each physical examination is documented in the JJIS.

AUTHORITY

Child Caring Institutions Rules, R400.4163 & 400.4335

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that youths request for medical services will be documented and responded to on a daily basis.

PURPOSE

This policy encourages youth to advocate for their medical needs through confidential access to medical care.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to the daily handling of medical complaints. At a minimum, these SOPs must contain the following requirements:

**Submission of
Request for
Medical
Services**

Youths have access to request forms and to a locked box on each living unit to request medical attention without the knowledge of non-medical staff.

When a youth complains of illness or injury, or is observed with a medical problem, staff will complete the health form including the date and time of the request and follow the established protocol for the handling of medical emergencies.

Youths are provided the opportunity to discuss their medical issues with licensed medical staff during clinic hours or by appointment.

**Daily
Processing of
Medical
Complaints**

Health complaints are documented on an approved health form.

Forms are delivered to medical staff to be processed and triaged daily by medical staff.

Youths are seen by medical staff within seventy-two (72) hours of their request.

Documentation

The date and time of the medical appointment, and the name and title of the person seeing the youth is documented.

Youth requests to be seen by medical staff are placed in the youth's medical file.

AUTHORITY

Social Welfare Act, MCL 400.115a(1)(l)

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that accurate health records are kept for each youth.

PURPOSE

This policy ensures health care providers have the information necessary for medical treatment decisions by requiring accurate and complete medical records.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to youth medical records. At a minimum, these SOPs must contain the following requirements:

**Collection and
Recording of
Health Data**

Only medical staff collect and record health data onto the approved medical record forms.

**Storage of
Records**

The facility maintains a secured system for identification and filing which ensures rapid access to each patient's medical record. A secured system includes:

- Medical records kept in separate locked cabinets located in the medical record section. Health record information is also maintained in JJIS.
- All inactive medical records are separate from active records.

- A copy of records are retained after a youth's release for a period of seven (7) years.

**Access to
Records**

Medical records are accessible only to authorized staff.

Non-medical personnel do not have access to a youth's medical records.

Medical records may be viewed by BJJ quality assurance personnel in the performance of their duties.

**Release of
Information**

Important information regarding a youth's medical condition necessary for the health and/or welfare of the youth, staff, other youths and visitors is provided to staff that are responsible for the youth's care.

AUTHORITY

Child Caring Institutions Rules, R400.4160

Public Health Code, MCL 333.16213

Social Welfare Act, MCL 400.115a(1)(l)

POLICY

It is the policy of the Michigan Department of Human Services (DHS) Bureau of Juvenile Justice (BJJ) that youth medical records are confidential and secure.

PURPOSE

This policy protects the privacy rights of youths in BJJ facilities.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to the confidentiality of medical records. At a minimum, these SOPs must contain the following requirements:

**Authorization
For Release**

The facility/center director authorizes the release of medical information after the youth (if 18 years of age or older), parent/legal guardian (if the youth is under 18 years of age) provides written authorization for the release of the youth's medical record.

Written authorization for the release of medical information is not needed when:

- A youth requests his/her medical record for review in the presence of staff.
- A copy of the medical record is sent to other DHS or contracted facilities for the continuity of medical treatment for the youth.

**HIV Records
and
Confidentiality**

With the exception of facility/center directors, records pertaining to HIV counseling and testing are confidential and may not be shared with non-health care staff.

HIV records are kept separate from the rest of the medical file.

Facility/center directors and health providers may share testing results with other health care providers in order to:

- Protect the health of an individual.
- Prevent further transmission of the disease.
- Assist in diagnosis and care for the patient.

AUTHORITY

DHS Administrative Handbook, AHN 1180

Public Health Act, MCL 333.5131(5)(g)

Social Welfare Act, MCL 400.1 et seq.

POLICY

It is the policy of the Michigan Department of Human Services (DHS) Bureau of Juvenile Justice (BJJ) that when a youth is transferred to another residential or health care facility, a legible copy of the youth's medical record accompanies the juvenile.

PURPOSE

This policy ensures a continuity of health care for youths.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to release of medical records for transferred youth. At a minimum, these SOPs must contain the following requirements:

Medical Issues

At transfer, medical records are reviewed for:

- Unresolved medical problems.
- Missed immunizations.
- TB testing.
- Height, weight and blood pressure.

Transfer to DHS residential or health care facility:

- Youth receive medical and mental health screening before being transferred.
- A legible copy of the medical record will accompany the youth including:
 - Details on medications (including a physician statement indicating the reason for the medication).

- Active problems, significant resolved problems and test results including pertinent notes.
- Confidentiality of communicable diseases is maintained.
- The medical record is addressed to the staff “authorized to handle medical records.”

The facility/center director or designee ensures that important medical information, which should be available to treatment personnel, is also noted in the non-medical case history.

Any portion of the medical records, which reasonably cannot be copied at the time of transfer, are forwarded to the receiving facility within seventy-two (72) hours.

Except in cases of emergency transfer, a medical clearance precedes the transfer. The medical clearance includes:

- A review of medical records for ongoing health needs.
- The preparation of a summary for the new placement.

Transfer to a Private (Non- DHS) Facility

Youths receive medical and mental health screening before being transferred.

An authorization for the release of medical records, DHS-1555, is signed by the youth, parent/legal guardian (if the youth is under 18 years old).

Upon approval, send a legible copy of all medical records (including notes) to the private facility’s medical records department, or the person designated to handle medical records, within seventy-two (72) hours of transfer.

Staff ensure exclusion of confidential information of a non-medical nature from any medical record or summary provided to a non-DHS facility.

**The following
information
accompanies
youth
transferred to a
Private (Non-
DHS) or a DHS
Facility**

Medication needs.

Special medical problems or needs, such as diabetes, epilepsy, asthma, reactions to bee stings and allergies.

Psychiatric problem documentation, especially suicidal tendencies.

Disabilities which may require special procedures during transportation.

AUTHORITY

Youth Rehabilitation Services Act, MCL 803.303

POLICY

Youths in residential facilities must receive appropriate dental care.

PURPOSE

This policy promotes healthy living through proper dental care for youth.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility must develop and implement standard operating procedures (SOPs) relative to the provision of dental care. At a minimum, SOPs must contain the following requirements:

**Dental
Maintenance**

Staff must make fluoride toothpaste available for each youth.

Staff must assist disabled youths who are unable to perform daily oral hygiene.

A licensed dentist may prescribe preventative fluoride treatment in a form considered appropriate for the youth.

**Dental
Examination**

A licensed dentist must perform an initial dental examination within ninety (90) days of admission. This requirement may be waived if the youth has a documented examination within the previous 12 months.

The initial dental examination must include oral hygiene instruction and dental health education.

A licensed dentist must perform a dental exam of each youth at intervals not to exceed 12 months.

A licensed dentist must perform a release/transfer dental examination within 90 days preceding planned release or transfer to a non-secure placement.

A licensed dentist must provide treatment to restore and/or preserve the youth's oral health. If a youth with pending treatment must be transferred or released, the facility director must coordinate with the dentist to make provisions for treatment at the next placement.

Dental Cleaning

Dental cleaning must be performed within ninety (90) days of admission and repeated at intervals not to exceed six months. The 90 day admission requirement may be waived if the youth has a cleaning documented within the previous six months.

Dental cleaning must be performed within 90 days preceding planned transfer to a non-secure facility or release.

AUTHORITY

Child Caring Institutions Rules, R400.4335

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that orthodontic services and prosthetics are provided if necessary for the health of a youth.

PURPOSE

This policy ensures responsive dental care essential to the health of youths.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to cosmetic orthodontic services and prosthetics. At a minimum, these SOPs must contain the following requirements:

**Minimum
Criteria**

Cosmetic orthodontic services are provided if all of the following conditions are met:

- The youth arrives with orthodontic treatment already in progress and a provider is located who is willing to continue the services.
- The youth has private dental insurance coverage or other source of private funding that will cover the cost of treatment.
- The parents/legal guardian of the youth approves and provides signed consent.
- A medical determination is made and medical and treatment staff believe that the youth is significantly benefited by the continuation of treatment.

- Security considerations (escape, community risk, etc.) do not contraindicate the provision of orthodontic treatment.

Note: The continuation of orthodontic care is not used as a reason to retain a youth in residential treatment.

Referral for Services

Referral for orthodontic treatment includes:

- Written recommendation from dentist or physician.
- Clinical social worker or youth group leader verifies that the youth meets the minimum criteria.

Facility/center director or designee will:

- Consult with JJS, CMO worker, probation officer to approve referral.
- Coordinate services.

AUTHORITY

Social Welfare Act, MCL 400.115a(1)(l)

PURPOSE

The use of psychotropic medication as part of a youth's comprehensive mental health treatment plan may be beneficial. The administration of psychotropic medication to any youth is not an arbitrary decision and documented oversight must occur to protect the youth's health and well-being. The use of psychotropic medications as a behavior management tool without regard to any therapeutic goal is strictly prohibited. Psychotropic medication may never be used as a method of discipline or punishment. Informed consent must be obtained for any new psychotropic medication, a change in dosage that exceeds that previously agreed to, annually, and for a discontinuation of the psychotropic medication.

DEFINITIONS

See JRG, JJ Residential Glossary.

Consent

MCL 330.1100a(17) defines consent as "a written agreement executed by a recipient, a minor recipient's parent, or a recipient's legal representative with authority to execute a consent, or a verbal agreement of a recipient that is witnessed and documented by an individual other than the individual providing treatment."

Psychotropic Medication

Psychotropic medication affects or alters thought processes, mood, sleep or behavior. A medication's classification depends upon its stated or intended effect. Psychotropic medications include, but are not limited to:

- Anti-psychotics for treatment of psychosis and other mental and emotional conditions.
- Antidepressants for treatment of depression.
- Anxiolytics or anti-anxiety and anti-panic agents for treatment and prevention of anxiety.
- Mood stabilizers and anticonvulsant medications for treatment of bipolar disorder (manic-depressive), excessive mood swings, aggressive behavior, impulse control disorders, and

severe mood swings in schizoaffective disorders and schizophrenia.

- Stimulants and non-stimulants for treatment of attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD).
- Alpha agonists for treatment of attention deficit hyperactivity disorder (ADHD), insomnia and sleep problems relating to post traumatic stress disorder (PTSD).

Medications that are available over the counter are **exempt** from documented informed consent.

Follow the link below for an alphabetical listing of psychotropic medications by trade, generic name, and drug classification:

[National Institute of Mental Health/Health & Education/Mental Health Information/Mental Health Medications](#)

SCOPE

Responsible staff include the state-run or private, contracted juvenile justice residential treatment facility director, managers, direct care staff, and contract medical staff. State-run facility staff designated to store, dispense and dispose of medications must be one of the following:

- Program manager (youth residential director).
- Shift supervisor (youth specialist supervisor).
- Youth group leader.
- Social worker.
- Youth specialist.
- Youth aide.
- Contracted medical staff including nurses, medical and pharmacy technicians.

Private agencies may determine their own designated medication staff.

Each facility must develop and implement standard operating procedures (SOPs) relative to obtaining informed consent, prescription and dispensing medication; see requirements in JR3 380-382 for prescription, dispensing, storage and disposal of medications.

PROHIBITED USE

The use of psychotropic medications as a behavior management tool without regard to any therapeutic goal is strictly prohibited. Psychotropic medication may never be used as a method of discipline or punishment for any youth. Psychotropic medications may not be used in lieu of or as a substitute for identified psychosocial or behavioral interventions and supports required to meet a youth's mental health needs.

**PRESCRIBING
CLINICIAN**

If the prescribing clinician is not an adolescent psychiatrist, referral to or consultation with an adolescent psychiatrist or general psychiatrist with significant experience in treating adolescents must occur if the youth's clinical status has not improved after 6 months of medication use.

**PRIOR TO
PRESCRIBING**

Prior to initiating a new prescription for psychotropic medication, the following must occur:

- The youth must have a current physical examination on record, including baseline laboratory work (if indicated).
- The youth must have a mental health assessment with a current psychiatric diagnosis of the mental health disorder from the latest version of the Diagnostic and Statistical Manual of Mental Disorders.

Pursuant to MCL 330.1719, the prescribing clinician must explain the purpose, risks and most common adverse effects of the medication in a manner consistent with the individual's ability to understand (the youth and parent/legal guardian, as applicable) and provide a written summary of the most common adverse effects associated with the drug(s).

**Urgent Medical
Need**

The role of non-pharmacological interventions should be considered before beginning a psychotropic medication except in urgent situations such as:

- Suicidal ideation.
- Psychosis.
- Self-injurious behavior.
- Physical aggression that is acutely dangerous to others.
- Severe impulsivity endangering the youth or others.
- Marked anxiety, isolation or withdrawal.
- Marked disturbance of psychophysiological functioning (such as profound sleep disturbance).

INFORMED CONSENT

The facility staff must obtain informed consent for each psychotropic medication prescribed to a youth. An informed consent is consent for treatment provided after an explanation from the prescribing clinician to the consenting party of the proposed treatment, expected outcomes, side effects, and risks. The DHS-1643, Psychotropic Medication Informed Consent, must be used to document the discussion between the prescribing clinician and the consenting party.

Verbal Consent

Verbal consent is acceptable when an in-person discussion between the prescribing clinician and the consenting party is not possible. Verbal consent between the prescribing clinician and consenting party must be witnessed and documented on the DHS-1643 by an individual who is **not** the individual providing treatment. If in-person and verbal consent cannot be achieved, the facility must ensure that informed consent is obtained and documented; see Consenting Party is Unavailable or Unwilling to Provide Consent, in this item.

When to Complete

Informed consent must be obtained and documented in each of the following circumstances:

- When a youth is placed in a facility and is already taking psychotropic medication. Documentation of informed consent can be accomplished either by uploading an existing DHS-1643 into MiSACWIS from the youth's prescribing clinician or assigned caseworker or by completing a new DHS-1643. Documentation must be complete and uploaded into MiSACWIS within 45 days of admission.

Note: Psychotropic medications must not be discontinued abruptly while awaiting this consent unless it has been determined and documented as safe to do so by a prescribing clinician.

- Prescribing new psychotropic medications.
- Increasing dosage beyond the approved maximum dosage on the most recent valid informed consent.
- Annually, to renew consents for ongoing psychotropic medications.
- At the next regularly scheduled appointment following a legal status change (such as termination of parental rights) or when a youth turns 18.

Authority to Consent

A youth who is 18 years of age or older may provide informed consent for prescribed psychotropic medication.

For delinquent wards referred to MDHHS under MCL 400.55(h) or committed to MDHHS under 1974 PA 150 who are under 18 years of age, a parent/legal guardian must consent.

For abuse/neglect wards and dual wards who are Michigan Children's Institute wards or permanent court wards under 18 years of age; see FOM 802-1, Psychotropic Medication in Foster Care.

The DHS-1643 must be used to authorize consent for all psychotropic medications. The triggering points for review on the DHS-1643 apply only to abuse/neglect and dual wards; see FOM 802-1.

Consenting Party is Unavailable or Unwilling to Consent

Diligent efforts must be made to obtain consent from an adult youth or parent/legal guardian. Pursuant to MCL 712A.12, 712A13a(8)(c) and 712A.18(1)(f), when an adult youth or parent/ legal guardian is unavailable or unwilling to provide consent within 7 business days and a youth's prescribing clinician has determined there is a

medical necessity for the medication, the facility must provide medical necessity documentation to the assigned caseworker. The assigned caseworker must file a motion with the court on the eighth business day requesting an order for the prescription and use of psychotropic medication(s).

Note: When the youth is placed in a state-run facility directly by a court, the state-run facility staff must work with the assigned court probation officer to file the motion with the court.

Residential facility staff must continue to facilitate communication between the adult youth or the youth's parent/legal guardian and the prescribing clinician regarding treatment options when medication is not deemed a medical necessity but the prescribing clinician indicates that medication would improve a youth's well-being or ability to function.

Informed Consent Exception

Circumstances that permit an exception to the psychotropic medication informed consent include the prescribing clinician making a determination that an emergency exists requiring immediate administration of psychotropic medication. Documentation of emergency medication administration must be completed in the youth's MiSACWIS health profile with the report or other documentation of the emergency uploaded in the informed consent document section.

Note: Emergency use is considered a single event.

MONITORING

The facility and the youth's assigned caseworker must regularly review medication compliance and the medication's effect on the youth during monthly facility visits. At each facility visit with a youth prescribed psychotropic medication, the following items must be discussed by the facility staff with the assigned caseworker and the youth:

- Facility staff must discuss:
 - Information about the intended effects and any side effects of the medication.

- Compliance with all medical appointments, including dates of last and upcoming appointments with prescribing clinician.
- Medication availability, administration and refill process.
- Youth discussion from the youth's point of view must include:
 - Noted side effects and benefits of the medication.
 - Administration of medication; time frame, and regularity.

It is important for the facility staff and assigned caseworker to review with the youth the following points:

- Medication cannot be discontinued unless recommended by the prescribing clinician or informed consent is withdrawn in writing by the consenting party in writing.
- Medical appointments, including any applicable lab work, must occur on a routine basis.
- Any adverse effects must be reported to the prescribing clinician and staff supervising the youth.

The facility must contact the prescribing clinician with information regarding the youth's condition if it is not improving, is deteriorating, or if adverse effects are observed or reported; see Prescribing Clinician in this item.

DOCUMENTATION

The following required documentation must be completed and recorded by the facility staff:

- In the youth's MiSACWIS health profile:
 - Health Needs and Diagnosis, specifically the mental health diagnosis or diagnoses.
 - Appointments, including mental health, medication review and medication lab work.
 - Psychotropic medications that will be administered to the youth.
 - Informed Consent, including the DHS-1643, Psychotropic Medication Informed Consent, signed and uploaded to

MiSACWIS and filed in the medical section of the youth's case record within five business days of receiving a completed informed consent.

- In the JJ Strengths and Needs Assessment item D2 Emotional Stability: a brief summary of any changes listed above that were recorded in the health profile during the reporting period.
- In the Strengths and Needs section of the treatment plan, the Need Domain of Emotional Stability must document the use of psychotropic medication(s) and how the use relates to the goal addressing Emotional Stability.
- In Social Work Contacts, the efforts taken to obtain informed consent.
- In Medication Log, psychotropic medications administered to the youth.

LEGAL BASE

State

Social Welfare Act, 1939 PA 280, as amended, MCL 400.115a(1)(l)

Probate Code, 1939 PA 288, MCL 712A.1 et seq.

Probate Code, 1939 PA 288, MCL 712A.12

Authority for the court to order an examination of a child by a physician, dentist, psychologist or psychiatrist.

Probate Code, 1939 PA 288, MCL 712A.18(1)(f)

Provide the juvenile with medical, dental, surgical, or other health care, in a local hospital if available, or elsewhere, maintaining as much as possible a local physician-patient relationship, and with clothing and other incidental items the court determines are necessary.

Probate Code, 1939 PA 288, MCL 712A.13a(8)(c)

The court may include any reasonable term or condition necessary for the juvenile's physical or mental well-being or necessary to protect the juvenile.

Probate Code, 1939 PA 288, MCL 712A.19(1)

Subject to section 20 of this chapter, if a child remains under the court's jurisdiction, a cause may be terminated or an order may be amended or supplemented, within the authority granted to the court in section 18 of this chapter, at any time as the court considers necessary and proper.

Youth Rehabilitation Services Act, 1974 PA 150, as amended, MCL 803.303(3)

Mental Health Code, 1974 PA 258, as amended, MCL 330.1100 et seq.

Licensing Rule

R 400.4142 Health services; policies and procedures.
R 400.4143 Medical treatment; supervision.
R 400.4159 Resident restraint.

POLICY CONTACT

Policy clarification questions may be submitted by facility supervisors or managers to: Juvenile-Justice-Policy@michigan.gov.

POLICY

It is the policy of the Michigan Department of Human Services (DHS) Bureau of Juvenile Justice (BJJ) that youth are provided appropriate psychiatric services when the level of services required exceed the capability of the BJJ facility.

PURPOSE

This policy provides guidance to staff in obtaining necessary mental health services when the exhibiting behaviors require interventions that are not provided at facilities.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to involuntary psychiatric hospitalization. At a minimum, these SOPs must contain the following requirements:

Evaluation

Each facility provides guidance to treatment staff for referring youths for psychological or psychiatric evaluations who are exhibiting dangerous behaviors due to mental illness.

**Notification
Requirements**

Upon the recommendation of a psychologist, psychiatrist, or treatment team that the youth is evaluated for placement in a mental health facility, the following persons are notified:

- The youth's parent/legal guardian.
- The youth's assigned JJS, CMO worker, or probation officer.

Note: Parental consent is not necessary for state wards.

When a youth has been accepted for involuntary hospitalization, the parent/legal guardian, JJS, CMO worker, or probation officer is informed of the youth's location as soon as possible.

Approval Requirements

Community mental health services program:

- The CMHSP in the youth's home county is the gatekeeper for short term services and is contacted and provided with any information they request regarding the need for a youth's involuntary hospitalization.
- When necessary, arrangements are made with the CMHSP staff to have the youth evaluated in the home county or in the local county.

Court order:

- The facility/center director or designee provides the JJS, CMO worker or probation officer with documentation supporting the short term involuntary hospitalization of the youth for presentation to the court.
- The youth's assigned JJS, CMO worker, or probation officer is responsible for seeking the court order regarding the youth's hospitalization.
- Facility staff remain with the youth for security purposes:
 - Pending a court order approving the hospitalization.
 - When the psychiatric facility has inadequate security measures in place.

Placement Options

Short term placement:

- Follow the procedure outlined in sections above.

Long term treatment/transfer to community health facility:

- After reviewing the psychological/psychiatric assessments, the facility/center director or designee, after consultation with the designated behavioral health authority, must determine:

- That the youth will substantially benefit from the care and training in the other institution or facility.
- That the interests of the youth and of the state will be best served by the transfer.
- The facility/center director or designee must:
 - Provide written notification of the proposed transfer to the youth's parent/legal guardian.
 - Ensure the written transfer request is approved by the committing court, the DHS director through administrative channels, and the Department of Community Health administration.

Emergency situations

When the youth's behavior warrants immediate treatment, the local hospital emergency room is utilized. The facility/center director or designee must notify:

- The youth's parent/legal guardian.
- The youth's JJS, CMO worker, or probation officer.

Return to Facility

The BJJ facility/center director or designee ensures that security, transportation and notification (including notification of release from the psychiatric facility) arrangements are clear and have been documented. The facility/center director or designee notifies:

- The youth's parent/legal guardian.
- The youth's JJS, CMO worker, or probation officer.
- The committing court and DHS administration (through administrative channels) if the youth is placed in a Department of Community Health facility.

AUTHORITY

Social Welfare Act, MCL 400.115b(1)

Mental Health Code, MCL 330.1001 et seq.

Transfer of Juveniles between Institutions Act, MCL 720.601 et seq.

Youth Rehabilitation Services Act, MCL 803.304

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that any youth undergoing detoxification with abnormal vital signs is transferred to a hospital.

PURPOSE

This policy ensures appropriate medical care for youths.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to monitoring youth who have ingested alcohol or other drugs and those youths who are suffering withdrawal symptoms that indicate a potential medical crisis. At a minimum, these SOPs must contain the following requirements:

**Youth under the
Influence**

Youths who are under the influence of drugs or alcohol are constantly observed by trained staff and separated from the general population.

**Youth
undergoing
Detoxification**

Youth undergoing detoxification should be treated as ordered by a physician.

Youths who have abnormal vital signs during the withdrawal process must be taken to a hospital.

Monitoring

Monitoring of youths is done at fifteen (15) minute intervals and recorded.

AUTHORITY

Social Welfare Act, MCL 400.115a(1)(l)

POLICY

All residential juvenile justice facility staff must be trained in the bloodborne pathogen standard so that they are aware of and practice universal precautions appropriate for situations that may occur at their worksite.

PURPOSE

To increase awareness and reduce the risks of exposure to a communicable disease.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Facility director, supervisors, health care, maintenance, and direct care staff.

PROCEDURE

Each facility must develop and implement a written procedure regarding training in the bloodborne pathogen standard and the practice of universal precautions. At a minimum, the procedure must contain the following requirements:

**Universal
Precautions
Requirements**

Staff must use universal precautions when handling blood or other body fluids including:

- Gloves and double gloving when risk of contamination is present.
- Puncture proof containers for needle disposal.
- Disposable or autoclavable dental and surgical instruments.
- Blood spills and other body fluids cleaned with bleach in a 1:10 solution.
- Linen/clothing washed in hot water with detergent.

- Washing hands thoroughly with hot soap and water in case of any contact with body fluid.

Each facility must designate a staff member to ensure that each living unit is furnished with:

- Boxes of gloves.
- Gowns.
- Goggles.
- Pocket masks.

Transport Vehicles

Any vehicle used to transport youth must be equipped with a first aid kit that includes gloves and a pocket mask. Kits must be inspected regularly.

Medical Waste Disposal

Medical waste and contaminants must be disposed of in approved containers or receptacles.

A licensed medical waste hauler must be utilized for the removal of medical waste from each facility.

Training

In accordance with JR1 170, Staff Development and Training, staff must receive initial training in the bloodborne pathogen standard including the use of universal precautions. Staff must also receive annual bloodborne pathogen refresher training. The training must be documented.

AUTHORITY

Social Welfare Act, 1939 PA 280, as amended, MCL 400.115a(1)(l)
29 CFR 1910.1030, Bloodborne Pathogens

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that youth with communicable diseases are identified and treated by medical care staff.

PURPOSE

This policy provides guidance to staff when working with youths who have a communicable disease.

DEFINITIONS

See JRG, JJ Residential Glossary.

RESPONSIBLE STAFF

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to the transmission of communicable diseases. At a minimum, these SOPs must contain the following requirements:

Communicable Disease Suspected

Referral:

- When a youth exhibits symptoms that indicate the presence of a communicable disease, staff immediately refer the youth to a physician for testing, diagnosis and treatment.

Response:

- The physician may impose conditions that restrict the youth's association with others in the interest of public health and resident safety.
- The facility/center director or designee is informed of the youth's health status and approves of changes to the youth's treatment program that are needed if the youth remains in the residential program.

- Youth diagnosed with a communicable disease are not restricted beyond routine program requirements in their association with others unless there are exceptional documented behavioral and medical circumstances unique to the youth.
- Excluding HIV and AIDS, medical staff have the obligation to report all instances of a communicable disease or diagnosed serious infection to the local health department.

Hospitalization:

- If the youth is hospitalized by a physician, the facility/center director or designee notifies:
 - The youth's parent/legal guardian.
 - The youth's JJS, CMO worker or probation officer.
 - The director of the BJJ residential facilities division.
- The facility/center director or designee arranges with the hospital to provide sufficient security to ensure the safety of the youth and the public.

Universal Precautions

Because it is not medically possible to detect early stages of many communicable diseases, staff should always practice universal precautions.

AUTHORITY

Social Welfare Act, MCL 400.115a(1)(l)

Community Health Rules, R 325.172

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that all youths in residential facilities are counseled about Human Immunodeficiency Virus (HIV) and offered HIV testing.

PURPOSE

This policy ensures that HIV positive youths are counseled and tested to protect their health and the safety of other residents.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to HIV counseling and testing. At a minimum, these SOPs must contain the following requirements:

**Voluntary
Testing**

Pre-testing and counseling:

- All HIV testing is voluntary.
- Pre and post HIV test counseling is provided by a physician or designee or a health facility.
- The youth signs a consent form (approved by the Michigan Department of Community Health) prior to the testing.

Testing

HIV testing is provided through local health departments or approved laboratories.

Post-testing:

- All youths with positive HIV results are referred to an appropriate physician or medical facility for evaluation and treatment as indicated.
- The facility/center director or designee is informed of all positive HIV tests.

Involuntary Testing

Court Order:

- The facility/center director or designee may file an affidavit with the family division of the circuit court for an ex-parte hearing to order HIV testing over the objection of a youth when there is reasonable cause to believe that a youth or staff member has sustained a percutaneous, mucous membrane, or open wound exposure to the blood or body fluids of a youth.

Pregnant Youth:

- All pregnant youths are offered HIV testing.

Records and Confidentiality

Records pertaining to HIV counseling and testing are confidential and may not be shared with non-health care staff, with the exception of facility/center director or designee.

These records are available to health care professionals only and are excluded from the medical file sent with the social file to the JJS, CMO worker or probation officer.

Testing results may be shared with other health care providers in order to:

- Protect the health of an individual.
- Prevent further transmission of the disease.
- Assist in diagnosis and care for the patient.

AUTHORITY

Public Health Code, MCL 333.5101 et seq.

Public Health Code, MCL 333.5131(5)(g)

Public Health Code, MCL 333.5204

Social Welfare Act, MCL 400.115a(1)(l)

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that any high-risk behavior that occurs in a residential facility involving youth or staff is reported and treated as required.

PURPOSE

This policy ensures appropriate staff response to high-risk behaviors.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to high-risk behaviors. At a minimum, these SOPs must contain the following requirements:

Reporting

Staff reports all high-risk behavior involving youths or staff that occurs during their work day to a supervisor.

All high-risk behavior is documented in an incident report.

**Evaluation and
Treatment**

The facility/center director or designee ensures that any youth or staff involved in a high-risk behavior is evaluated by medical staff who will determine the appropriate medical response.

AUTHORITY

Social Welfare Act, MCL 400.115a(1)(l)

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that age and situational appropriate information, counseling and services by trained medical staff, family planning providers or teachers regarding sexuality, pre-natal care, and services are available at every facility.

PURPOSE

This policy promotes healthy living by ensuring appropriate information and services regarding sexuality and pregnancy are available to youth.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to family planning. At a minimum, these SOPs must contain the following requirements:

**Educational
Materials**

The facility/center director or designee ensures that age and situational appropriate family planning information, counseling and services are available to youths if the youth's parent/legal guardian has provided written consent.

Family planning information, counseling and services are provided by trained medical staff, family planning providers or teachers.

Pregnant Youth

All pregnant youths will:

- Receive pre-natal checkups.
- Receive quality care as directed by a physician.

- Receive nutritional information:
 - Appropriate diet.
 - Vitamins.
 - Parenting classes.
 - Hepatitis B testing.
 - HIV counseling and testing if medically indicated.

AUTHORITY

Revised School Code, MCL 380.1507

Social Welfare Act, MCL 400.115a(1)(l)

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that a nurse or physician evaluate and monitor any youth refusing food for forty-eight (48) hours or longer.

PURPOSE

This policy ensures that a youth's refusal to eat does not adversely affect the long term health of the youth.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to youth refusing food. At a minimum, these SOPs must contain the following requirements:

Notification

When a youth refuses food for a period of forty-eight (48) hours, notify the following persons:

- A licensed nurse or physician.
- The youth's parent/legal guardian.

**Medical
Response**

The youth is offered a daily medical assessment of his/her physical condition.

The youth's refusal of a medical assessment is witnessed and documented.

A nurse, physician, or designee monitors and documents the youth's vital signs on a daily basis.

Hospitalization

If the youth's vital signs are abnormal or other medical problems develop, the youth is transported to a hospital for treatment.

If the youth is hospitalized, the facility/center director or designee notifies:

- The youth's parent/legal guardian.
- The youth's assigned JJS, CMO worker or probation officer.
- The director of the BJJ residential facilities division.

AUTHORITY

Social Welfare Act, MCL 400.115a(1)(l)

POLICY

It is the policy of the Michigan Department of Human Services (DHS) Bureau of Juvenile Justice (BJJ) that the use of juveniles for medical, non-medical, pharmaceutical or cosmetic experiments is prohibited.

PURPOSE

This policy clarifies boundaries of medical experimentation to ensure that any research involving BJJ youths is appropriate.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to medical experimentation. At a minimum, these SOPs must contain the following requirements:

**Medical
Experimentation**

The use of juveniles for medical, pharmaceutical or cosmetic experiments is prohibited.

This does not preclude individual treatment of a juvenile based on his/her need for a specific medical procedure that is not generally available.

**Non-Medical
Research**

Statistical, psychological and social research may be conducted only when it is approved by:

- The facility director.
- The DHS office of performance excellence after completing and submitting a written request as described in the procedures of that office.

- The director of the BJJ residential facilities division.
- The director of the BJJ.

DHS supervised youths are only allowed to participate in a research study if the appropriate authorizing party determines the study is in the best interest of the youths. Even with authorization, the youth may decline to participate.

Legal Status	Authorizing Party for Research/Study Participation
Temporary Court Ward	Court/judge and parent or legal guardian or youth if age 18 or over unless youth has been determined incompetent.
Permanent Court Ward	Court/judge or youth if age 18 or over unless youth has been determined incompetent.
Delinquent State Ward (1974 PA 150)	DHS director or designee or youth if age 18 or over unless youth has been determined incompetent.
Dual Wards (1974 PA 150 and 1935 PA 220 or 1974 PA 296)	DHS director or designee and the MCI superintendent, or youth if age 18 or over unless youth has been determined incompetent.

AUTHORITY

Social Welfare Act, MCL 400.115a(1)(l)

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that youth have the right to refuse routine medical treatment, excluding immunizations.

PURPOSE

This policy ensures guidance to staff when a youth refuses to submit to a recommended course of medical treatment.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to a youth's refusal of medical treatment. At a minimum, these SOPs must contain the following requirements:

**Mandatory
Immunizations
(Unless
Medically
Contraindicated)**

Tuberculosis testing.

Standard immunizations are mandatory:

- Diphtheria.
- Tetanus.
- Polio.
- Tetanus boosters (every 8-10 years).
- Hepatitis B.
- Varicella (chicken pox).
- Measles, Mumps and Rubella (MMR).
- Influenza vaccine (administered, when available, in the fall).

Note: Influenza vaccine may be administered when it is available in the fall).

If a youth refuses mandatory immunizations, the facility/center director or designee contacts the youth's JJS, CMO worker, or probation officer to seek a court order authorizing measures to ensure compliance with this policy.

Routine Medical Treatment

The facility/center director or designee ensures the youth receives routine medical treatment.

If a youth refuses recommended routine medical treatment, a document stating that refusal is signed by the youth and witnessed by a physician or other licensed medical professional.

If the youth has been judicially determined incompetent or has a communicable disease, the facility/center director, conjunction with the JJS, CMO worker or probation officer may petition the court for an order mandating the youth to receive medical treatment.

Youths are not punished for refusing medical care or diagnostic testing.

Emergency Situations

In cases of emergency, the facility/center director or designee and/or the youth's parent or legal guardian may override the youth's decision to refuse medical treatment.

AUTHORITY

Social Welfare Act, MCL 400.115a(1)(l)

Youth Rehabilitation Services Act, MCL 803.303(3)

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that facilities evaluate the need to pay medical costs incurred by an escaped youth.

PURPOSE

This policy ensures that facilities only pay medical expenses of youth who have escaped when no other payment sources exist.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to liability for medical expenses incurred by an escaped youth. At a minimum, these SOPs must contain the following requirements:

Escaped Youth

Medical costs incurred while a youth is on escape status are evaluated on an individual basis dependent on:

- Court ordered parental responsibility to maintain health insurance.
- Whether an automotive accident is the source of injury or medical need. If the involved vehicle was stolen, no fault benefits may not be available if the youth was either:
 - The driver.
 - A passenger that knew the vehicle was stolen.

**Escape
Attempts**

Youths injured during an unsuccessful escape attempt in the immediate vicinity of the residential facility have not left custody status and any medical expenses remain the responsibility of the facility.

**Youth on Leave
of Absence**

Authorized leave of absence situations are treated as an extension of physical custody.

AUTHORITY

Insurance Code of 1956, MCL 500.100 et seq.

Social Welfare Act, MCL 400.115a(1)(l)

Youth Rehabilitation Services Act, MCL 803.301 et seq.

POLICY

Medication orders for non-controlled substances may be issued by the prescribing authority in writing, electronically through a secured medication ordering system, or by telephone. Telephone orders must be documented in writing and signed by the prescribing authority within seven calendar days of the verbal order. Medication orders for controlled substances must be in writing. Medications consist of three types in this policy and related policies JR3 340, 381 and 382:

- Over-the-counter (OTC) medications; medications that can be purchased without a prescription.
- Prescription medications; medications prescribed by authority above.
- Controlled substances; medications appearing on a federal schedule which require special controls for various reasons including high potential for addiction or abuse.
 - Controlled substances are indicated by packaging with distinctive labeling (for example, a red "C").
 - Controlled substances must be stored separately from other prescription medications.

Following removal from storage, individual staff in the classifications below designated to administer medications to a youth may administer controlled substances to a youth as prescribed.

Psychotropic medications are prescription medications and may also be controlled substances; see JR3 340, Psychotropic Medications.

PURPOSE

To ensure that each youth receives necessary and appropriately authorized medication.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Responsible staff for prescription practices includes the facility director, facility managers, direct care staff, and contracted medical staff. Staff designated to store, dispense, and dispose of medications must be in one of the following groups:

- Program manager (youth residential director).
- Shift supervisor (youth specialist supervisor).
- Youth group leader.
- Social worker.
- Youth specialist.
- Youth aide.
- Contracted medical staff including nurses, medical and pharmacy technicians.

Private agencies may determine their own designated medication staff.

PROCEDURE

Each facility must develop and implement written standard operating procedures for prescription practices that describe how this policy is implemented at the facility. Procedures must contain the following requirements:

**Intake Medication
Verification**

Prior to intake, as part of scheduling an accepted referral for placement, staff must, to the extent practical, contact the juvenile justice specialist or court probation officer and attempt to determine if the youth will be arriving with any medications, including medications that are dispensed by other than the oral route (for example, intravenous, intramuscular, subcutaneous).

Staff must review any medical records available or provided including the DHS-221, Medical Passport, to assist in evaluating the youth's medication needs.

At intake, staff must interview the youth and the parent/guardian/transport staff to determine if the youth is taking any medications.

At intake, staff must review any additional records provided, including the DHS-221, Medical Passport, to determine if there are

any medications prescribed or orders to discontinue medications. Medications that are the subject of discontinuation orders may not be administered and must be disposed; see JR3 382, Medication Storage and Disposal.

Only medications from a licensed pharmacy, with a current, patient-specific label intact on the original medication container, may be accepted into the facility.

Prior to entry of the medications into the facility medication storage and administration system, all of the following requirements must be met:

- The youth or parent/guardian must report the youth is taking the medication.
- The youth, parent/guardian or transporter has brought the medication to the facility.
- The medication is properly labeled per criteria described later in this policy.

Designated staff must enter any medications arriving with a youth, parent/guardian or transporter into the facility's medication storage and administration system.

Medication administration for medications meeting the above criteria must continue until the newly admitted youth is evaluated by a physician.

In cases where there are staff questions prior to the physician evaluation, the authenticity of a prescription medication must be verified by:

- Calling the pharmacy that dispensed the medication.
- Calling the outside provider (for example, the physician) who prescribed the medication.

Staff must ensure that the youth is referred to a physician for an intake medication review as soon as feasible and in any case within seven calendar days of admission. The physician may make use of videoconferencing to speak with the youth during the evaluation if unable to meet with the youth in person.

The facility must contact a physician within 24 hours for any case when:

- The youth is prescribed a medication which must be administered intramuscularly, subcutaneously (for example, insulin for a diabetic), or intravenously.
- The youth is admitted without a prescription medication that he/she reports taking (or with an empty medication container).
- Staff is uncertain or has reasonable doubt about the need, appropriateness or effectiveness of the medication.
- Staff at the facility is uncertain as to the status of the medication.
- Any other situation that appears to require a medication evaluation.

Staff must document situations requiring physician contact above in an incident report.

Where concern for the youth's medical status exists, an evaluation by a physician must be conducted regardless of the status of the prescription.

Staff must notify the parent, guardian or transporter by telephone to pick up any medication that is not successfully verified. Staff must explain why the medication cannot be used and inform the parent/guardian transporter that the medication will be held for 10 calendar days and then will be disposed of. These medications must be securely stored until disposed of.

Prescription Order Requirements

All prescriptions must be prescribed in accordance with standard prescribing practices and protocols.

Medication orders for non-controlled substances may be issued by the prescribing authority in writing, electronically through a secured medication ordering system, or by telephone. Telephone orders must be documented in writing and signed by the prescribing authority within seven calendar days of the telephone order. Medication orders for controlled substances must be in writing.

Medication Labeling

Each container for prescription medications must be labeled with at least:

- Name of the youth.
- Name of the person prescribing the medication.
- Name of the medication, dosage and directions for its use.
- Date filled.
- Name and address of the pharmacy or supplier.
- Expiration date.
- Warning statements; if applicable.

Bulk Medication Limits

Prescription medications must not be purchased in bulk form, stored, saved or otherwise kept in inventory except when:

- Used for immunizations or Tuberculin skin testing.
- Contained in kits used for emergency resuscitation or treatment including Epinephrine (Epi-pens) or Albuterol inhalers.
- As a limited supply of injectable Glucagon for emergency treatment of insulin-induced hypoglycemia when contracted health services staff or trained staff are available.
- Stored as insulin for diabetic use; insulin for individual youth must still be prescribed in terms of an individual dose.
- Kwell (lindane) or other ectoparasiticide/ovicide.

Bulk medications must be ordered by a physician using the physician's Drug Enforcement Administration number.

A monthly supply of medications for an individual youth does not constitute storing in bulk form.

Youth Transfer or Release Practices

The sending facility must coordinate transfer or release with the youth's parent/guardian and the next placement to ensure the youth has access to required medications and that informed consent for psychotropic medications is in place. Based on coordination and

need, the facility may provide up to a 45-calendar-day supply of medications to the youth. If psychotropic medications must be prescribed for continued use, informed consent must be in place or obtained; see JR3 340, Psychotropic Medications, and FOM 802-1, Psychotropic Medication in Foster Care for youth with open foster care cases including dual wards. If the parents are unavailable or refuse to provide consent, the facility director or designee must file a motion with the court requesting consent for the prescription and use of necessary psychotropic medication.

The facility must provide medication administration records with each medication.

The facility director or designee must require the person transporting the youth and the person accepting care of the youth sign a facility receipt form for medications. The receipt must:

- Include the printed name and signature of the person providing the medication(s).
- Include the printed name and signature of the person receiving the medication(s).
- Include the name(s) of the medication(s).
- Include the quantity(ies) of each medication.
- Include instructions for the return of unused medication(s).
- Be retained at the sending facility.

Expired Medication Limits

Expired or excess medication must be:

- Kept to a minimum and securely stored pending return or disposal.
- Returned to the pharmaceutical supplier for credit when feasible.
- Disposed of in accordance with JR3 382, Medication Storage and Disposal.

LEGAL BASIS

Child Caring Institutions Rules, R400.4161

POLICY

Medications for each youth in a residential juvenile justice facility must be administered as prescribed by a designated staff member or medical contractor. This policy applies to over-the-counter (OTC) medications, prescription medications, and controlled substances; see JR3 380, Prescription Practices.

The use of psychotropic medications as a behavior management tool without regard to any therapeutic goal is strictly prohibited. Psychotropic medication may never be used as a method of discipline or punishment; see JR3 340, Psychotropic Medications.

Staff must keep personal medications to a minimum, in their possession, and never provide them to any youth. Staff use of any facility medications, including over-the-counter medications, is strictly prohibited. Staff must ensure that visitors limit the number of medications brought into the facility to the minimum necessary and that these medications remain in the custody of the visitor and are never provided to a youth.

In cases where the youth is 18 years of age, parental/guardian notifications, approvals and objections discussed in this policy are provided/applicable to the youth.

PURPOSE

To ensure that each youth receives his/her correct medication as prescribed and with proper consent.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Staff designated to store, dispense and dispose of medications must come from the following groups:

- Program manager (youth residential director).
- Shift supervisor (youth specialist supervisor).
- Youth group leader.
- Social worker.
- Youth specialist.
- Youth aide.

- Contracted medical staff including nurses, medical and pharmacy technicians.

Private agencies may determine their own designated medication staff.

PROCEDURE

Each facility must develop and implement written standard operating procedures for medication administration. These procedures must include the following requirements:

MEDICATION OBJECTIONS

Staff must report receipt of any parent/guardian medication objection to the prescribing authority within one business day. Any case when this report cannot be made within the time limit must be reported to the facility director. Any case in which the physician is not notified of an objection within three business days must be reported to the Director, Juvenile Justice Programs. The physician and facility director, in consultation with the parent/guardian, must determine an appropriate course of action.

DISCONTINUING MEDICATIONS

All prescription medications to be discontinued must be documented with a written order from the prescribing authority.

MEDICATION DISPENSING

Medication for each youth must be dispensed:

- As prescribed. Psychotropic medications must only be administered with informed consent; see JR3 340, Psychotropic Medications.
- By a contracted medical staff or trained and designated staff in one of the positions listed in this policy.

Dispensing Rules

Staff must dispense medication in accordance with the six right rules for medication dispensing. These are:

- Right youth. Staff dispensing the medication must positively identify the youth.
- Right medication. The prescription, medication administration record form, and label on the medication container must match.
- Right dose. The dose must be that specified on the medication container.
- Right time. Unless otherwise directed in writing by the prescriber, medications must be dispensed within 30 minutes either side of the time listed on the medication administration record.
- Right route. This is the means by which the medication enters the body.
- Right documentation. Staff must document the medication being taken or refused on the medication administration record.

Dispensing Medication

The staff designated to dispense medication must wash his/her hands prior to beginning the process.

The staff must focus exclusively on medication dispensing at the scheduled time and limit youth movement, noise and activities in the medication administration area.

The staff must avoid dispensing medications in an area that poses a risk of losing the medication if dropped, such as near a sink, toilet or drain.

The staff must not dispense any medication that is obviously discolored, malformed, broken, or that has an unusual odor.

The staff must assist each youth individually while taking medication. Staff must provide the youth with a disposable cup of water or other specified liquid (for oral medication) and observe the medication being taken by asking the youth to:

- Open his/her mouth to show he/she has swallowed the medication. Staff may ask the youth to pull away his/her cheeks from the gums and or pull away his/her tongue to aid in a thorough search if deemed necessary (for example, a youth with past history of hiding medications or cheeking).

Dispensing Parenteral Medication

- Follow any special written instructions (for example, take medication with food) for administering the medication.
- Check the water cup when returned to make sure the youth has not returned the medication to the cup.

While most medication is taken orally (enteral), some medications will have other routes (parenteral). Dispensing of intramuscular and intravenous medications must be conducted by a qualified medical staff.

Administration of Epinephrine pens (Epi-pens) may be conducted by any of the following:

- Qualified medical contractors.
- Trained staff. Staff supervising youth and carrying these devices are considered designated staff to administer these medications and must be trained in their use.

Administration of individual doses of subcutaneous insulin for diabetics or Glucagon for those with hypoglycemia may be conducted by any of the following:

- Qualified medical contractors.
- The youth with diabetes if the youth demonstrates satisfactory willingness, behavior and competency to administer the injection. The youth shall be afforded access to only the dose prescribed.
- Designated staff trained in the use of the syringe or pen. Glucagon is administered only by injection.

Administration of insulin via an insulin pump must be the subject of a written facility plan approved by the facility director and physician. The plan must describe the role of the physician, medical staff, facility staff, and the youth including describing how to monitor the youth and actions to take based on status of the youth.

Nebulizers and Inhalers

Staff must receive training in the use of nebulizers and inhalers prior to administering medications to youth via this route. Staff must observe youth for proper use of inhalers.

Youth Observation

Following medication dispensing, staff must continue to monitor the youth for side effects, allergic response, or other reactions. Should these occur, staff must respond to the youth's condition, make an immediate report to their supervisor, and complete an incident report.

Medication Administration Documentation

Staff must record the dispensing of all medications:

- On a medication administration record form approved by the facility director. Forms provided by the medication vendor may be used.
- For controlled substances, on the vendor-supplied, Controlled Medication Inventory Record, in addition to the medication administration record.
- By initialing the record form(s) in the appropriate box.

Staff must record all as-needed PRN (Pro Re Nata) medications on the form when provided to the youth.

When a youth is allowed to self-administer PRN medications (for example, an albuterol inhaler), the staff must record the reported use/doses taken.

Staff must file completed medication administration forms in the youth's medical record.

Staff must make medication administration records available to the parent/guardian, juvenile justice specialist, and case management organization caseworker for review on request.

**Documentation of
Medication Refusal**

Staff must document medication refusal on the medication administration record form by taking the following actions:

- Write the letter "R" in the appropriate block of time for the medication that was refused.
- Ask the youth to initial the refusal. If the youth refuses to initial the refusal, note the refusal to initial on the record form by a note on the back of the form (for example, Youth refused to initial for 0800 dose of Concerta on May 30, 2014.).
- Complete an incident report documenting the medication refusal including medication name, dose, dose time, youth's basis for refusal (if known), and staff efforts to obtain cooperation.

Staff may never use medication refusal as the basis for youth discipline.

**Medication
Dispensing While
Off-Site**

In cases where an off-site activity, such as court, is planned, staff must dispense medications as prescribed. Transport staff must be trained and designated to maintain custody of medications until the appropriate time for dispensing. Procedures for dispensing medications remain in effect.

**MEDICATION
ERRORS**

Medication errors are defined as any time a medication is not given as prescribed including but not limited to:

- Missed dose.
- Wrong dose.
- Wrong youth.
- Overdose when a youth takes too much of a medication or takes the medication via the wrong route (for example, snorting an oral medication).

In the event that the dose is missed or unavailable to be given, staff must circle the missed dose block on the medication administration record form in red ink.

Staff must immediately notify their supervisor of a medication error and begin actions to ensure youth safety in collaboration with medical staff. Such actions include but are not limited to:

- Staff observation of the youth.
- Consultation by the physician.
- Scheduled medical appointment(s)
- Evacuation to another medical facility/hospitalization.

Staff must complete an incident report for any medication error.

LEGAL BASIS

The Child Care Organizations Act, 1973 PA 116, MCL 722.111 et seq

Michigan Administrative Code, R400.5101 through R400.5940

Child Caring Institutions Rules, R400.4160

POLICY

All medications must be stored in locked containers or secured in locked areas accessible only to authorized staff and designated for medication storage. All over-the-counter and prescription medications must be stored in a secure, locked storage area that is inaccessible to any youth unless accompanied by a designated staff member. The area must be clean, organized and free from temperature extremes, direct sunlight, and moisture.

A limited supply of over-the-counter medications designated for youth only and approved by the facility director and facility physician may be stored in a locked container controlled by shift management. These medications may not be stored on the living unit.

All controlled substances must be stored in a medication storage area separate from that used for other prescription medications.

Keys for medication containers must be maintained in the physical possession of the staff on the shift designated to dispense medication. No one else must be able to access the keys. Designated medication staff must be in one of the position classifications in this policy:

- Program manager (youth residential director).
- Shift supervisor (youth specialist supervisor).
- Youth group leader.
- Social worker.
- Youth specialist.
- Youth aide.
- Contracted medical staff including nurses, medical and pharmacy technicians.

Private agencies may determine their own designated medication staff.

Staff members designated to dispense medications must only transfer medication key custody to another designated staff and only via hand-to-hand transfer.

Staff may never remove medication keys from the facility. If circumstances require the designated staff with key custody to leave the facility during the shift, the keys may be temporarily transferred to another staff on shift with transfer documented in a

facility key log. Key transfer must occur again when the original staff returns or the next scheduled designated staff arrives.

When the original designated staff does not return prior to the end of the shift, a medication count must be completed by two staff on duty.

PURPOSE

To promote safety by limiting the opportunity for unauthorized use or loss of medication.

DEFINITIONS

See JRG, JJ Residential Glossary.

RESPONSIBLE STAFF

Medical staff including nurses, medical and pharmacy technicians and direct care staff involved in medication security and storage.

PROCEDURE

Each facility must develop and implement written standard operating procedures for medication security and storage. Procedures must contain the following requirements:

Medication Storage

All youth prescription medications must be stored in their original issue container until dispensed to the youth and:

- In a locked container and/or area accessible only to designated staff.
- If required to be kept cold, in a refrigerator designated for medications only that complies with the locked or authorized area requirements above.
- With oral or injectable medications physically separated from medications taken by other routes (for example, skin creams).

Packs worn by direct care staff while supervising youth may be used to provide ready access to selected youth medications where rapid response may be necessary; for example asthma inhalers and Epinephrine pens (Epi-pens).

Staff, contractors, volunteers, interns, and visitors must never provide their personal medications to any youth.

Prescription Labeling

Each container for medications must be labeled with at least:

- Name of the youth.
- Name of the person prescribing the medication.
- Name of the medication, dosage and directions for dispensing.
- Date filled.
- Name and address of pharmacy or supplier.
- Expiration date.
- Warning statements, if applicable.

GENERAL INVENTORY REQUIREMENTS

Facility procedures for medication inventories must include:

- An ongoing daily running inventory of medication utilization for all prescription and over-the-counter medication.
- Shift-to-shift inventory counts of controlled substances and counts at any other times when the person with custody of the controlled substance storage changes.
- Weekly inventory counts for all opened over-the-counter medications.
- Special inventories when tampering is detected or there is reason to believe that a theft has occurred.
- Reporting criteria and procedures for inventory discrepancies (such as when the count physically on hand does not match the record).
- Requirements for staff to make an immediate verbal report of any inventory discrepancy, sign of tampering, or theft. Staff must also complete an incident report and the facility must investigate the occurrence.
- Inventory documentation within a facility log or on a facility form approved for that purpose.

The ongoing daily running inventory process must be completed for inventories of over-the-counter and prescription medications. This process begins with a known total quantity of each medication and the number/amount of remaining tablets, pills or liquid is decreased each time a dose is given.

Inventory of Over-the-Counter and Non-controlled Prescription Medications

The dose-by-dose daily administration and documentation of medication must be conducted using the ongoing daily running inventory process for the daily distribution of over-the-counter and non-controlled prescription medications. Documentation of each individual dose of medication dispensed to the youth must be maintained on the medication administration record form. Facility or vendor-supplied forms may be used. Staff distributing the medication to the youth must initial the form.

The facility director must designate a staff or contracted medical staff to conduct a weekly inventory count of all open supplies of over-the-counter medications. The count must be reconciled with dispensing records and the previous count.

Inventory of Controlled Substances

When a controlled substance is dispensed to a youth as ordered through prescription, the number of pills, tablets or doses remaining after each dose must be documented on the youth's individualized Controlled Medication Inventory Record received from the supplier. The dose must also be documented on the medication administration record form.

Controlled substances must be counted and compared by two staff against on-hand records in each facility or living unit. Results of the count, including quantity of each controlled substance, names of staff involved, and date/time of the count must be documented on a facility form or log.

Medication Disposal

Disposal of any medication, over-the-counter, prescription medication, or controlled substance must be in accordance with the guidelines of the Michigan Department of Environmental Quality (DEQ) and the federal Food and Drug Administration (FDA); see the web site at http://www.michigan.gov/deq/0,4561,7-135-3585_57802_4173--,00.html and <http://fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseOfMedicine/SafeDisposalofMedicines/ucm186187.htm> for more information.

The facility must seek to return medication in original packaging to the vendor for credit when feasible.

The facility must make use of available local medication return programs when feasible.

Do **not** flush medications down the toilet unless the drug labeling contains specific instructions to do so.

Disposal of any medication, including over-the-counter medications must be jointly witnessed by any two designated persons from the following groups (including two persons from the same group):

- Youth residential director.
- Youth specialist supervisor.
- Youth specialist.
- Youth group leader.
- Social worker.
- Contract medical staff.

Disposal of over-the-counter and non-controlled prescription medications must be documented on a facility-approved form or log and include:

- Medication name, strength and number of doses destroyed.
- Date of disposal and disposal method.
- Vendor or program name and signature if turning in medication.
- Full printed names of staff involved.

The disposal of controlled substances must be documented in a letter or form on facility letterhead that includes:

- Prescription number(s).
- Name(s) of medication(s) and to who it was prescribed.
- Drug strength(s).
- Quantity.
- Date of disposal and disposal method.
- Full printed and signed names of staff involved.

The facility must maintain controlled substance disposal records per its record retention schedule and provide the controlled substance provider with a copy of the disposal document.

LEGAL BASIS

Controlled Substances Act, 21 USC 812

Child Caring Institutions Rules, R400.4160

POLICY

Residential juvenile justice facilities providing educational services must obtain school records from the last known school attended for each youth.

PURPOSE

To ensure educational programs for each youth are consistent with previous school and education needs.

DEFINITIONS

See JRG, JJ Residential Glossary.

RESPONSIBLE PARTY

Facility director or designee.

REQUEST FOR RECORDS

The facility director or designee must request all official school records from the last known school a youth attended within three days of admission. The request for records must include a telephone call and a written request using the Juvenile Justice Information System (JJIS) Request for School Information.

The telephone call and written request for records must be documented.

Actions When School Records are not Received

If school records are not received within 15 days of the initial request, the facility director or designee must make a follow-up telephone call and send a copy of the request to the superintendents of the youth's local and intermediate school districts using certified mail to request the youth's records.

If school records are not received within 15 days of the second contact, the facility director or designee may seek a court order to produce the records. The facility director or designee must send copies of the court petition to the superintendents of the youth's last local and intermediate school districts.

The facility director or designee must document all follow-up attempts to obtain records using case notes in the JJIS and in the student's school file.

**Actions When
Youth is
Believed to be
Eligible for
Special
Education
Services**

If information suggests the youth previously received special education services, the facility director or designee must:

- Make a telephone call and send the school record request to the special education departments of the local and intermediate school districts to determine whether the student received special education services.
- Place the youth in a special education program pending an official determination of eligibility for services if the parents and/or school district affirm the student received special education services. See JR4 402, Previous Enrollment in Special Education.
- Request a copy of the student's most recent individualized education program, multidisciplinary evaluation team report, and other pertinent documents.

**Actions When
Special
Education
Records are not
Received**

If the youth's special education records are not received within 15 days of the initial request, the facility director or designee must:

- Make a follow-up telephone call and send the request form to the special education departments of the local and intermediate school districts.
- Contact the BJJ special education consultant for assistance. The facility director may seek a court order to produce the records if the records are not received within 15 days of the second request.

- Document all attempts to obtain the youth's special education records.

AUTHORITY

Family Educational Rights and Privacy Act, 20 USC 1232g.

Individuals With Disabilities Education Improvement Act of 2004, 20 USC 1400 et seq.

Elementary and Secondary Education Act of 1965, 20 USC 6301 et seq.

Michigan Department of Education Administrative Rules for Special Education.

POLICY

Any residential juvenile justice facility that provides educational services must refer any youth experiencing academic or adjustment difficulties to a student support team (SST) and provide intensive instructional intervention(s) to address the student's needs.

PURPOSE

To ensure that each youth experiencing academic or adjustment difficulties is appropriately referred for services.

DEFINITIONS

See JRG, JJ Residential Glossary.

RESPONSIBLE PARTY

Facility director or designee.

ACTIONS PRIOR TO REQUESTING A STUDENT SUPPORT TEAM

Prior to requesting a student support team, the youth's teacher or another assigned staff member must meet with the youth to explore the presenting problem, the youth's school history, and previous interventions.

The teacher or other designated staff must consult with the youth's parent(s)/legal guardian and seek their input regarding the problem.

If the problem persists, the youth must be referred for SST services.

Any youth, parent/legal guardian, teacher, or facility staff may request services. Services may be requested verbally or by submitting a DHS-4310-BJJ, Student Study Team Referral Form, to the facility director or designee.

Within three school days of receipt of the request, the facility director or designee must appoint the team and its chairperson.

**STUDENT
SUPPORT TEAM
RESPONSIBILITIES**

The SST must assist the youth's teachers in planning and executing intervention strategies to resolve the learning and/or behavior problem. The team must:

- Document its activities on the referral form.
- Review the youth's work samples, teacher observations, documentation of youth's strengths and weaknesses, and other relevant information.
- Delineate the problem in measurable terms.
- Develop the intervention plan. Prior to implementing an intervention, review the plan with the youth and the parent/legal guardian. Provide the youth and the parent/legal guardian with an opportunity to provide input in assessing the plan. Input may be obtained by telephone, certified mail, personal visit, or actual meeting attendance.
- Meet at least weekly to review the effectiveness of interventions and monitor the youth's progress. A quorum of three members must be present to validate decisions made in the team meeting. Progress notes must be documented on the referral form.

Note: In cases where parental rights have been terminated or no parent/legal guardian can be located after reasonable documented efforts to make contact, see JR4 421, Appointment and Training of Surrogate Parents.

The team chairperson must assign a team member to work closely with the classroom teachers, assist in executing the intervention plan, and monitor the youth's progress.

The team chairperson must prepare the team written report including documentation of the problems and interventions on the referral form.

Interventions must normally be completed within 30 school days and the team report submitted to the facility director or designee. A copy of the report must be filed in the youth's school file. The facility director may approve continuation of interventions for up to 60

additional school days. Written reports must be completed at each 30 school day interval.

The team chairperson must review each report with the parent/legal guardian and the youth. The parent/legal guardian must receive a copy of the report within five school days after the team meets to complete the report.

If intervention strategies are unsuccessful, the facility director or designee must refer the youth for special education or Section 504 services.

The chairperson or designee must enter the team report in the juvenile justice information system and file a copy in the youth's school file.

AUTHORITY

Individuals With Disabilities Education Improvement Act of 2004, 20 USC 1400 et seq.

Michigan Department of Education Administrative Rules for Special Education.

POLICY

Each residential juvenile justice facility that operates its own school must provide special education services to any student who was previously enrolled in a special education program or who is referred for special education services. These services must be administered through an Individualized Education Program (IEP) team composed of appropriate members to accomplish three functions. The team works closely with the student and parent(s)/legal guardian to execute the special education process. The three functions are:

- Conducting the Review of Existing Evaluation Data (REED) which determines if available information is sufficient to support current or new disability determinations; see JR4 403.
- Conducting a comprehensive, multidisciplinary evaluation which includes additional specific evaluations to support disability determinations based on the REED; see JR4 404.
- Developing or revising the IEP using the results of the REED and/or multidisciplinary evaluation; see JR4 405.

Students must be re-evaluated and have a new IEP developed at least every three years and when requested by the parent(s)/legal guardian or appropriate facility staff.

Entry into the special education process at the facility may be through a determination of previous eligibility or through an initial referral. Student Study Teams (Childfind) as described in JR4 401 may also refer the youth to the special education process. Anyone, including the student involved, may make a referral.

While multiple professionals support the student during the special education process, the education case manager serves a key role. Normally a special education teacher or school social worker familiar with the process and required time lines, the education case manager is the prime mover in keeping the process moving, coordinating notices and other communications, and encouraging the participation of the parent(s)/legal guardian and the student in the process.

PURPOSE

To ensure each student receives appropriate educational services.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
PARTY**

Facility director or designee, education case manager, school social worker, teachers, and members of the Individualized Education Program team.

**ACTIONS WHEN
STUDENT MAY
HAVE BEEN
PREVIOUSLY
ELIGIBLE**

The facility director or designee who becomes aware of a youth with possible previous special education eligibility must:

- Contact the student's parent(s)/legal guardian and inform them that the facility:
 - Is aware that the student previously received special education services.
 - Will provide their child with special education services.
- Document the parent/legal guardian contact and response in the student's education file and case notes in the Juvenile Justice Information System (JJIS).
- Appoint an education case manager to coordinate the special education process for the student.
- Gather information that documents the student's previous education eligibility. This information may include letters, previous notices or invitations to special education meetings, independent assessments of the student, or other records associated with previous evaluations or IEPs.
- Within three business days of verifying previous special education services/eligibility, document the eligibility in the education domain (D5) of the Strength and Needs Assessment in the JJIS.

**EDUCATION CASE
MANAGER
ACTIONS FOR
PREVIOUSLY
ELIGIBLE
STUDENT**

The education case manager must:

- Conduct an Individualized Education Program (IEP) team meeting within 30 school days following the date notification is received (or verification) of a student's previous enrollment in a special education program/services. A typical process leading to an IEP will involve conduct of a REED and, based on the REED results, the conduct of a multidisciplinary evaluation prior to program development of the IEP. If the facility adopts the student's current IEP from the district previously providing services, the scheduling of a new IEP team meeting is not required.
- Using certified mail, send all of the following to the parent(s)/legal guardian:
 - A DHS-4268-BJJ, Permission for Temporary Placement Due to Previous Enrollment, requesting approval to continue providing special education services to the student.
 - A copy of the DHS special education parent handbook and eligible procedural safeguards.
 - A self-addressed, stamped envelope for the return of the signed temporary placement permission form.
- Make a follow-up telephone call to the parent(s)/legal guardian if the consent for placement form is not returned within seven calendar days.
- Implement the student's current IEP to the extent possible if the parent(s)/legal guardian approve the temporary placement request.
- Convene a meeting of the IEP team to conduct a Review of Existing Evaluation Data within 20 school days of the initial request for placement.

- Implement the student's current IEP to the extent possible if the parent(s)/legal guardian do not provide consent for the placement.
- Proceed to conduct a Review of Existing Evaluation Data as described in JR4 403.

Consent Requirements

If the student's parent(s)/legal guardian refuse to consent, the student must not be evaluated.

Consent is not required if parental rights have been terminated or the parent(s)/legal guardian cannot be located after the use of reasonable efforts. Reasonable efforts may be considered as at least three documented attempts over a 15 calendar day period to contact the parent(s)/legal guardian by telephone, certified mail, or personal visit.

In cases where parental rights have been terminated or no parent(s)/legal guardian can be located after documented reasonable efforts to make contact; see JR4 421.

ACTIONS FOR INITIAL SPECIAL EDUCATION REFERRAL

When an initial referral is made, the person making the referral must take the following actions:

- Complete the DHS-4260, BJJ Special Education Referral Report, in the Juvenile Justice Information System. Ensure the form documents:
 - The problem in substantial detail.
 - Interventions attempted and for how long.
 - Work samples and anecdotal observations.
- Notify the facility director or designee named to receive special education referrals.

The facility director or designee must appoint an education case manager to coordinate the special education process for the student.

**EDUCATION CASE
MANAGER
ACTIONS FOR AN
INITIAL
REFERRAL**

The education case manager must:

- Contact the parent(s)/legal guardian by telephone within five school days of the referral data and share information about the referral and special education process.
- Using certified mail, send all of the following to the parent(s)/legal guardian within 10 calendar days of receipt of the referral and prior to any formal evaluation designed to determine special education eligibility:
 - Written notice containing the reason an evaluation is being sought, the nature of the evaluation, and a description of the types of special education programs and services currently available.
 - A copy of the DHS-4262-BJJ-EV, Special Education Consent to Evaluate.
 - A copy of the DHS special education parent handbook and procedural safeguards.
 - A self-addressed, stamped envelope for the return of the signed consent to evaluate.
- Include the case manager's name and telephone number for future contact regarding special education.
- Make follow-up contacts with the parent(s)/legal guardian to obtain the signed evaluation consent and respond to questions.
- Document all case activities in the case notes in the youth's education file and in JJIS.
- Proceed to the Review of Existing Evaluation Data as described in JR4 403.

**Consent
Requirements**

If the student's parent(s)/legal guardian refuse to consent, the student must not be evaluated.

Consent is not required if parental rights have been terminated or the parent(s)/legal guardian cannot be located after the use of reasonable efforts. Reasonable efforts may be considered as at least three documented attempts over a 15 calendar day period to contact the parent(s)/legal guardian by telephone, certified mail, or personal visit.

In cases where parental rights have been terminated or no parent(s)/legal guardian can be located after documented reasonable efforts to make contact; see JR4 421.

AUTHORITY

Individuals with Disabilities Education Improvement Act of 2004, 20 USC 1400 et seq.

Rules implementing the Individuals With Disabilities Education Improvement Act of 2004, 34 CFR 300.300, 305 and 309.

Michigan Department of Education Administrative Rules for Special Education R340.1721.

POLICY

Each residential juvenile justice facility that operates its own school must provide each student referred for special education services with appropriate reviews to support special education disability determination and planning for services. The Review of Existing Evaluation Data (REED) is conducted by the Individualized Education Program (IEP) team to determine if evaluation is required prior to proceeding with program development in the IEP. The review enables the team to critically examine existing student data to determine:

- If a student continues to have a disability and educational need.
- If additional data is needed to support a disability determination.
- The student's present levels of academic achievement and related services needs.
- Whether any additions or modifications to the student's special education program and related services are needed to achieve measurable annual goals.

This policy assumes that the student:

- Is initially referred for special education.
- Requires re-evaluation for special education.
- Is being considered for special education eligibility termination.

This policy also assumes that an education case manager has been appointed; see JR4 402.

PURPOSE

To ensure each student receives a Review of Existing Evaluation Data as appropriate.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
PARTY**

Facility director or designee, education case manager, school social worker, teachers, and members of the Individualized Education Program teams.

**EDUCATION CASE
MANAGER**

The education case manager must:

- Ensure the parent(s)/legal guardian and student have been notified of the REED and invited to participate.
- Make arrangements for the use of telephone or videoconferencing in cases where the parent(s)/legal guardian are unable to be physically present.
- Coordinate appointment of a surrogate parent in cases where the parental rights have been terminated or no parent(s)/legal guardian can be located after documented reasonable efforts to make contact; see JR4 421; Appointment and Training of Surrogate Parents.

**REVIEW OF
EXISTING
EVALUATION
DATA (REED)**

The review team must include the following in its review:

- Evaluations and information provided by the parent(s)/legal guardian. Examples include external evaluations, medical reports, or a medical condition fact sheet.
- Current classroom-based local or state assessments and classroom-based observations. Examples include Michigan Educational Assessment Program results, universal screening or progress monitoring data using a response to intervention model, record reviews, discipline reports, attendance records, report cards, medical/health records, and developmental assessments for young children.
- Observations by teachers and related services providers including review of documents to ensure sufficient data exists to comply with Michigan rules. As a minimum, this information

must include documentation from the previous school the student attended.

- Any other input from the parent(s)/legal guardian. Input requires the opportunity for meaningful engagement through means such as interviews, telephone discussion, participation at a meeting, or a questionnaire. Examples include developmental history, parent perception of the student's possible disability, information about the student's learning, and input on the student's educational experiences. The input must be documented by the parent(s)/legal guardian/REED team in writing to the maximum extent practical.

The review team must make a determination if information is sufficient or, if additional data is needed, the team must identify what additional data is needed to determine:

- Whether the student continues to be a student with a disability.
- The educational needs of the student.
- The present levels of academic achievement and related developmental needs of the student.
- Whether the student needs special education and related services.
- Whether any additions or modifications to the special education and related services are needed to enable the student to meet measurable annual goals of the Individualized Education Program (IEP) and to participate in the general education curriculum.

Example: Modifications to services may include adjusting the duration of the class day spent in a resource room, assignment of a teacher consultant, or other modification consistent with the continuum of services and continuing progress towards education in the least restrictive environment; see JR4 410, Continuum of Services.

The review team must document the data that they reviewed in the REED report. Documentation must be substantive and describe how the data reviewed relates to the youth's disability or performance.

**Sufficient
Information**

If information is sufficient, the education case manager must notify the parent(s)/legal guardian in writing that the review has determined:

- No additional information is necessary.
- The reasons for the sufficient information decision.

The education case manager must advise the parent(s)/legal guardian that they have the right to request an assessment to determine whether the student continues to be a student with a disability and to determine the student's educational needs.

The education case manager must provide the parent(s)/legal guardian a copy of the REED report.

The IEP team may determine that re-evaluation at the three-year point following an IEP is not required. However, a REED and IEP that determines eligibility must be completed every three years.

**Insufficient
Information**

If information is not sufficient, the education case manager must:

- Notify the parent(s)/legal guardian in writing and provide the parent(s)/legal guardian a copy of the REED report.
- Develop an education plan which includes assessment areas and information needed.
- Obtain parent/legal guardian written consent to evaluate the student (if not obtained previously).
- Make a follow-up call to the parent(s)/legal guardian to discuss the report and answer any questions.
- Forward a copy of the REED report including all attachments to the IEP team that will conduct the multidisciplinary evaluation.

In cases where the REED determines that eligibility is not a question and a multidisciplinary evaluation is not required, the report must document the data that was used to make the

determination and be forwarded to the IEP team for development of the student's individual program.

**REED
ASSOCIATED
WITH RE-
EVALUATON**

In the event the student is within the 90 calendar day period prior to the three year anniversary of the Individualized Education Program, the facility director or designee must ensure an education case manager is appointed. The education case manager must follow this policy to ensure a REED is conducted prior to any re-evaluation. A REED must also be completed if the parent(s)/legal guardian request a re-evaluation.

AUTHORITY

Individuals with Disabilities Education Improvement Act of 2004, 20 USC 1400 et seq.

Rules implementing the Individuals with Disabilities Education Improvement Act of 2004, 34 CFR 300.300, 303, 304 and 305.

Michigan Department of Education Administrative Rules for Special Education R340.1721a.

POLICY

Each residential juvenile justice facility that operates its own school providing special education services must conduct appropriate comprehensive multidisciplinary evaluations. These evaluations must be used to identify special education disabilities and determine special education eligibility. The evaluations must be coordinated by the education case manager and conducted by an Individualized Education Program (IEP) team formed in accordance with the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) and Michigan Department of Education Administrative Rules. The education case manager must notify the parent(s)/legal guardian of the evaluation, obtain their written consent for the student to be evaluated, provide them with appropriate documentation, and encourage them to participate in the evaluation process.

This policy assumes that an education case manager has been appointed, that the Review of Existing Evaluation Data (REED) has been completed, and that the review has determined that additional evaluation is necessary; see JR4 403.

PURPOSE

To ensure that each facility complies with IDEA and state administrative rules that require the involvement of the parent(s)/legal guardian through notice, consent and participation in conducting required multidisciplinary evaluations of each student who is suspected of having a disability.

DEFINITIONS

See JRG, JJ Residential Glossary.

RESPONSIBLE PARTY

Facility director or designee, education case manager, school social worker, teachers, and team members conducting the multidisciplinary evaluation.

PARENT/LEGAL GUARDIAN CONSENT

Within 10 calendar days of receipt of a referral of a student suspected of having a disability, the education case manager must

notify the parent(s)/legal guardian of intentions to evaluate the student and request consent to evaluate using the DHS-4262-BJJ-EV, Special Education Consent to Evaluate.

The notice must include the reason(s) the evaluation is sought, the nature of the evaluation, and a description of the types of special education programs and services currently available in the school district/facility.

Consent is not required if parental rights have been terminated or the parent(s)/legal guardian cannot be located after the use of reasonable efforts. Reasonable efforts may be considered as at least three documented attempts over a 15 calendar day period to contact the parent(s)/legal guardian by telephone, certified mail, or personal visit.

In cases where parental rights have been terminated or no parent(s)/legal guardian can be located after documented reasonable efforts to make contact, see JR4 421, Appointment and Training of Surrogate Parents.

If the parent(s)/legal guardian refuse to consent for an initial evaluation, the youth must not be evaluated. Written parental permission to evaluate may not be used as approval authority for more than 45 school days from the date the approval is received.

The parent(s)/legal guardian may revoke their consent prior to and during the administration of the multidisciplinary evaluation. All contacts and activities to obtain parent/legal guardian consent must be documented using the case notes feature in the Juvenile Justice Information System.

INITIAL EVALUATION

Initial evaluations must be conducted within 45 school days from the date the consent to evaluate is received to determine if the student has a disability.

Note: Screening conducted to develop instructional strategies for curriculum implementation is not considered an evaluation.

RE-EVALUATION

Re-evaluation must be conducted when educational or related services, including improved academic achievement or student perfor-

mance, warrant a re-evaluation. Re-evaluation must also occur if requested by the parent(s)/legal guardian or teacher.

Re-evaluation may not occur more than once per year unless the facility director or designee and the parent(s)/legal guardian agree. Re-evaluation must occur at least every three years unless the facility director or designee and parent(s)/legal guardian agree that re-evaluation is not necessary.

MULTIDISCIPLINARY EVALUATION TEAM

The evaluation must be conducted by an appropriately-staffed IEP team that must:

- Evaluate the student in the suspected disability area(s) for special education eligibility.
- Focus on the disabling condition(s) and the impact on the student's involvement in the general education curriculum.
- Use a variety of assessment tools and strategies to gather relevant information to complete the evaluation.
- Encourage and document parental input using the Multidisciplinary Evaluation Team (MET) Summary.
- Compile information for making determinations regarding:
 - Eligibility.
 - Impact of the disability on general education performance.
 - Progress in the general education curriculum.
 - Current performance, strengths and educational needs.
 - Instructional modifications.
 - Youth profile.
- Ensure the recommendations for primary determinations of eligibility are not due to:
 - A lack of appropriate instruction in reading and math.

- A limited English proficiency (native language of the student and/or primary language of the parents is not English).
- Develop the MET report that includes a summary of information and findings from clinical, medical and education reports as well as classroom observation and other academic assessments.

All reports used in the determination of a disability must be attached to the MET Summary. The completed report must specify the student's disability eligibility and recommendations must be based on the student's evaluations and accompanying data in accordance with Michigan Department of Education rules.

One team member must be designated to contact the parent(s)/legal guardian and discuss evaluation findings and respond to questions.

AUTHORITY

Individuals With Disabilities Education Improvement Act of 2004, 20 USC 1400 et seq.

Rules implementing the Individuals with Disabilities Education Improvement Act of 2004, 34 CFR 300.301-311.

Michigan Department of Education Administrative Rules for Special Education R340.1701b, 1705-1716, 1721.

POLICY

Each residential juvenile justice facility that operates its own school must develop and implement an Individualized Education Program (IEP) for each student determined to have a special education disability. The IEP is a written statement for each student with a disability that is developed, reviewed and revised periodically. This policy assumes that an education case manager has been appointed for the student and a Review of Existing Evaluation Data (REED) has been completed. This policy also assumes that any necessary multidisciplinary evaluation has been completed.

Staff at the facility must work with the student so that he/she learns to advocate for themselves during the special education process and, as the ultimate goal, lead their own IEP.

In cases where parental rights have been terminated or no parent(s)/legal guardian can be located after documented reasonable efforts to make contact, see JR4 421, Appointment and Training of Surrogate Parents. Training of the youth's surrogate parent must be documented in case notes in the Juvenile Justice Information System and in the youth's education file.

PURPOSE

To ensure that each facility complies with federal law and state rules regarding Individualized Education Programs (IEP).

DEFINITIONS

See JRG, JJ Residential Glossary.

RESPONSIBLE PARTY

Facility director or designee, education case manager, school social worker, teachers, and members of the Individualized Education Program team.

INDIVIDUALIZED EDUCATION PROGRAM

The education case manager must:

- Collaborate with the parent(s)/legal guardian in setting a time for the IEP meeting. The facility may reimburse the parent(s)/legal guardian for reasonable costs (with receipts) of transportation, food and lodging incurred in support of the

meeting. Invite the parent(s)/legal guardian to participate in the IEP meeting by sending the DHS-4309-BJJ-IN IEPT Invitation using certified mail with a self-addressed stamped envelope for returning the invitation. Ensure that the parent(s)/legal guardian have copies of the REED report and the multidisciplinary evaluation report prior to attending the IEP meeting. Inform the parent(s)/legal guardian of the availability of staff or community resources to assist them in clarifying their rights and preparing for the meeting.

- Advise the parent(s)/legal guardian of their right to invite others with knowledge or special expertise to assist them at the meeting.
- Make special accommodations to involve the parent(s)/legal guardian via video conference or telephone when they are unable to attend in person.
- Ensure that the student involved attends their meeting. If a significant event prohibits the student's attendance, the meeting must be rescheduled.
- Provide representatives from agencies outside DHS and the parent(s)/legal guardian with a list of the invitees.
- Schedule the meeting at least seven calendar days following contact with the parent(s)/legal guardian. The seven day limit may be modified with parent/legal guardian agreement.
- Convene the IEP team meeting. The team must make themselves knowledgeable of the youth's case in addition to the education file. The team must consider the REED and/or the multidisciplinary report in its declaration of eligibility for special education services and initiate planning of the youth's Individualized Education Program. Team members must include:
 - The parent(s)/legal guardian.
 - At least one general education teacher of the child.
 - At least one special education teacher of the child.
 - The education case manager or similarly knowledgeable staff.

- An individual who can interpret the instructional implications of the evaluation results (if different from above).
- Other individuals with knowledge or special expertise (at parent/guardian and facility discretion).
- The student.
- Document all required activities in case notes in the Juvenile Justice Information System and the student's education file including completion of the written IEP.

The IEP must be completed within 30 school days of the referral or receipt of initial consent for an evaluation. This may be extended if the parent(s)/legal guardian and facility agree. The agreement to extend the IEP date must be documented in writing in the case notes in the Juvenile Justice Information System.

Within seven calendar days of completion of the IEP, the education case manager, in coordination with the facility director or designee, must notify the parent(s)/legal guardian of intent to implement special education programs and services in accordance with the IEPT report. The report must identify where the programs and services are to be provided and when the program begins.

The facility director or designee must initiate special education services within 15 school days after the notice is provided. Services must be in accordance with the IEP.

The education case manager must ensure that the student's Individualized Education Program is reviewed annually and that a new program (including REED and multidisciplinary evaluation (if required)), is completed at least every three years.

SPECIAL EDUCATION PORTFOLIO

The education case manager must meet with each assigned student to develop a special education portfolio. The collection of this information must be shared at the Individualized Education Program team meetings and continued thereafter. Selected content of this information, as requested by the student, must be included in the IEP.

The education case manager must meet at least monthly with each student to review and update the content of the portfolio and the IEP.

The education case manager must use the student's interests, preferences, career choices, abilities, educational needs, and life skill adjustments in planning needed transition services. Additional areas that must be included in the self-determination/self-efficacy learning modules are personal responsibility, conflict management, and communication. Planned learning modules, courses of study, and needed transition services documents must be maintained in the special education portfolio and be accessible to the student.

Secondary courses and other educational experiences must be identified and included in the student's course of study. The course of study must include completion of academic requirements for graduation and must align with the preparatory experiences leading toward post-secondary goals.

TRANSITION SERVICES

In planning and coordinating transition services, the education case manager must include the student's interests, abilities, educational needs, post-secondary school goals, and adult life skills.

Each IEP must include:

- Appropriate measurable post-secondary goals based upon age- appropriate transition assessments related to training, education, employment, and, where appropriate, independent living skills.
- The transition services, including courses of study, needed to assist the student in reaching those goals.

Assigned staff must assist students in preparing their statement of needed transition services. This statement lists the supports the student needs and will continue to need as an adult to accomplish life goals. Supports must be examined in areas of employment, instruction, community experiences, and adult/daily living.

If the statement of needed transition services requires the involvement of a vocational rehabilitation representative such as Michigan Rehabilitative Services (MRS) and other community organizations, a representative of that agency must be invited to the student's IEP

team meeting. When needed, the MRS representative must meet with the education case manager and student to:

- Determine eligibility for rehabilitation services.
- Provide suggestions for preparing an employment plan.
- Coordinate linkages with other community agencies.
- Initiate a referral for the area MRS site director where the youth is to be released.

If the services of community agencies are needed, the education case manager must obtain written commitment from the organization to provide services to the youth upon discharge.

Beginning at age 16, the facility director or designee must inform the youth and parent(s)/legal guardian verbally and in writing of the pending changes when the youth becomes 18 years old and rights pertaining to education transfer to the youth.

AUTHORITY

Individuals with Disabilities Education Improvement Act of 2004, 20 USC 1400 et seq.

Rules implementing the Individuals With Disabilities Education Improvement Act of 2004, 34 CFR 300.320-324 and 520.

Michigan Department of Education Administrative Rules for Special Education, R340.1721, 1722.

POLICY

Residential juvenile justice facilities providing education services must identify each youth with disabilities that may impact their education, evaluate those disabilities, and provide appropriate measures to support the youth.

PURPOSE

To protect the civil rights of each youth and prohibit discrimination against individuals with disabilities.

DEFINITIONS

See JRG, JJ Residential Glossary.

RESPONSIBLE PARTY

Facility director or designee and members of the section 504 committee.

PROCEDURE

Each facility providing on-site educational services must develop and implement a written procedure relating to section 504 eligibility. This procedure must contain the following requirements:

Facility Section 504 Committee

The facility director must appoint a facility section 504 committee in writing. The facility director, school administrator, or designee must serve as the committee chairperson and must convene and document committee meetings.

The committee must screen the records of each new admission to identify any youth with a disability. The committee must also review referrals from staff for other youths suspected of having a disability.

The committee must exert reasonable efforts to obtain the consent of the parent(s)/legal guardian before conducting an evaluation of any youth. Record review screenings conducted incident to youth admission do not require the permission of the parent(s)/legal guardian.

When a youth is referred under section 504, the committee must provide a written invitation to the parent(s)/legal guardian and the

youth to participate in the meeting. The committee must advise the youth and the parent(s)/legal guardians of their rights, procedural safeguards, and due process procedures.

Note: Consent is not required if parental rights have been terminated or the parent(s)/legal guardian cannot be located after use of reasonable efforts. Reasonable efforts may be considered as multiple attempts over a 15 day period to contact the parent(s)/legal guardian by telephone, certified mail, or personal visit.

Note: In cases where parental rights have been terminated or no parent(s)/legal guardian can be located after reasonable documented efforts to make contact, see JR4 421, Appointment and Training of Surrogate Parents.

Committee members unable to attend a 504 meeting must provide written input on matters to be discussed to the committee chairperson at least one day prior to the meeting.

The committee must consider the youth's current performance, school history, and related records. Selected areas for review must include all of the following:

- Instances where the youth is suspended for 10 or more cumulative days during a school year.
- Repeated school grade retention.
- Demonstration of a pattern of poor school performance, and/or not benefiting from instruction or educational interventions.
- Reported chronic health problems or serious illness (for example, asthma).
- Medical treatment, including psychotropic or other medications that impact the youth's school performance.
- When the youth is evaluated and determined ineligible for special education.
- Any youth who was considered eligible for special education services in the past.
- Any youth receiving psychiatric services or who has a history of substance abuse.

The 504 committee chairperson must immediately notify the parent(s)/legal guardian in writing when referrals are submitted to the 504 committee. The chairperson must also notify the parent(s)/legal guardian of findings and proposed actions to be taken (for example, education, educational services).

The evaluation of each youth must include multiple assessments to address the youth's educational needs and services. The committee must review pertinent data related to the youth's suspected disability, assess how the disability impacts the youth's education, and identify needed services.

The declaration of 504 eligibility must document the existence of a disability and how it substantially limits the youth's performance in a major life activity.

Student Accommodation Plan

The committee must develop the student accommodation plan for each eligible youth. The implementation of the plan must be the responsibility of the general education program.

The committee chairperson and youth's case manager must ensure that all staff responsible for the education of each eligible youth are knowledgeable and receive copies of the student accommodation plans.

The committee must complete an ongoing evaluation of the accommodation plan at least every two weeks.

The committee chair or designee must enter information into the Special Education/Section 504 Referral Report and the Section 504 Education Plan in the Juvenile Justice Information System and forward copies to the Bureau of Juvenile Justice education unit.

The committee must monitor the implementation of the accommodation plan and prepare progress reports each marking period for entry into the D5 section of the Strengths and Needs Assessment in the Juvenile Justice Information System.

The committee must provide the youth and the parent(s)/legal guardian with copies of each progress report.

AUTHORITY

Section 504 of the Rehabilitation Act of 1973, 29 USC 791 et seq.

The Americans with Disabilities Act of 1990, 42 USC 12101 et seq.

Individuals With Disabilities Education Improvement Act of 2004, 20 USC 1400 et seq.

POLICY

Residential juvenile justice facilities providing education services must offer a continuum of education services for any youth with disabilities.

PURPOSE

To ensure that any youth with a disability is educated with their peers who do not have disabilities. The planning of a youth's academic placement must be guided by the principle of a least restrictive environment.

DEFINITIONS

See JRG, JJ Residential Glossary.

RESPONSIBLE PARTY

Facility director or designee.

PROCEDURE

Each facility providing on-site educational services must develop and implement a written procedure relating to providing a continuum of services. The procedure must contain the following requirements:

Program Structure

The facility director or designee must ensure that the facility educational program includes a special education placement continuum. This continuum must include a range of placement alternatives for each youth. The minimum alternatives that must be included in order of the least restrictive alternative first are:

- One or more general education classrooms with special education consultant services.
- A resource room.
- A self-contained classroom.

**General
Education
Classroom**

The general education classroom must be a full-time youth placement and must include:

- Supplementary support for each disabled youth.
- Special education teacher consultation services.
- Indirect services or ongoing support services to the general education teacher.
- Direct services to each youth.

Resource Room

The resource room is normally a part-time placement for each youth for less than 50 percent of the school day with all of the following:

- Direct instructional services from a special education teacher.
- Instruction with non-disabled youths in a general education classroom when the resource room is not used.
- Instructional support must be provided to general education classroom teachers.
- Pull-out service and instruction for each youth with the disability must occur in the resource room.
- Team teaching/co-teaching may occur with the general education teacher.

**Self-contained
Special
Education
Classroom**

The self-contained special education classroom must normally be a full-time placement where each youth spends more than 50 percent of the school day in special education classes. The classroom must include direct intensive instruction of each youth.

Each youth may attend some elective classes with non-disabled peers.

**Placement
Criteria**

The individualized education program team (IEPT) must determine if the youth's academic or emotional needs have a significant impact on the youth's ability to learn in the general education environment. If a more restrictive learning environment outside of the general education classroom is approved, then the team must attach the rationale to the individualized education program.

The youth's educational needs must guide the placement decision instead of the limited program alternatives or classroom space.

The facility director or designee must monitor the continuum of services, placement decisions, and ensure the academic setting is appropriate and based on the educational needs of the youth.

**Placement
Decisions**

The general education classroom must be the first option considered for placement. If the youth is not placed in the general education classroom, the following issues must be addressed before selecting a more restrictive placement:

- There is a complete written rationale that explains and justifies rejecting a general education classroom placement option.
- Educational benefits were considered for the least restrictive option.
- The placement decision was based on the youth's disability or severity of the handicapping condition.
- The placement decision was not based on the absence of space in the least restrictive setting.
- The placement decision was not made before the development of goals, benchmarks, and supplementary services.

The facility director or designee must monitor and prepare a quarterly report summarizing the decision process of the IEPT in placing each youth. The facility director must ensure that team placements comply with the principle of a least restrictive environment.

The quarterly report must be submitted to the Bureau of Juvenile Justice director and special education consultant.

AUTHORITY

Individuals With Disabilities Education Improvement Act of 2004, 20 USC 1400 et seq.

Michigan Department of Education Administrative Rules for Special Education.

POLICY

Residential juvenile justice facilities providing educational services must prepare and use lesson plans to administer services to each youth in general and special education programs.

PURPOSE

To ensure youth education services are provided in a logical, organized, and continuous manner that supports effective classroom instruction and complies with applicable laws and regulations.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
PARTY**

Facility director or designee, school administrator, and teachers.

PROCEDURE

Each facility providing on-site educational services must develop and implement a written procedure relating to lesson plans. This procedure must contain the following requirements:

**Written Daily
Plans**

All teachers must prepare detailed descriptive daily lesson plans to guide the learning experiences of each youth in the classroom. Plans must include:

- Benchmarks.
- Goals.
- Objectives.
- Activities.
- Exercises.
- Resources.
- Evaluations.

The lesson plans must be in writing and in a format approved by the facility director.

The lesson plans must be located in the classroom so they are readily available for use in the event a substitute teacher replaces the teacher who is normally scheduled.

Special Education Lesson Plans

Special education lesson plans must address and be consistent with the goals as well as the academic and affective benchmarks in the youth's individualized education program.

Special education lesson plans must document systematic meaningful planned activities aimed at achieving the education program goals and benchmarks.

Special education lesson plans may be written to apply to a group of special education youths in limited cases where the youths have common needs and planned activities. However, individual lesson plans for each special education youth must be written when needed to address the individual educational needs and strengths of each youth.

Special education lesson plans must describe the use of supplemental aids, services, and assistive technology where applicable.

Special education lesson planning must be evaluated; teachers must prepare summary evaluative notes reflecting youth progress each week.

General Education Lesson Plans

General education lesson plans must have sufficient detail to support:

- Differentiated learning.
- Youth achievement toward curriculum benchmarks.

Teachers must collaborate with their youths in preparation of an education development plan. This plan must require goal setting and accomplishment. Teachers must structure their lesson plans to reflect an ongoing process that is connected to the youth's goals in their plan.

There must be written individualized goals/benchmarks in each curriculum area for each youth.

**Lesson Plan
Process**

Teachers must submit their weekly lesson plans to the facility director or designee prior to leaving work on the Thursday preceding the week that the lesson plan is to be implemented.

The facility director or designee must review and approve the lesson plans. In cases where there are questions or issues which prevent approval, the facility director or designee must resolve these issues prior to use of the lesson plans.

The teacher must leave a duplicate copy of their weekly lesson plan on their classroom desk or at a facility designated location readily accessible for a substitute teacher.

Lesson plans must address the expectations of staff and each youth for achieving mastery of curriculum standards. Lesson plans must reflect assignments made from the curriculum, textbooks and supplementary materials/supplies approved by Bureau of Juvenile Justice School Improvement Committee.

Lesson plans and weekly teacher evaluations must be retained in accordance with the record retention schedules and made available for licensing and other authorized inspection staff.

AUTHORITY

Section 504 of the Rehabilitation Act of 1973, 29 USC 791 et seq.

The Americans with Disabilities Act of 1990, 42 USC 12101 et seq.

Individuals with Disabilities Education Improvement Act of 2004, 20 USC 1400 et seq.

Michigan Department of Education Administrative Rules for Special Education.

POLICY

Residential juvenile justice facilities providing educational services must administer the Kaufman Test of Educational Achievement (KTEA-II) to each youth.

PURPOSE

To ensure that youth academic progress is measured periodically.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Facility director or designee.

**TESTING
PROGRAM**

The KTEA-II assessment must be administered to each youth within 30 days following admission to the facility. The results must be documented in the Juvenile Justice Information System.

Paper copies of the KTEA-II must be filed in the youth's case record.

Students eligible by grade and academic plan for the Michigan Merit Exam/ACT merit testing program must be examined each spring in accordance with the procedures of the Michigan Department of Education.

AUTHORITY

Social Welfare Act, 1939 PA 280, as amended, MCL 400. 115a (1)(l)

POLICY

Residential juvenile justice facilities providing educational services must appoint a surrogate parent when the parent(s)/legal guardian cannot be located after a diligent search and the youth may be eligible for special education services.

PURPOSE

To ensure the interests of any youth who may be eligible for special education services are protected by a qualified person designated to act on the behalf of the youth. To provide guidance for recruitment and appointment of surrogate parents.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
PARTY**

Facility director or designee.

PROCEDURE

Each facility providing on-site educational services must develop and implement a written procedure relating to the appointment and training of a surrogate parent. The procedure must contain the following requirements:

**Surrogate
Parent
Appointment**

The facility director or designee must appoint a surrogate parent in writing when facility staff identify a youth less than 18 years of age who may need special education services and the parent(s)/legal guardian cannot be located.

Note: The parent(s)/legal guardian may be considered unable to be located after the facility has devoted at least 15 days to contact the parent(s)/legal guardian by telephone, certified mail, or personal visit.

The facility director or designee's appointment letter must identify the youth to be represented and indicate the projected period of service.

Note: A surrogate parent may be appointed for a definite period of time or for a special purpose. It is desirable that the same surrogate parent represents the youth for the duration of the youth's stay at the facility. Surrogate parent appointments automatically terminate when the youth reaches 18 years of age, upon facility release, or when the youth is determined ineligible for special education services.

The facility director or designee must notify the surrogate parent and the youth in writing when a surrogate parent appointment is terminated including the reason for termination. This requirement includes cases where the appointment is for a set period of time or when the appointment is subject to automatic termination.

Surrogate Parent Screening and Training

The facility director or designee must conduct the same initial and annual screening checks of potential surrogate parents as for any volunteer; see JR1 101, Volunteer Qualification and Supervision. Surrogate parents must also be screened for potential conflicts of interest that would hinder or prevent them from acting in the best interests of the child.

Note: DHS employees may not serve as surrogate parents.

The Bureau of Juvenile Justice special education consultant must provide the required surrogate parent training including:

- Development and educational needs of children.
- Educational rights of children having disabilities.
- Special education statutes and rules.
- DHS policy relating to treatment, security and related issues.

Prior to assuming youth supervisory duties, the facility director or designee must ensure that prospective surrogate parents receive specific facility training for volunteers.

List of Trained Surrogates

The facility director or designee must maintain a current list of trained surrogate parents including their name, address, phone number, starting date, and dates of initial and most recent training.

The facility director or designee must forward updated copies of the list to the education unit.

Conflicts

If there is a question regarding the need for a surrogate parent or relating to the appointment, the facility director or designee must attempt to resolve the question by meeting with the individual raising the question. If this conflict cannot be resolved within 10 days and affects pending education or service matters, the facility director or designee must contact the special education consultant to resolve the conflict.

AUTHORITY

Individuals With Disabilities Education Improvement Act of 2004, 20 USC 1400 et seq.

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that all BJJ schools align classroom instruction with the BJJ school district's curriculum.

PURPOSE

This policy ensures that students receive instruction responsive to their individualized needs and is based on the standards and expectations of the Michigan core curriculum framework.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility providing on-site educational services is required to develop and implement standard operating procedures (SOPs) relative to the school curriculum. At a minimum, these SOPs must contain the following requirements:

- Alignment of the annual syllabus with the BJJ curriculum.
- Alignment of the weekly lesson plans with the BJJ curriculum.

AUTHORITY

Social Welfare Act, MCL 400.115a(1)(1)

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that education staff participate in professional development activities consistent with the programmatic needs of youth, BJJ and their professional interest.

PURPOSE

Professional development activities increase staff knowledge and the competencies needed to work with youth.

DEFINITIONS

See JRG, JJ Residential Glossary.

RESPONSIBLE PARTY

Designated in the facility standard operating procedure.

PROCEDURE

Each facility providing on-site educational services is required to develop and implement standard operating procedures (SOPs) relating to education professional development. At a minimum, these SOPs must contain the following requirements:

Needs Assessment

School programs conduct an annual needs assessment survey of staff serving youth. Each instructional staff completes the annual needs assessment survey.

Training

Education staff participate in ongoing training activities to:

- Upgrade their instructional competencies.
- Increase their knowledge of legal requirements for educating youth with disabilities.
- Develop an awareness of best practices.
- Participate in topical areas of professional interest.

Professional development activities are identified at two (2) levels, BJJ wide and by facility.

Teachers will complete at least twenty-five (25) hours of annual training.

Teachers will maintain certification and meet the definition of “highly qualified” as defined by the Michigan Department of Education.

AUTHORITY

Individual’s With Disabilities Education Improvement Act of 2004, 20 USC 1400 et seq.

Elementary and Secondary Education Act of 1965, 20 USC 6301 et seq.

Michigan Department of Education Administrative Rules for Special Education.

POLICY

Residential juvenile justice facilities providing educational services must publish an annual school calendar that identifies the names and time frames of periods of classroom instruction. Each facility's school calendar must align with the annual school calendar issued by the Bureau of Juvenile Justice (BJJ) education unit.

PURPOSE

To ensure continuity in educational programming.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Facility director or designee.

**SCHOOL
CALENDAR**

The facility director or designee must:

- Develop an annual school calendar based on the BJJ school district calendar.
- Submit a draft copy of the facility school calendar to the BJJ education unit at least 30 days prior to the start of the fall semester.
- Ensure that the calendar is entered into the Juvenile Justice Information System no later than one week prior to the beginning of the semester.

AUTHORITY

Social Welfare Act, 1939 PA 280, as amended, MCL 400.115a(1)(I)

POLICY

Residential juvenile justice facilities providing education services must maintain a record of student attendance. Additionally, each facility must document the impact of absences and tardiness on the student's academic progress and take appropriate corrective action.

PURPOSE

To ensure continuity in the delivery of education services.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Facility director or designee.

**ATTENDANCE
RECORDS**

The facility director or designee must maintain a record of student attendance. Records of attendance must be entered into the Juvenile Justice Information System. Records must include classes that each youth is required to attend and:

- Excused absences.
- Unexcused absences.
- Total absences.
- Instances of tardiness.

The facility director or designee must also ensure that cases where attendance issues affect academic performance are documented in case notes and section D5 of the Strengths and Needs Reassessment in the information system. Documentation must include the amount, nature, and cause of absences during a treatment plan reporting period, their impact on academic progress, corrective actions taken, and an evaluation of the effectiveness of these actions.

The facility director or designee must ensure that each teacher has a standard procedure for:

- Taking and documenting daily attendance.

- Ensuring that the location of each youth who is not in class as scheduled is understood.
- Completing make-up work or homework as appropriate to avoid falling behind in studies.

AUTHORITY

Social Welfare Act, 1939 PA 280, as amended, MCL 400.115a
(1)(l)

POLICY

Residential juvenile justice facilities that operate schools in the Bureau of Juvenile Justice (BJJ) school district must provide a minimum of 1,098 hours of classroom instruction per school year.

PURPOSE

To ensure BJJ's educational programming is aligned with the expectations of public schools as outlined in the public school code.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Facility director or designee.

**SCHEDULED
CLASSROOM
HOURS**

The facility director or designee must ensure the following:

- Development and implementation of an academic schedule providing at least six hours of classroom instruction per weekday.
- Documentation of the academic schedule for each youth in the Juvenile Justice Information System.
- A description of the facility internal monitoring process ensuring the six hours of instruction relates only to academic course work.

AUTHORITY

Michigan School Code, 1976 PA 451, as amended, MCL 380.1284

POLICY

Residential juvenile justice facilities providing educational services must select and schedule courses from a course list approved by the department.

PURPOSE

To ensure Bureau of Juvenile Justice (BJJ) courses are aligned with Michigan's Merit Curriculum requirement.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Facility director or designee.

PROCEDURE

Each facility providing on-site educational services must develop and implement a written procedure relative to academic course offerings. The procedure must contain all of the following requirements:

- The facility director or designee must oversee the school curriculum and course offerings.
- The facility director or designee must ensure that all courses are documented in the Juvenile Justice Information System and that lesson plans align with the class course description.
- As needs change, the facility director or designee must direct modification of existing courses or development of new courses. Recommendations must be made to the BJJ education unit or school improvement committee.
- A process to make recommendations regarding curriculum/courses to the BJJ education unit/school improvement committee which is charged with making bureau education decisions.
- An internal process that monitors course offerings to ensure all courses are listed in the information system and that lesson plans/syllabus align with the course description of the class.

AUTHORITY

Social Welfare Act, 1939 PA 280, as amended, MCL 400.115a(1)(l)

Michigan School Code, 1976 PA 451, as amended, MCL 380.1278

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that each facility selects primary textbooks for purchase from the BJJ School Improvement Council (SIC) approved textbook list. When teaching a class where there is no approved textbook, recommendations are submitted to the SIC for approval.

PURPOSE

This policy ensures instructional continuity and curriculum alignment throughout the school district.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility providing on-site educational services is required to develop and implement standard operating procedures (SOPs) that govern the review, selection and purchase of textbooks. At a minimum, these SOPs must contain all of the following requirements:

- Textbooks must be selected from the SIC approved list or after SIC approval.
- Establish a process to recommend new textbooks to the SIC for adoption.

AUTHORITY

Social Welfare Act, MCL 400.115a(1)(1)

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that all computer-aided instructional technology purchases are approved by the BJJ education unit.

PURPOSE

This policy standardizes the use of computer-aided software and ensures that software is aligned with the BJJ and Michigan core curriculum.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility providing on-site educational services is required to develop and implement standard operating procedures (SOPs) relative to computer-aided instruction software purchases. At a minimum, these SOPs must contain all of the following requirements:

- Require prior approval to purchase any CAI software, regardless of funding source and/or dollar amount, from the BJJ Education Unit.
- For approved requests, develop protocol to facilitate the purchase order with the facility business office.
- Develop protocol for securing final approval and processing from the BJJ fiscal & technology division.

AUTHORITY

Social Welfare Act, MCL 499.115a

Executive Directive 2004-8

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that each facility utilizes appropriate educational software.

PURPOSE

This policy ensures that clear and accurate communication is established and maintained between each facility and the Department of Information Technology (DIT) regarding the use of educational software.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility providing on-site educational services is required to develop and implement standard operating procedures (SOPs) that govern the utilization, maintenance, and monitoring of all educational software. At a minimum these SOPs must contain the following:

- Designate the “site administrator.”
- Site administrator responsibilities including, but not limited to:
 - Create and delete user identities (ID’s) and passwords.
 - Reset user ID’s and passwords.
 - Maintain communication with DIT’s helpdesk.
 - Provide oversight of the network environment on a day by day basis.
 - Maintain current list of all educational software.

AUTHORITY

Social Welfare Act, MCL 400.115a(1)(1)

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that students in the BJJ School District have a transition referral form completed on the Juvenile Justice Information System (JJIS) and a paper copy retained in the youth's file.

PURPOSE

This policy ensures youths receive an education emphasizing services designed to meet their unique needs and prepares them for post school activities.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility providing on-site educational services is required to develop and implement standard operating procedures (SOP's) relating to transition services. At a minimum, these SOPs must contain the following requirements:

Orientation

Following admission, document the youth's MRS initial orientation in the youth's case notes using the JJIS case note form.

Note: In the field entitled "Type," use the drop down menu and select "MRS Orientation."

One MRS initial orientation is required for each admission to a facility.

If the youth received an MRS initial orientation within the preceding twelve (12) months, this step can be omitted.

**Transition
Referral**

Within six (6) months of a youth's anticipated release date, complete a transition referral form in JJIS to identify youths with specific service needs following their release from BJJ.

Once a youth has an anticipated release date, or upon a youth's release, contact the agency providing transition services.

AUTHORITY

Individual's With Disabilities Education Improvement Act of 2004, 20 USC 1400 et seq.

POLICY

It is the policy of the Michigan Department of Human Services (DHS) Bureau of Juvenile Justice (BJJ) that all eligible youth will be assisted in submitting a Tuition Incentive Program (TIP) application.

PURPOSE

TIP can provide funding for post secondary education.

DEFINITIONS

See JRG, JJ Residential Glossary.

PROCEDURE

Each facility providing on-site educational services is required to develop and implement standard operating procedures (SOP's) relating to TIP. At a minimum, these SOPs must contain the following requirements:

TIP Eligibility

Students are eligible for TIP if they:

- Are receiving (or have received) medicaid.
- Apply before graduating from high school or receiving a general education development (GED) certificate.
- Are under the age of twenty (20) at the time of graduation or GED completion.
- Are U.S. citizens.
- Meet the participating institution's residency requirements.
- Enroll in associate degree or certificate program courses equivalent to at least half-time student status according to the college / university.
- Take classes within four (4) years of graduation from high school or GED completion.

Assistance to Youth

Staff assist the student in completing the online TIP application process within thirty (30) days following admission through:

- Advising.
- Assisting the student to complete the application process.

TIP Eligibility / Change of Address

The TIP office determines eligibility, enrolls the youth, and notifies the youth at the address provided of its decision. If a student has previously completed the TIP application process and has a change of address, the TIP office must be notified. Further information is available at: www.MI-StudentAid.org.

AUTHORITY

Social Welfare Act, MCL 400. 115a(1)(l)

POLICY

It is the policy of the Michigan Department of Human Services/Bureau of Juvenile Justice (BJJ) that the education office maintains student files for sixty (60) years according to the State of Michigan Records Retention and Disposal Schedule.

PURPOSE

This policy ensures compliance with Michigan requirements to centralize the cataloging and maintenance of educational records.

DEFINITIONS

See JRG, JJ Residential Glossary.

RESPONSIBLE PARTY

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to education record retention. At a minimum, these SOPs must contain all of the following requirements:

- A protocol that ensures that all current student education information is entered into JJIS.
- A protocol that ensures that youth education records are safely delivered to the school district for which the student is transferring.
- A process that ensures that education records of youths whose education is completed (whether via H.S. diploma, GED, etc.) at the time of release from the BJJ school district are sent to the education unit upon release of the youth.

The education unit is responsible to prepare the records for storage for the mandated sixty (60) plus years.

AUTHORITY

Social Welfare Act, MCL 400. 115a(l)

Special Education Programs and Services Rules R340.1861

POLICY

Bureau of Juvenile Justice (BJJ) facilities must maintain an accurate and complete account of all education federal grant expenditures in conformance with their approved project plan.

PURPOSE

This policy ensures that federal grant monies are spent appropriately and are documented in accordance with generally accepted accounting principles.

DEFINITIONS

None.

RESPONSIBLE PARTY

Designated in the facility standard operating procedure.

PROCEDURE

Facilities providing on-site educational services are required to develop and implement standard operating procedures (SOPs) relating to the receipt and disbursement of federal grant funds. At a minimum, these SOPs must contain the following requirements:

- All grant expenditures must comply with federal funding guidelines and legal requirements as provided by the BJJ education unit.
- Documentation for all expenses is maintained and separated by funding source.
- All expenditures are recorded on the Expenditure Registry form approved by the BJJ Education Unit. Allowable expenses are recorded and deducted from the approved cost centers column.
- Deviations from approved cost center allocations require the:
 - Submission of an amendment within the funding cycle of the grant to both the BJJ grant coordinator and funding agency, and
 - Approval of the BJJ grant coordinator and funding agency.

- A separate expenditure registry is maintained for each funded project.
- At the end of each month, a cumulative balance is calculated and recorded in the appropriate columns for cost centers and the total grant award.
- Cumulative monthly expenditure registries are sent electronically to the appropriate BJJ staff, i.e. grant coordinator, Education Director, and fiscal analyst, by the 20th of each month.

AUTHORITY

Individuals With Disabilities Education Improvement Act of 2004, 20 USC 1400 et seq.

Elementary and Secondary Education Act of 1965 [as amended by the No Child Left Behind Act of 2001], 20 US. 6301 et seq.

Adult Education and Family Literacy Act of 1998, 20 USC 1201 et seq.

Carl D. Perkins Vocational and Technical Education Act of 1998, 20 USC 2301 et seq.

POLICY

Facility staff must be alert to youth movement and conduct and communicate as needed to facilitate safety, security and services to youths.

PURPOSE

To ensure safe, secure and service-oriented facilities for youth.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

**ESCAPE
PREVENTION
PROCEDURE**

Each facility must develop and implement standard operating procedures (SOPs) relative to escape prevention. At a minimum, SOPs must contain the following requirements:

**Required Staff
Communication
s**

Staff must provide:

- Information necessary to ensure security and to facilitate the delivery of services to youths.
- Information regarding matters that need attention from staff coming on-duty provided in the manner best suited to ensure follow-up.

Youth Counts

Staff responsible for direct service to youths maintain youth counts and know the identity and location of youths.

Youth Activities

Staff responsible for an activity must:

- Be present and ready to receive youths at the start of the activity.
- Remain with youths throughout the activity.
- Communicate any change in starting or ending times or need for assistance to appropriate staff and/or to supervision.
- Ensure there are sufficient staff to maintain safety and security.

On-Grounds Travel

Staff must accompany youths in secure facilities.

In non-secure programs, youths may travel on facility grounds without direct staff supervision if staff confirms departures and arrivals.

Security Measures

Staff must routinely check doors, windows and other security measures during their shift and report security problems to a supervisor.

Escape Consequences

As part of orientation at the facility, staff must advise youths of the possible legal and facility determined consequences of escape behaviors.

AUTHORITY

Social Welfare Act, MCL 400.115a(1)(l)

POLICY

Residential juvenile justice programs must be structured and supervised so that public safety is not compromised. Escapes must be reported to law enforcement and notification of the escape must be provided to victims upon their written request.

PURPOSE

To ensure the protection of the community and the victims of crime by focusing on the immediate return of an escaped youth to custody.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

All facility staff.

PROCEDURE

Each facility must develop and implement written procedures for escape response. The procedures must contain the following requirements:

Staff Response

Any staff who determines that a youth has escaped must:

- Ensure remaining youths are supervised.
- Ensure remaining youths do not physically pursue an escaping youth.
- Physically pursue and apprehend the escaping youth only when it is safe to accomplish.
- Notify facility management when:
 - Staff cannot immediately apprehend the youth.
 - It is unsafe to pursue the youth.
 - The pursuit is unsuccessful.
 - The youth fails to return from an approved leave of absence.

Note: DHS policy requires notification to law enforcement within one hour of an unauthorized absence.

- If more than one staff member is present, staff supervising the remaining youths must contact the facility as soon as feasible.
- Complete an incident report documenting the escape prior to leaving work for the day.

Immediate Facility Response

Facility staff receiving a report of escape must document the following:

- Name of the escaped youth.
- Time of the escape.
- Youth's clothing description.
- Youth's direction and method of travel.
- Names of anyone pursuing the youth.
- Staff's location.
- Telephone number from which the call was made.

Facility staff must notify the appropriate law enforcement agency.

Facility staff must provide the information documented above and identifying information contained in the youth's data file or the Juvenile Justice Information System (JJIS) to the local law enforcement agency if the escape is from facility grounds or the local community.

Note: If the escape occurred where the appropriate law enforcement jurisdiction is unknown, contact the county sheriff's office where the escape occurred.

Facility staff must access the youth data file or JJIS to determine if victim notification is required. If victim notification is required, staff must:

- Make the contacts required in the victim notification policy; see JR5 502, Victim Notification.
- Log all telephone calls made pursuant to the victim notification procedure. Log entries must include:
 - Date of escape.
 - Time of escape.

- Name of the person contacted.

Note: Messages left on voice mail, e-mail, fax, or telephone answering machines do not meet notification criteria for purposes of this procedure.

- Notify the facility director or designee of the escape and whether or not victim notification is required and accomplished.

Immediate Facility Director or Designee Response

The facility director or designee must ensure all of the following:

- Organize the search for the escaping youth.
- Verify that information on the youth is placed in the Law Enforcement Information Network (LEIN). A copy of the LEIN number must be kept on file.
- Complete and fax the Unauthorized Absence Report (DHS-3198) for Wayne County youths to the Wayne County Warrant Enforcement Bureau (313-297-5240).
- Report the escape on the DHS Alert system.
- Complete a notice of escape and incident report in the JJIS. Notify the escaped youth's JJS (or supervisor), case management organization (CMO) worker, or probation officer of the escape as soon as possible.
- Notify the local law enforcement agency in the youth's home community of the escape.
- Notify the youth's parent/guardian.

Apprehension or Return of Youth

Upon the apprehension or return of an escaped youth, the facility director or designee must:

- Cancel the LEIN message.

- Notify DHS administration through the DHS Alert system.
- Notify the youth's JJS, CMO worker or probation officer.
- Notify the youth's parent/guardian.
- Ensure the victim and court of commitment are notified of the apprehension/return of the youth.
- Complete the apprehension section on the JJIS notice of escape.

Escape Attempt

Any offenses occurring during an escape or escape attempt, including the escape or escape attempt, must be reported to local law enforcement.

AUTHORITY

Crime Victim's Rights Act, 1985 PA 87, as amended, MCL 780.751 et seq.

Michigan Penal Code, 1931 PA 328, as amended, MCL 750.186a

Social Welfare Act, 1939 PA 280, as amended, MCL 400.115a(1)(I)

Youth Rehabilitation Services Act, 1974 PA 150, as amended, MCL 803.306a

POLICY

It is the policy of the Michigan Department of Human Services (DHS) Bureau of Juvenile Justice (BJJ) that victims who have requested notification of youths' activities will receive actual notice of those activities.

PURPOSE

This policy ensures that facilities fulfill their responsibility under the Crime Victim's Rights Act.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to victim notification. At a minimum, these SOPs must contain the following requirements:

**Identifying Files
and
Documentation**

When the court or the victim requests notice:

- Enter the notification request in the youth's case file.
- Clearly identify the file as containing a victim notification request.

The facility maintains a log of phone calls and written correspondence made pursuant to the victim notification procedures. The log contains:

- The date.
- The time.
- The name of the person contacted.

**Situations
Requiring
Notification**

The facility notifies victims requesting notification of all the listed events.

Overnight Visits

At least two weeks prior to any overnight visit, written notification of the visit is sent to all of the following:

- The victim.
- The judge of the committing court.
- The JJS, CMO worker or probation officer.

The notice includes:

- The youth's name.
- Identifying case numbers.
- Date(s) of the anticipated visit.
- Location of the visit.
- Reason for the visit.
- Contact telephone number for the court to call with any questions.

Facilities regularly using multiple overnight visits as a part of a standard treatment modality may establish a home visit plan and prior to the first visit notify all of the following:

- The victim.
- The court.
- The JJS, CMO worker or probation officer.

Discharge, Transfer Or Change Of Plan Hearing:

The facility/center director or designee notifies the victim by first class mail at the time that a petition for discharge or change of plan is filed with the court.

A copy of the notification is retained in the youth's file and copies sent to the:

- JJS, CMO worker, or probation officer.
- The applicable court.
- If a hearing is required, the court notifies the victim of the date and time of the hearing.

The facility/center director or designee notifies the victim by first class mail of any decision to release, discharge or transfer a youth to another facility.

- When possible, such notification occurs prior to the release, discharge or transfer of the youth.
- The facility/center director or designee provides a copy of the notice of the victim and notification to the JJS preparing the petition for the change of plan hearing or petition for approval to discharge.

Dismissal

The facility/center director or designee ensures the victim is notified if the youth is dismissed from court jurisdiction.

Name Change

The facility/center director or designee notifies the victim if the youth has his/her name legally changed while in the facility.

Escape

In the event of an escape from campus, an off campus activity, or home visit, BJJ staff immediately attempt to notify by telephone those victims who requested notice.

If the escape occurs during an off campus activity, staff involved must immediately report the escape to the facility office.

Facility personnel receiving a report of an escape immediately attempt to contact by phone those victims who requested notification pursuant to law.

- Failing to make telephone contact, facility staff continue to make phone attempts until the JJS is notified or until it can be assured that a notification letter sent by the facility to the victim has been received.
- A victim notification letter is completed immediately by facility staff, regardless of whether telephone contact is made with the victim. A copy of the letter is sent to all of the following:
 - The victim.
 - The JJS, CMO worker or probation officer.
 - The court of jurisdiction.

- The youth's file.
- The facility/center director or designee contacts the JJS or supervisor by phone as soon as possible but no later than the next working day with information regarding the escape and whether or not contact was made with victims requiring notice.
 - A message is left with an identified staff person in the county office for the JJS or supervisor.
 - A message left on voice mail or other mechanical means does not count as notification.

Threats to Victim

If the facility/center director or designee believes the safety of the victim is threatened as a result of the escape and telephone contact cannot be made, immediate contact is made with the JJS, JJS supervisor or on-call local office staff to request that written notice be delivered immediately to the last known address of the victim (JJ2 260).

The facility/center director or designee ensures notification to all of the following:

- The county sheriff's department or local police in the county of the victim's residence to inform of the potential danger to the victim.
- The committing court.
- All victims as soon as possible.

Additional Responsibilities of Detention Facilities

Telephone Requests for Information

Victims may call detention facilities to determine the incarceration status of the purported offender.

- Facilities use reasonable efforts, as defined by the facility/center director or designee, to determine whether the calling party is the victim.

- Each victim request for incarceration status and the reasonable efforts used to identify the victim are documented.

Release from Detention

When there is a written or verbal request from the law enforcement agency that investigated the crime that led to the youth's placement in detention, the facility/center director or designee notifies the law enforcement agency when the youth is released from detention.

Escape from Detention

The facility/center director or designee immediately notifies the victim if a youth escapes and a written request for notification has been received.

AUTHORITY

Crime Victim's Rights Act, MCL 780.751 et seq.

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that all youth are screened for risk of suicide behavior at intake into residential facilities and continuously monitored for suicide risk on an ongoing basis.

PURPOSE

This policy sets the minimum standard for all residential facilities to ensure the safety of youths. Each facility has different mental health resources and is best able to delineate a local procedure affecting the use of those resources.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) pertaining to suicide prevention. At a minimum, these SOPs must contain the following requirements:

**Community
Justice Centers**

In community justice center (CJC) programs, local procedures will provide for the immediate referral of a suicidal youth to a community mental health provider. There should be a service agreement or memorandum of understanding between the CJC and local mental health provider.

Training

All staff who routinely work with youths are trained in the identification and management of suicidal youth. The initial training will be a minimum of eight (8) hours and annual refresher training will be a minimum of two (2) hours. Response drills will be part of the training.

A staff member currently certified in first aid and cardiopulmonary resuscitation is always on duty at each facility.

Staff responsible for administering and interpreting the results of the MAYSI-2 receive training on using and interpreting the results of the screening.

Emergency Response Equipment

Ligature cut down tools, face masks and automatic electronic defibrillators will be readily accessible and their availability documented on a daily basis.

Communication

Staff will communicate with transporting personnel to determine relevant information regarding the youth's condition and history.

Staff will share information necessary to keep a youth safe with other staff and youths.

Intake Screening

All youths are administered a screening instrument to determine their risk of suicide within twenty-four (24) hours of admission to a facility.

- Youths are screened using the MAYSI-2 instrument. Other screening instruments to augment the use of the MAYSI-2 are allowed if requested by the facility and authorized by BJJ administration.
- Youths will remain in the line of sight of staff until the MAYSI-2 or other facility approved screening instrument for older youths is completed.
- Youths who exhibit suicide risk factors are placed on constant observation unless or until a lesser level of observation is approved by a mental health professional.
- If the screening instrument indicates no cautions or warnings, the youth may be placed on routine observation by a manager.

Initiating/Decreasing Levels of Observation

Any staff member may increase the level of observation of a youth based upon the presence of suicide risk factors.

- If the staff initiating a suicide watch is not a mental health professional, the youth is placed on constant observation until consultation with, or assessment by, a mental health professional has been completed and a lesser observation level approved.
- Youths exhibiting suicidal behavior must be assessed.
 - The assessment is performed by a licensed mental health professional or an individual possessing a bachelor level degree in a human service field.
 - If the assessment is not completed by a mental health professional, a mental health professional is consulted to determine the appropriate level of observation.
 - Only a mental health professional, after assessing the youth, may authorize a decrease in a youth's level of observation.
 - For youths who remain on constant or close observation following assessment, the youth is maintained on the level of observation assigned by mental health professional for a minimum of twenty-four (24) hours prior to any decrease.
- Youths on constant observation (level 3) must remain on this level for twenty-four (24) hours and then be moved to close observation level (level 2) for at least 24 hours prior to being placed on routine observation (level 1).

Programming/Housing

Decisions regarding the management of suicidal youths are based solely on the individual's level of risk.

- Treatment programming and regular privileges (showers, telephone, visits, and recreation) should continue to be

commensurate with the youth's security level, with appropriate supervision by staff.

- Any room used to house a suicidal youth is fully visible to staff and as suicide resistant as possible.
- Youths isolated from the general population are regularly assessed by medical and mental health professionals.

Clothing

Removal of a youth's clothing (excluding belts and shoelaces) is avoided whenever possible and only used when the youth is engaging in self-destructive behavior.

If clothing is removed, a safety smock or other suicide resistant protective clothing is provided.

Mechanical Restraints

Mechanical restraints are only used as a last resort when the youth is physically engaging in self-destructive behavior and only to the extent that the youth continues to be a threat to him/her self.

If consultation with a psychiatrist or physician is not possible, approval for the mechanical restraint must be obtained from a psychiatrist, physician or the facility/center director or designee.

Monitoring of Youth

A youth in constant observation status must remain within the line of sight of staff at all times.

Electronic monitoring (e.g. closed circuit television) may supplement, but is not a substitute, for the monitoring requirements of this policy.

Staff record the time, behavioral observations, and their signature/initials on a facility approved form at the following intervals:

- Constant observation - No more than every five (5) minutes.
- Close observation - No more than every fifteen (15) minutes.

Follow-up

Youths discharged from suicide precautions (constant or close observation level) receive documented regularly scheduled follow-up assessments by a mental health professional for the duration of their stay at the facility.

Unless the youth's treatment plan specifies otherwise, this reassessment will be:

- Daily for the first five (5) days.
- Weekly for the following month.
- Monthly thereafter.

AUTHORITY

Public Health Code, MCL 333.16101 et seq.

Social Welfare Act, MCL 400.115a(1)(l)

POLICY

All critical incidents in residential juvenile justice facilities must be reported to the Bureau of Juvenile Justice (BJJ) director and other appropriate parties outlined in this item.

PURPOSE

To ensure that DHS management has accurate information to provide the families of affected youth and staff, and to the media in the case of a critical incident.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

BJJ director, facility director and facility staff.

**CRITICAL
INCIDENT
PROCEDURES**

Each facility must develop and implement written procedures to report critical incidents. These procedures must contain the following requirements:

- Maintenance of a list of confidential telephone numbers to facilitate the communication of critical incident information.
- Staff must immediately report a critical incident to facility supervision.
- The facility director or designee must notify the BJJ director.

**CHILD/WARD
DEATH OR
SERIOUS
INJURY/ILLNESS**

Each death, serious injury or illness of a youth in a treatment or detention facility must be reported **immediately** to:

- The youth's parent(s) or legal guardian(s).
- The facility's licensing consultant.

- The youth's juvenile justice specialist, care management organization worker or probation officer.
- DHS management, including the BJJ director, by completing a DHS Alert system unusual incident. See Services Requirements Manual SRM 172 for alert procedures and timeframes.
- For instructions in use of the DHS Alert system, see <http://intranet-01.mfia.state.mi.us/AgencyAlerts/>. Written Report of Death

Complete the DHS-4712-M, Report of Death - Minor, for all deaths of youths under 18 years of age or the DHS-4712, Report of Death, for all deaths involving youths 18 years or older.

Within three working days, send copies of the DHS 4712-M or 4712 to the individuals designated on the form and fax a copy to the Office of Communications at (517) 373-8471.

Licensing Form

Complete and submit the child welfare licensing form (which Bureau of Children and Adult Licensing will provide) following the death of any youth.

MEDIA INTEREST, INVOLVEMENT OR INQUIRY

All critical incidents which could generate media interest must be reported to administration through the DHS Alert system. If it is known that the media is already interested in a critical incident, immediately report all available information to the Office of Communications.

All media inquiries must be directed to the DHS Office of Communications for response. Only the BJJ director, the DHS chief deputy director or the DHS director may authorize direct contact by DHS staff with the media.

EMPLOYEE MALFEASANCE

Allegations of employee malfeasance must be reported to the DHS Office of Labor Relations within three working days.

**CRITICAL
INCIDENT
UPDATES AND
RESOLUTION**

Resolution or updated information regarding a critical incident must be provided to the individuals that were notified as directed above.

AUTHORITY

Social Welfare Act, 1939 PA 280, as amended, MCL 400.115a(1)(I)

Child Caring Institutions Rules, 1983 AACS R400.4167

Deputy Directors, Bureau and Office Director Memorandum, DHS Alert System and Process, June 12, 2006

POLICY

Youths assigned to residential facilities are searched upon intake, when returning from community activities and when there is a reasonable basis to believe the youth possesses contraband.

PURPOSE

To ensure the safety of youths, staff, and visitors through consistent practices in the searches of youth.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

**SEARCH
PROCEDURE**

Each facility must develop and implement standard operating procedures (SOPs) relative to body searches. At a minimum, SOPs must contain the following requirements:

**Complete
Searches**

Complete searches are:

- Mandatory upon intake into secure treatment and detention facilities.
- Mandatory upon return to a secure facility from jail.
- Mandatory upon apprehension from escape.
- Authorized when there is a documented reasonable basis to believe that the youth is concealing contraband and the search is approved by a supervisor.
- Always conducted by staff that is of the same gender as the youth.
- Monitored by a second staff. A staff the same gender as the youth is preferred, but not mandatory.
- Always documented.

Pat Down Searches

In all BJJ programs, staff may conduct a pat down search of youths under any of the following circumstances:

- There is a reasonable basis to believe that the youth possesses contraband.
- The youth has participated in a non-staff supervised activity.
- The youth had access to objects that are missing.
- The youth is returning to the facility from home, school or work.
- The youth is completing the intake process.

When possible, staff of the same gender as the youth conduct pat down searches. If this is not possible, staff must use the back of their hands when conducting a pat down of the genital area or buttocks of males or females or the chest area of females.

Staff must document the search anytime that they place their hands on a youth and in all cases where contraband is found.

Body Cavity Searches

Body cavity searches must be:

- Pre-approved in writing by the facility director or designee. If the facility director designates this authority, that designation must be in writing.
- Performed only by a licensed physician or a physician's assistant, licensed practical nurse, or registered professional nurse acting with the approval of a licensed physician. If the body cavity search is conducted by a person of the opposite gender as the person being searched, the search must be conducted in the presence of a person of the same gender as the person being searched..
- Based on a reasonable belief that the youth is concealing contraband or evidence of a crime.

All body cavity searches must be documented in a report containing all of the following:

- A copy of the facility director or designee's written authorization for the search.
- The name and gender of the youth searched.
- The name and credentials of the person who conducted the search.
- The time, date and place of the search.
- A list of all items recovered from the youth who was searched.
- The name and gender of all personnel present at the search.

Inventory

Staff must inventory all articles taken from the youth.

Staff must provide the youth an opportunity to sign the inventory form and provide the youth a copy of the form.

Staff must return or otherwise account for all legal inventoried items upon the youth's release.

Staff must process all illegal items and dispose of them as directed by local law enforcement.

AUTHORITY

Code of Criminal Procedure, MCL 764.25b

Social Welfare Act, MCL 400.115a(1)(l)

POLICY

Facility staff reports all instances of suspected child abuse and neglect to children's protective services and the facility/center director or designee.

Note: All instances of suspected adult abuse, neglect and exploitation must also be reported as outlined in the DHS Administrative Handbook manual Personnel & Professional Development (AHP) AHP-602-3.

PURPOSE

This policy ensures appropriate reporting of incidents which promotes the safety, health and welfare of children.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to child abuse and neglect reporting. At a minimum, these SOPs must contain the following requirements:

**Mandated
Reporting**

As a mandated reporter, staff report suspected instances of child abuse and neglect to their facility's county DHS Children's Protective Services office.

- Staff immediately makes an oral report to the local DHS Children's Protective Services office.
- Staff submit a written report of the incident using form DHS-3200, Report of Actual or Suspected Child Abuse or Neglect, within 72 hours. A copy of the form must be sent to the BJJ director.
- A copy of the DHS-3200 is retained in the youth's file.

The facility/center director or designee ensures the required reporting of suspected abuse/neglect to children's protective services.

The facility/center director or designee ensures that a copy of the completed DHS-3200 form is provided to the BJJ Quality Assurance (QA) manager within 72 hours of awareness of the incident.

Note: The Mandated Reporter's Resource Guide (DHS Publication 112) includes a copy of the Child Protection Law and is available online at:

www.michigan.gov/dhs-publications, select DHS Pub-112 in the Children's Protective Services category.

Reporting requirements for suspected abuse/neglect occurring within a facility and/or involving facility staff

Reporting requirements include all of the following:

- Staff make an immediate oral report of suspected or alleged abuse or neglect to the local county protective services office and the facility/center director or designee.
- Staff completes and submits an incident report to their supervisor before the end of the shift in which the incident becomes known.
- The facility/center director or designee notifies the Bureau of Children and Adult Licensing (BCAL) no later than the end of the next business day.
- The facility/center director or designee ensures that the mandated reporter completes and submits the form DHS-3200 to the local county DHS Children's Protective Services office within 72 hours of awareness of the incident.

Investigation procedures for suspected abuse/neglect occurring within a facility and/or involving facility staff:

Upon receipt of an allegation of staff abuse or neglect, the facility/center director or designee ensures all of the following:

- Takes immediate action to ensure protection of the youth.
- Immediately notifies the BJJ director.

Exception: If the facility/center director or designee is the subject of the report, the facility/center director or designee immediately informs the BJJ director who will assign investigative and reporting duties, designated in this policy, from the facility/center director or designee to a designated manager.

- A physician examines the youth if physical abuse involving staff is alleged to have occurred or is evident.
- The facility/center director, designee or designated manager conducts an internal administrative investigation of the incident as soon as possible after the initial report of abuse/neglect is received. The facility/center director, designee or designated manager ensures:
 - Statements (written, signed and dated) are obtained from all available witnesses and individuals pertinent to the investigation within 24 hours.
 - The internal administrative investigation is completed within 10 business days following notification of the suspected incident.
 - Within five business days of the completion of the investigation, a copy of the administrative investigation final report is submitted to the director of the BJJ residential facilities division.
 - Upon request, the facility/center director, designee or designated manager provides all documents pertinent to the investigation to BCAL and BJJ investigator(s).

Reporting requirements for suspected abuse/neglect occurring outside a facility and no involvement of facility staff:

Staff makes an immediate oral report to the facility/center director or designee of suspected or alleged abuse or neglect.

The facility/center director or designee ensures the mandated reporter completes and submits the form DHS-3200 to the appropriate county DHS Children's Protective Services office within 72 hours of the awareness of the incident.

AUTHORITY

Child Protection Law, MCL 722.621 et seq.

DHS Administrative Handbook, AHP 602-4, Conduct and Responsibilities - Mandated Reporters of Child Abuse and Neglect

DHS Administrative Handbook, AHP 602-3, Conduct and Responsibilities - Mandated Reporters of Adult Abuse, Neglect and Exploitation

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that in emergencies staff will take actions to maintain the safety and security of youth and other staff.

PURPOSE

This policy ensures the safety of staff, youths, and the community in emergency situations.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to emergency planning. At a minimum, these SOPs must contain the following requirements:

**Written Plan and
Flipchart**

Each facility is expected to develop a written plan and maintain a flipchart to provide direction to staff encountering emergency situations.

**Emergency
Contacts**

Staff have access to a list of emergency telephone numbers (police, fire, ambulance and utilities).

**Directions for
Staff**

Local procedure includes all of the following:

- Ensure notification to administration.
- Properly assess the scene.
- Account for youth and staff.
- Contact emergency services.

Outside Assistance

Facility/center directors or designees will:

- Identify needed services and make outside contacts necessary to ensure their availability under emergency conditions.
- Enter into written agreements or memorandums of understanding with outside entities and/or agencies to provide needed services under emergency conditions.
- Develop contingency plans in the event that the outside entities and/or agencies fail to provide the facility's needed services upon request.

Plan Location and Review

Flipcharts are placed in areas readily accessible to staff. Written plans are available for staff review. The facility/center director or designee ensures that there is an annual review and update of the written plan and flipchart as needed.

Training

Staff shall receive training on key items of the facility emergency plan. At least one walk through drill of the emergency plan will be conducted annually.

AUTHORITY

Occupational Health and Safety Administration, Emergency Action Plans Standard, 29 CFR 1910

Social Welfare Act, MCL 400.115a(1)(l)

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that each facility establishes accountability guidelines for the issuance, distribution, and control of facility access control devices.

PURPOSE

This policy provides for the safety of staff, members of the public, and youths through effective, consistent, and complete control of facility keys and other access control devices.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) that govern utilization of access control devices. At a minimum, these SOPs must contain all the following requirements:

**Assignment and
Storage**

The facility/center director or designee must approve the issuance, manufacturing, exchange, and duplication of access control devices and changes to locks or doors.

Access control devices are only issued to designated staff.

The assignment of access control devices is documented and annually reviewed.

A key classification system is developed that clearly identifies and describes the appropriate uses of the various keys.

Access control devices are stored in a manner that restricts access and ensures accountability.

Inventory System

An inventory system for access control devices is developed that includes all of the following:

- Code numbers.
- A key ring reference file that identifies the lock or door each key opens.
- The location of locks, doors and rooms requiring access control devices.
- Key rings, including:
 - A written process for the efficient, documented and safe transfer of keys from the staff of one shift to that of another shift.
 - Periodic checking of key rings with prompt notification to the facility/center director or designee in the event of discrepancies.
 - A process for ensuring the immediate return of keys by staff upon their termination or transfer of employment.

Audits

Mandatory documented audits, inventories, maintenance checks and periodic testing of access control devices.

Off-site Possession

At the discretion of the facility/center director or designee:

- Staff are not to take access control devices with them when they leave the facility.
- Staff must immediately notify the facility in the event this occurs.
- If the discovery is made by onsite staff, they will contact the departed staff and direct him or her to immediately return the access control device.

Loss, Theft or Damage

Specific reporting instructions for staff in the event of the loss, theft, misplacement or damage of access control devices, including time-frames. At a minimum, these reports will:

- Indicate time of occurrence or discovery of occurrence.
- Describe surrounding circumstances.
- Specifically identify the key or key ring.

Require the facility/center director or designee to immediately assess and respond to any potential risk in the event of a lost, stolen, misplaced or damaged access control device.

The facility/center director or designee must immediately report lost or damaged access control devices to the BJJ residential facilities director and arrange for a timely repair or replacement.

Youth Access

Youths will not possess keys, access control devices and/or passwords to security systems.

Training

Training on the utilization of access control devices will include:

- Staff responsibility for safeguarding access control devices directly.
- Checking the number of keys on a ring when keys are received.
- Cautioning staff against the following with respect to access control devices:
 - Placing them in areas accessible to youths or leaving them unattended.
 - Throwing or sliding them.
 - Leaving them in locks.
 - Using them for other than their intended purposes.
 - Loaning them to unauthorized persons.

- Unauthorized duplication.
- Altering or defacing them.
- Failing to report locks that are in need of repair or appear to be tampered with.
- Verbally identifying access control devices by number or other identifying information within hearing of youths.

AUTHORITY

Social Welfare Act, MCL 400.115a(1)(l)

POLICY

Staff in residential juvenile justice facilities must conduct visual checks of youths when in their rooms at staggered intervals not to exceed 15 minutes.

PURPOSE

To ensure that staff effectively, efficiently and accurately maintain safety, security and accountability for youths in their rooms.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Facility director and direct care staff.

PROCEDURE

Each facility must develop and implement a written procedure for the conduct and documentation of room checks. The procedure must contain the following requirements:

Frequency

Staff must conduct room checks when youths are in their rooms for any reason. Staff performing room checks must perform a visual check of the youth; staff must see or hear some indication that the youth appears safe. Such indication may be signs of breathing, skin tone, movement, snoring, or other reasonable indicator.

Staff must complete room checks at uneven intervals no longer than 15 minutes apart or at shorter intervals as directed by supervision.

Note: Room checks of youths are not required when the time in the room is expected to be less than 15 minutes. However, staff must ensure youths are appropriately supervised. Checks must be conducted when the time in the room exceeds 15 minutes.

Youth Coverage

Room checks must be conducted in a way to account for each resident youth.

Video monitoring may be used as an additional way to monitor youths but the room check must be performed using direct staff line of sight.

Staff conducting room checks must remain alert to security or safety issues, document any unusual activity or observations noted in the facility logbook, take appropriate corrective actions, and report these to their supervisor.

Staff must remain alert to any available sounds that may indicate a youth in distress or requiring assistance.

In cases where a youth is temporarily not in the room, staff must document the youth's full name, the reason, and the time range when the youth was out of the room.

Documentation

Staff must document room checks electronically, on facility-approved room check forms, or in a facility log.

When using room check forms, documentation must include the legible initials and name of the staff conducting the room check and the time the room check was completed.

When using a room check form or facility log, checks may be documented on a room-by-room basis or by considering the rooms in a living unit as a group. All occupied rooms must be checked, checks must be staggered, and intervals must not exceed 15 minutes or shorter intervals as otherwise specified by supervision.

Problems in complying with room check requirements must be documented in the facility log and promptly reported to supervision.

Note: Preprinted times on room check forms are not allowed.

Supervisors must periodically monitor staff conduct of room checks and review room check documentation to ensure that checks are conducted properly.

AUTHORITY

Social Welfare Act, 1939 PA 280, as amended, MCL 400.115a(1)(l)

POLICY

Staff in residential juvenile justice facilities must conduct periodic and situation-based counts of youths in residence.

PURPOSE

To ensure that staff effectively, efficiently and accurately maintain accountability of youths and track the movement of youths assigned to the facility.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Facility director and direct care staff.

PROCEDURE

Each facility must develop and implement a written procedure for the conduct and documentation of youth counts. The written procedure must contain the following minimum requirements:

**Mandatory
Youth Counts**

Facility staff must conduct and document youth counts under the following situations:

- As part of each shift turnover.
- At least once per shift at a random time during the shift.

Note: During sleeping hours, one of the room checks conducted as part of JR5 515, Youth Room Checks, may be used to fulfill youth count requirements for the midnight shift. The count and the supervisor's count comparison must be logged separately from the room check.

- Following a drill or facility-wide incident (for example, escape, fire, riot, or tornado).
- Prior to a youth transport and upon transport return.

- Facility staff may conduct counts at other times as they deem appropriate.

Note: When at the facility, all youths must be counted, including those separated from their normally-assigned group. An approved off-campus activity form may be used for documenting each youth who is physically not at the facility.

Central Checks of Counts Against Youths Assigned

The facility director or designee must maintain a current, accurate list of youths assigned to the facility.

Facility supervision must receive each report of youth counts and compare the results to the facility's current population. The sum of the youths counted at the facility and those on approved off-campus activities must match the current population. Should discrepancies be found, the facility supervisor must order an immediate recount. If the recount does not resolve the discrepancy, the facility supervisor must implement escape response; see JR5 501, Escape Response.

Logging and Additional Criteria

Only facility staff may conduct counts.

Staff conducting counts must visually sight each youth counted or verify the youth's location by the report of another staff. Staff may have youths verbally count off as long as the staff ensures that each assigned youth is present.

Staff must enter the results of youth counts in the facility log.

Staff must verbally report the results of each youth count to the facility supervisor.

For each count, the supervisor must log the total facility count, the number of youths on approved off-campus activities, the sum of the facility counts and the youths off-campus, and the facility population. The sum of the facility counts and youths off-campus must match the facility population.

AUTHORITY

Social Welfare Act, 1939 PA 280, as amended, MCL 400.115a(1)(l)

POLICY

Youth transportation must ensure the safety of the youth, staff and the community. Prior to transporting a youth in a secure placement, staff must assess the youth to determine the need for mechanical restraints during transport.

PURPOSE

To ensure the safety of the youth, staff and community during the transport of youth to court appearances, medical appointments, facility transfers and off-campus activities.

DEFINITIONS

See JRG, JJ Residential Glossary.

RESPONSIBLE STAFF

Facility director, program manager, and transport team.

TRANSPORT PROCEDURES

Each facility must develop and implement written procedures for youth transportation. At a minimum, procedures must contain the following requirements:

Staffing and Supervision

Staff must complete the youth transport form (DHS-520). Staff must follow youth to staff ratios. (See JR5 540, Youth to Staff Ratio, Procedure, Minimum Staff to Youth Ratios.)

A transport team of at least two staff (including the vehicle driver) must escort youths when transporting two or more youths. At least one staff must be the same gender as the youths.

Fire and safety officers and contracted transporters may be members of the transport team.

At least one transport staff must be trained in the use of mechanical restraints.

The transport team must transport any detention youth with leg shackles, handcuffs and waist restraint except as noted below.

The facility director must review the appropriateness of any case where a pregnant youth is to be restrained for transport.

The facility director may waive the use of mechanical restraints as required by this section based on an assessment of risk. This waiver must be documented in writing.

Staff must offer a youth the opportunity to use the restroom prior to departure, upon arrival and prior to beginning the return trip. Staff must ensure that the youth uses secure restroom facilities (for example, court or law enforcement) to the extent practical. Staff of the same gender as the youth must accompany the youth into the restroom and maintain close physical proximity.

Occupants of the transporting vehicle must sit in designated seats and properly wear seat belts.

Staff must verify that the transport vehicle carries all of the following:

- A first aid kit (inspected prior to every transport).
- A universal precaution kit.
- A fire extinguisher.
- A cellular telephone.

Staff must load all medications, documentation and luggage prior to placing the youth in the vehicle.

Staff may make only stops approved on the transport form.

Attendant staff must maintain line of sight supervision of the youth and must ensure that the youth remains in the secure area of the vehicle.

Staff must call the facility upon beginning the return trip.

AUTHORITY

Social Welfare Act, MCL 400.1 et seq.

POLICY

All incidents of a serious nature that occur in juvenile justice residential facilities must be documented on a Bureau of Juvenile Justice (BJJ) incident report. Paper incident reports must be entered into the Juvenile Justice Information System (JJIS) within 72 hours of the incident. Incident reports augment facility logs by providing additional information and data which can be stored, reviewed, and processed into reports used for analysis and decision-making.

PURPOSE

To ensure proper documentation and data collection for events of special significance.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

All facility employees.

PROCEDURE

Each facility must develop and implement a written procedure relative to incident reports. The procedure must contain the following requirements:

**Report of
Incident**

Report all incidents of a serious nature immediately to the responsible facility manager.

Documentation

Staff must:

- Complete an incident report if involved in or witness to a reportable incident (unless exempted by the supervisor).
- Submit the incident report to a supervisor prior to the end of the shift. The incident report is a factual recount of observed events and behaviors involving youths, staff, volunteers, and visitors (as applicable).

The supervisor must:

- Review the incident report for completeness, clarity and accuracy.
- Distribute copies of the incident report to appropriate facility staff (for example, medical, security or education staff) as directed by the facility written procedure.
- Ensure the incident report is entered into the Juvenile Justice Information System within 72 hours of the incident.

Note: Appropriate entry of incident reports into the information system includes steps to ensure a complete, accurate, and unduplicated set of incident report information is entered for each incident that occurs.

The facility director or designee must:

- Ensure that each incident report is reviewed for its underlying cause. In particular, review each incident report to determine if physical barriers enabled the occurrence of the incident, if staffing levels and training were appropriate, and if additional technology would be of use in mitigating or preventing future incidents.
- Ensure that appropriate corrective actions resulting from the incident report review are developed and implemented.
- Ensure that relevant youth behavior documented in the incident report is discussed in group and treatment team meetings and documented in treatment plans.
- Appoint a third party staff not associated with the original entry of incident reports into the information system to conduct a weekly validation of entry of the incident reports. This validation must verify that all paper incident reports have been correctly consolidated and entered into the information system.

Note: In the information system, the Incident Report Consolidation Summary reports the amount of matching of paper incident report identification numbers to information system incident report identification numbers. This report may be used to assist in the third party validation above.

**Report
Numbering**

Facilities must assign each paper incident report form a unique identifying number consisting of the following:

- The two digit facility code.
- Two digit month.
- Two digit date.
- A two digit (starting with 01) sequential numbering of all incident reports for that single date. All incident reports describing a single incident are in sequence.
- A two digit facility assigned number (wing/pod/staff number, etc.).

Assigned BJJ facility code numbers are:

Facility	Facility Code #
Bay Pines	12
Shawono	15
Woodland	17

Facilities requiring a code number may contact the JJIS help desk at 517-335-3537.

AUTHORITY

Social Welfare Act, 1939 PA 280, as amended, MCL 400.115a(1)(I).

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that facilities take reasonable measures to prevent assaults on staff.

PURPOSE

This policy ensures staff safety through prevention and appropriate responses to staff assaults.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to staff assault. At a minimum, these SOPs must contain the following requirements:

Prevention***Programming***

Facility managers continually assess and improve youth programs to improve safety and security of youths, staff and the public.

Training

All staff working directly with youth will receive crisis intervention training.

Staff will be oriented as to employee rights under the "right-to-know" laws.

Physical Plant

The building structure, including locks, doors, lighting and other features, are kept in a state of good repair. New construction and remodeling plans consider new developments in structural aspects of institutional design.

Identification Cards

Employees are issued an identification card.

Social Security numbers are not placed on the identification card.

There are clear instructions for the use and display of the identification card.

Visitors

Visitors are properly screened and advised of appropriate policies and practices.

Resources**Coverage**

Process for obtaining backup resources when out-of-control behavior occurs.

Supervisors are present during crisis situations to witness the youth's behavior and the staff's response.

When work assignments and coverage appear contrary to staff safety and security, they are discussed at local labor-management meetings.

Process to ensure coverage when an assaulted staff is absent.

Communication

The facility/center director or designee ensures that:

- Staff is informed of a youth having a history of assaultive behavior.
- Appropriate precautions are taken to prevent assaultive behavior.

Staff communicate daily about youth behavior that affects the risk of assault.

Staff Injuries

Process for staff to obtain first aid and/or immediate medical attention for themselves or another injured employee including:

- Where to secure first aid services.

- Where to go for emergency medical/hospital services.
- Which manager and/or supervisor to contact.

Immediate assistance to injured staff and in de-escalating crisis situations is provided by available employees.

Provide transportation to injured staff requiring treatment at another location.

- Injured staff may drive themselves if they are not seriously injured and appear alert and able to drive.
- If staff drive themselves contrary to facility management advice, they are required to sign a release.
- If an injured staff is transported by ambulance, a supervisor may allow another available staff to accompany the injured staff.

Process to immediately notify a member of facility management if an assault requires medical attention beyond routine first aid. Managers are responsible to:

- Monitor the medical response to the situation and related follow-up.
- Oversee and coordinate follow-up responses to staff assaults including reporting and providing feedback to injured employees and coworkers.
- Provide information about applicable state employee assistance programs.

When an assault occurs, staff ensure no further injury is likely and brings the situation under control using crisis intervention methods as trained.

The facility/center director or designee ensures that the treatment team appropriately follows up on the incident and participates in the overall de-escalation.

The facility/center director or designee ensures all of the following:

- Investigation of the incident.
- Coordinated follow-up.
- Timely completion of reports.

Incident reports and other documentation are completed as required.

A written account of the situation is completed if possible within twenty-four (24) hours of the incident. Facility managers:

- Ensure the report is completed and includes information gathered and interviews of witnesses including the injured staff, if possible.
- Answer questions about non-confidential pertinent issues from coworkers and from the staff person injured.
- Provide non-confidential information to the injured staff member's family, if the staff member is unable to communicate directly.
- Provide the completed report to the injured staff, if requested. The report will have names and other identifying information related to youths removed in compliance with applicable laws and policies.

The injured staff person has the right to file a police report.

- Managers will not obstruct this employee right.
- An assaulted staff receives administrative leave for time needed for related judicial process meetings and court appearances.

Access to records of the incidents, with facility management review and approval in concert with confidentiality regulations, is provided to the injured staff person upon request.

AUTHORITY

Bullard-Plawecki Employee Right To Know Act, MCL 423.501 et seq.

Written agreement between DHS (then DSS) and AFSCME, October 1, 1992.

POLICY

Youth to staff ratios must be sufficient to ensure the safety of staff, youths, visitors and the public. Staff of the same gender as the youths must be available at all times.

PURPOSE

To ensure safety and security within juvenile justice facilities by establishing appropriate staffing ratios and identifying the necessary components of effective youth supervision.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Direct care staff who supervise youth.

PROCEDURE

Each facility must develop and implement written procedures that govern staffing ratios and supervision of youths. These procedures must contain the following requirements:

**Minimum Staff
to Youth Ratios**

Direct care staff-to-youth ratio of at least 1:10 during awake hours.

Direct care staff-to-youth ratio of at least 1:20 during sleeping/bed-time hours.

Direct care staff-to-youth ratio of at least 1:5 during off-site activities.

Only direct care staff that are physically present are included in determining whether the ratio is met.

**Management
Responsibilities**

Managers must ensure all of the following:

- One direct care staff that is of the same gender as the youths must be available 24 hours per day at the facility to perform

services more appropriately carried out by a person of the same gender as the youths.

- Youths must never supervise other youths.
- Volunteers must never supervise youths.
- Necessary steps must be taken to ensure the appropriate staff-to-youth ratio for each shift.

Effective Staff Supervision of Youth

Effective staff supervision of youths must include the following:

- Ensure youths receive positive reinforcement for good behavior.
- Remain constantly alert to the facility environment and constantly vigilant to the activities of youths.
- Remain aware of and responsive to the behavior and special needs of youths being supervised.
- Remain aware of the exact number and location of all youths under supervision.
- Remain aware of the location of other staff.
- Ensure youths do not leave a particular area and go to another area of the facility without permission.
- Ensure all youth movement is timely and communicated to all necessary staff.
- Stay alert for any indicators of impending incidents such as escapes, disturbances or assaults.
- Remove any obstructions that impede direct line of sight observations of youths.
- Avoid activities that distract staff attention from youth supervision.
- Structure youths' awake hours with learning activities.

AUTHORITY

Social Welfare Act, MCL400.115a(1)(l)

Child Caring Institutions Rules, R400.4127

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that youth will receive appropriate and timely first aid treatment when needed.

PURPOSE

This policy ensures that first aid kits are readily available when needed and kept fully and appropriately stocked at all times.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to the maintenance and location of first aid kits. At a minimum, these SOPs must contain the following requirements:

Kit Location

First aid kits are located in areas where youths are present.

Kit Contents

Kit contents, based on American Red Cross recommendations, will include all of the following:

- Waste disposal bag.
- Antiseptic ointment.
- Eye rinse solution.
- Band-aids (assorted).
- Disposable non-latex gloves.
- Sterile gauze pads (assorted).
- Sterile roller gauze.
- Adhesive tape.
- Triangular bandage.
- Cold pack.
- Anti-bacterial hand washing solution.

**Replacing
Contents**

- Sterile saline solution.
- A one-way CPR barrier mask.
- Small plastic bag (in which to place biohazards).
- Bee sting kit (for use as prescribed to particular youth).

Staff using the single item contents of the first aid kit must immediately report to the facility/center director or designee who will ensure the missing contents are promptly replaced.

**Approval and
Inventory**

The facility/center director or designee will maintain a list of the approved contents of all first aid kits.

A copy of the list is placed inside the kit.

The facility/center director or designee will document weekly checks of the first aid kits.

The facility/center director or designee will replenish depleted supplies as needed.

AUTHORITY

Social Welfare Act, MCL 400.115a(1)(l)

POLICY

Each facility must maintain hardbound logbooks or electronic logs to record and communicate routine program information, youth movement, unusual occurrences and emergency situations.

PURPOSE

To ensure the clear, accurate and thorough documentation of incidents that impact the safety and security of youth, staff and the public.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) that govern utilization, maintenance and review of logs. At a minimum, SOPs must contain the following requirements:

Types of Logs

A list and description of required logs, including the log name, type of log and whether the log is electronic or hardbound.

**Electronic Log
Procedures**

When electronic logs are used, procedures for the use of these logs including log storage and backup, required entries, corrections and staff reviews must be specified.

**Replacement
and Retention of
Logbooks**

Staff must immediately replace filled logbooks.

Procedures for tracking, storing and retaining filled logbooks.

Logbook Entries

Staff log entries must be concise, accurate, neat, legible and written in ink.

Staff log entries must contain all of the following:

- Daily observations of youth by staff, including any unusual youth behavior and medical concerns.
- All youth counts
- Results of all youth and room/area searches.
- Security and perimeter checks.
- Disturbances and riots.
- Removal of any youth from the general population.
- Use of de-escalation techniques.
- Use of physical or mechanical restraints.
- Use of behavior management/seclusion rooms.
- Departure of staff during the shift.
- Admission and release of youth, including names, dates, times and modes of transportation.

Staff must place the date of each log page at the top of the page.

Staff must write in each line of the log.

Staff must clearly identify each log entry they make by initially signing into the log, making their initial and printing their name. Staff must identify subsequent log entries during the shift by signing their name or initialling the entry as set by facility SOP.

Staff must make entries in red ink to identify events that might impact the safety and security of staff, youths and visitors or that relate to planned incidents such as escapes, riots, suicide or assaults.

When making log corrections, staff must:

- Avoid the use of whiteout, correction fluid or tape.

- Strike through any corrected item with a single line.
- Write the word “void” next to the struck out item.
- Sign and date/time the correction.

Staff must not remove or destroy log pages or otherwise obscure log content.

Staff must safeguard logs to prevent access by unauthorized personnel including youth and visitors.

When making a late entry, staff must make a log entry consisting of the current time, the words “Late entry”, the actual previous time of the logged event and the log entry. Identification by signature or initial remains required.

Review of Log Entries

Incoming staff and supervisors must review log entries for their wing/hall/pod for the previous two shifts. Staff must document this review by signing or initialing in the margin next to the most current log entry.

The facility/center director or designee must review log entries to ensure compliance with SOPs. The reviewer must initial or sign in the margin next to the most current log entry.

Staff must document corrective actions taken in response to log notations in the log.

AUTHORITY

Social Welfare Act, MCL 400.115a(1)(l)

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) to keep potentially harmful tools and hazardous materials inventoried, stored and controlled.

PURPOSE

This policy ensures protection of youths, staff, community, and facility preservation.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) that govern the control of tools and hazardous materials. At a minimum, these SOPs must contain the following requirements:

**Hazardous
Materials
Identification,
Storage and
Inventory**

Hazardous materials are clearly labeled and identified as a potential hazard.

Hazardous materials are located in a secured storage area inaccessible to youths.

Hazardous materials are inventoried monthly. Discrepancies are:

- Documented on an incident report.
- Brought to the immediate attention of a supervisor.

An inventory is conducted of hazardous materials brought in by outside persons upon entry into secured areas of the facility. This inventory is checked upon departure from secured areas to ensure no hazardous materials have been left behind.

**Staff Access
and Use of
Hazardous
Materials**

Staff are designated to draw, mix or use hazardous materials.

Hazardous materials are only utilized for their intended purposes.

Staff strictly complies with labeled usage instructions for hazardous materials.

**Youth Access to
Hazardous
Materials**

Youths will not draw, mix, dispense or use hazardous materials without direct staff supervision.

Youths are directly supervised when using any type of detergent or cleaning solution.

**Improper
Exposure to
Hazardous
Material**

Material safety data sheets are completed as required by the Occupational Safety and Health Administration and maintained in areas easily accessible to staff. The sheets contain instructions on the appropriate staff response in the event of improper exposure to the hazardous material.

If staff or youths are improperly exposed to a hazardous material, in addition to following the instructions on the material safety data sheets, staff immediately:

- Notifies a supervisor.
- Contacts a poison control center or medical provider as directed by the supervisor.

The incident is documented on an incident report.

**Disposal of
Hazardous
Materials**

A staff member is designated to collect and dispose of hazardous materials in accordance with state and federal regulations.

Disposal of hazardous materials is documented.

**Tool Storage
and Inventories**

Tools are securely stored in a locked cabinet and/or tool storage area with placement on a shadow board.

An updated and current inventory of tools is maintained for every tool storage area or cabinet.

Staff inventory tools used by youths before youths are allowed to leave the work area.

All tools brought in by outside persons into secured areas of the facility are documented upon entry and upon departure to ensure no tools are left behind.

Staff are designated to conduct and document a tool inventory monthly.

Missing or inoperable tools are:

- Documented on an incident report.
- Brought to the immediate attention of the supervisor.
- The last known location of the tool and the youth present will be immediately searched when a tool is missing.

**Youth Use of
Tools**

Staff directly and constantly supervises youths who either use or are in an area containing tools.

The assignment of tools to staff or youths for any reason is documented.

AUTHORITY

Social Welfare Act, MCL 400.115a(1)(l)

Occupational Safety and Health Act, 29 USC 651 et seq.

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that facilities conduct periodic searches of youths' rooms and common areas to detect and remove contraband.

PURPOSE

This policy ensures that facilities have standard procedures to conduct searches of youths' rooms and common areas.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to conducting room and facility searches by staff. At a minimum, these SOPs must contain the following requirements:

Frequency

Youth room searches are conducted at least once a month at unannounced and irregular times.

Includes a visual scan of common areas before and after use by youth and/or visitors.

**Guidelines for
Searches**

Searches are conducted in a professional respectful and systematic manner without causing any undue disruption or damage to property.

When therapeutically beneficial, searches may be made with youth present in their room if approved by the facility/center director or designee.

Documentation

Searches are documented in the facility logbook.

The disposition of contraband is documented in the logbook and on an incident report.

Non-illegal contraband must be:

- Discarded.
- Returned to the original owner.
- Mailed to the youth's home.
- Inventoried and stored to be returned to the youth upon release.

Illegal contraband is turned over to local law enforcement. BJJ staff will maintain and document the chain of custody.

AUTHORITY

Social Welfare Act, MCL 400.115a(1)(l)

POLICY

Residential juvenile justice facilities must have zero tolerance for sexual abuse and harassment of residents and staff. Facilities must ensure that preventive plans are in place and, should allegations regarding sexual abuse or harassment be made, that staff are appropriately trained to take actions to rapidly restore safety, attend to and support the victim, and promptly begin the investigative process.

PURPOSE

To prevent incidents of sexual abuse and sexual harassment to the maximum extent practical and to take prompt, effective and compassionate action in the event that allegations of sexual abuse or harassment are made.

DEFINITIONS

See JRG, JJ Residential Glossary.

PROCEDURE

Each residential juvenile justice facility must develop a written procedure to educate staff, residents, volunteers, and contractors and to respond to incidents of sexual abuse and sexual harassment. The procedure must implement the requirements contained in the February 2011 rules proposed by the US Department of Justice to implement the Prison Rape Elimination Act (PREA) and include the following requirements:

**Prevention
Planning**

Prevention planning procedures at the facility must address the following:

- The agency and facility's zero tolerance for sexual abuse and sexual harassment.
- Training and education efforts that foster staff and resident awareness of what constitutes sexual abuse, sexual harassment, and other sexual incidents that are violations of facility rules.
- Actions that seek to prevent sexual abuse and harassment.

- Supervision practices including determination and review of adequate staffing practices as well as assessment and use of monitoring technology.
- Limits to cross-gender viewing including during routine resident searches and intake/medical examinations.
- Methods and practices to accommodate residents with special needs.
- Hiring and promotion decisions and screening procedures for volunteers and interns.

Responsive Planning

Responsive planning procedures must address the following:

- Use of an evidence protocol and forensic medical examinations in response to allegations of sexual abuse. The protocol and examinations must be focused on meeting the needs of the victim, medical professionals, investigators, and law enforcement.
- Development and maintenance of agreements made with public entities external to the facility and community service providers including those who provide the victim with emotional support services.
- Development and maintenance of agreements made with law enforcement agencies.

Training and Education

Training and education procedures at the facility must address initial and ongoing training and education for the following groups:

- Staff.
- Residents.
- Volunteers.
- Contractors.

Training must be augmented by readily available educational reference materials and information such as pamphlets, posters and signs.

The facility must ensure special training related to sexual abuse and harassment is provided for investigators and medical/mental health staff.

Note: Training may be conducted with appropriate training resources from the Child Welfare Training Institute or other appropriate and authorized sources.

Assessment and Placement

Assessment and placement procedures must:

- Include the use of record reviews, assessments, and interviews of each admitted resident by trained and qualified staff.
- Seek to gather information about prior sexual abuse or harassment as a victim or perpetrator as part of admission and during the early stages of the treatment program.
- Seek to prevent further victimization of previous victims or reoffending by a previous perpetrator.
- Generate information used in decisions related to resident placement, housing, sleeping arrangements, education and work assignments as applicable.

Reporting

Reporting procedures must be clearly explained to residents and staff. Procedures must provide multiple ways for residents to privately report (for example, youth grievance system) the following:

- Sexual abuse and sexual harassment.
- Retaliation by other residents or staff for reporting sexual abuse and harassment.
- Staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or harassment.

Reporting procedures must be readily available to provide residents with access to victim advocates external to the facility who can provide emotional support services related to sexual abuse and harassment.

Reporting procedures must include a method for the facility to receive third-party reports of sexual abuse. Procedures must address the distribution and access to information on how to report sexual abuse on behalf of a resident to the resident's attorney, parent(s), and/or legal guardian.

Response Following a Report

Procedures for facility response following a report of sexual abuse or harassment must require all staff to immediately report any knowledge, suspicion or information they receive regarding:

- An incident of sexual abuse or harassment that occurred in an institutional setting.
- Retaliation against residents or staff who reported sexual abuse or harassment.
- Any staff neglect or violation of any responsibilities that may have contributed to an incident of sexual abuse, harassment or retaliation.

Procedures must:

- Include provisions for initiating and completing an investigation.
- Include actions for staff to ensure that the alleged victim and perpetrator are separated and any crime scene is sealed and preserved.
- Ensure coordination of actions taken in response to the incident among initial staff responders, medical and mental health practitioners, investigators, law enforcement, and facility leadership.
- Address the protection of all residents and staff who report sexual abuse or sexual harassment, and protection of residents and staff who cooperate with sexual abuse or harassment investigations from retaliation by other residents or staff.
- Include provisions to monitor the conduct and treatment of residents or staff who have reported sexual abuse or cooperated with investigations including any resident

disciplinary reports and housing or program changes for at least 90 days following their report or cooperation.

Investigations

Procedures for facility investigations must:

- Address whether investigations will be conducted by the facility or by a separate investigation office. Where a separate investigation office is used, that office must be identified in the procedure.
- Emphasize promptness, thoroughness and objectivity.
- Address the gathering and preservation of direct and circumstantial evidence, including any available physical and DNA evidence and available electronic monitoring data.
- Require the use of a preponderance-of-evidence standard in determining whether allegations of sexual abuse or harassment are substantiated.

Disciplinary Sanctions

Procedures for disciplinary sanctions must address both staff and residents as follows:

Note: Staff must be subject to disciplinary sanctions up to and including termination for convictions or substantiated sexual abuse or sexual harassment findings. Staff disciplinary matters must be coordinated with the DHS Office of Labor Relations.

Residents must be subject to disciplinary sanctions pursuant to a formal due process disciplinary process following an administrative finding that the resident engaged in youth-on-youth sexual abuse or a criminal finding of guilt for youth-on-youth sexual abuse.

Sanctions for residents must be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.

The disciplinary process must consider whether a resident's mental disabilities or mental illness contributed to the behavior when determining what type of sanction, if any, should be imposed.

If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility must consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.

Medical and Mental Health Care

Facility procedures for medical and mental health care must address the following:

- Asking the youth about prior sexual victimization and prior sexual perpetration during the intake or classification process.
- Providing timely, unimpeded access to free emergency medical treatment and crisis intervention services.
- Provisions for ongoing medical and mental health evaluation and treatment for all residents who, during their present stay in residence, have been victimized by sexual abuse or harassment.
- Appropriate follow-up services, treatment plans and referrals.
- A mental health evaluation of all known resident abusers within 60 days of learning of such abuse history and provision of treatment when deemed appropriate by qualified mental health practitioners.
- Pregnancy tests for resident victims of sexually abusive vaginal penetration.
- If pregnancy results, such victims must receive timely information about and access to all pregnancy-related medical services that are lawful in the community.

Data Collection and Review

Data collection and review procedures must include:

- A sexual abuse or harassment incident review at the conclusion of every sexual abuse or harassment investigation. If the allegation is determined to be unfounded, the review is optional.

- Reviews must be conducted by a review team including upper management with input from line supervisors, investigators and medical or mental health practitioners.
- A data review to evaluate if corrective actions in response to incidents are effective in reducing the number/rate of sexual abuse incidents.
- Provisions for secure maintenance and storage of sexual abuse and harassment incident data.
- Provisions for publishing annual Prison Rape Elimination Act (PREA) aggregate data with appropriate DHS approval.

Audits

Facility procedures must include provisions for support of audits for PREA compliance.

AUTHORITY

Prison Rape Elimination Act, 42 USC 15601 et seq.

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that each facility manages the behavior of youth through a learning environment that includes a system of teaching interventions that is evidence-based and appropriate for the population served.

PURPOSE

This policy ensures that youth are treated in a way that provides for the safety and security of youth and staff while respecting youth dignity and developing youth personal competencies.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) that govern selection, training, monitoring and evaluating the use of teaching interventions. At a minimum, these SOPs must contain the following requirements:

**Selection &
Evaluation**

A summary of the teaching interventions used including all of the following:

- Name.
- Source.
- Appropriate population.
- Description of each intervention used.

A system for matching appropriate teaching interventions with needs of the youth.

Procedures for regular evaluation of the effectiveness of teaching interventions as part of group meetings, treatment team meetings and within residential treatment plans.

Procedures for reviewing current interventions and incorporating new interventions. The procedures include at a minimum:

- The facility/center director or designee provides a written review of teaching interventions annually.
- A review of new interventions occurs at a more frequent interval.
- The facility/center director or designee shares evaluation results with other facility directors and/or BJJ administration.

Training

Staff training in teaching interventions is provided as part of employee orientation and on-going employee training.

A teaching intervention orientation for youths and their parent(s)/legal guardian as part of the facility admission process.

Implementation

Assess risk, strengths and needs for each admitted youth.

Match the youth's assessment results with appropriate teaching interventions. Results become part of the youth's treatment plan.

Apply teaching interventions under routine conditions and for varying conditions of youth crisis.

Document teaching interventions used and evaluate their effectiveness for meeting the need(s) of youths.

AUTHORITY

Social Welfare Act, MCL 400.115a(1)(l)

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that each facility has a positive behavior support system promoting personal responsibility and positive youth behavior.

PURPOSE

This policy ensures facility staff consistently implements a behavior-based response system treatment model to reward appropriate youth behaviors.

DEFINITIONS

See JRG, JJ Residential Glossary.

RESPONSIBLE STAFF

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) describing the positive behavior support system. At a minimum, these SOPs must contain the following requirements:

Program Description

The positive behavior support system program description is consistent with the desired behaviors and norms of a group-based treatment process including all of the following:

- A list of facility desired behaviors.
Note: Treatment programs within the facility may develop program-specific lists.
- A list of facility incentives and privileges.
Note: Treatment programs within the facility may develop program-specific lists.
- Positive internal control measures ensuring youth rights are not compromised.

- Procedures for dispensing incentives to youths including:
 - Criteria.
 - Dispensing staff.
 - Award basis.
- Method for transferring youth's reliance from an extrinsic motivation system to an intrinsic motivation system.
- Procedure to modify the incentive and privilege list.

Program Maintenance

Procedures ensuring all of the following:

- Proper staff ethics.
- Maintenance of appropriate youth/staff barriers.
- Avoidance of favoritism.

Financial controls for incentives where appropriate.

A description of the elements of the positive behavior support system are included in the facility handbook.

Training

Staff training in positive behavior support systems as part of employee orientation and on-going employee training.

Orientation and semi-annual training on the SOP for youths and parent(s) and/or legal guardian(s).

AUTHORITY

Social Welfare Act, MCL 400.115a(1)(l)

POLICY

Residential juvenile justice facilities must implement and maintain a progressive discipline response system to address the inappropriate behaviors of each youth in the facility.

PURPOSE

To ensure each youth is treated fairly under a consistent system of discipline focused on encouraging appropriate behaviors, discouraging inappropriate behaviors and teaching new behaviors.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Facility director and direct care staff.

PROCEDURE

Each residential juvenile justice facility must develop and implement a written procedure for its discipline response system. This procedure must contain the following requirements:

**System
Description**

The discipline system description must:

- Describe how staff responds to inappropriate youth behavior through a continuum of response. The response continuum includes but is not limited to all of the following:
 - Teaching interventions; see JR6 600.
 - Positive behavior supports; see JR6 601.
 - De-escalation strategies including those in approved physical restraint curricula.
 - Mechanical restraint; see JR6 620.
 - Behavior management rooms; see JR6 631.
 - Due process; see JR6 631.

- Restorative activities; see JR6 640. Require that staff use the least restrictive intervention necessary to initiate a change in the youth's undesirable behavior.
- Include provisions for the exercise of due process; see JR6 631.
- Include the use of a teaching intervention and/or restorative activity following the culmination of the discipline activity to facilitate reintegration into the treatment program.
- Require documentation of all behavior response interventions excluding teacher interventions and positive behavior supports; see JR6 600 and JR6 601.

Criteria-Choosing an Intervention

Staff must always use the least restrictive disciplinary intervention.

Staff may never use any of the following:

- Corporal punishment inflicted in any manner. Corporal punishment includes, but is not limited to striking, hog-tying, beating, slapping and spanking. Corporal punishment also includes forced exercise and forced immobilization such as forcing a youth to stand at attention for prolonged periods of time. Calisthenics conducted as part of a facility-approved physical education program are not included in this restriction.
- Threat of corporal punishment.
- Discipline of a group for the misbehavior of an individual group member.
- Verbal abuse, ridicule, demeaning or degrading language or actions intended to humiliate. Use of profanity or slurs based on offense, race, ethnicity, gender, religion or sexual orientation.
- Denial of any essential program services.
- Withholding of food or water or creating special menus or meal presentations for behavior management or discipline purposes.
- Denial of visits and communications with family, including mail.

- Denial of the opportunity for at least eight hours of sleep in a 24-hour period.
- Denial of shelter, clothing or essential personal needs.

Staff must never allow another youth or volunteer to discipline another youth.

Staff must never discipline any youth as a means of retaliation or reprisal.

Any discipline or actions perceived as discipline may be the subject of a grievance.

Documentation

Staff must document training for each youth in the discipline system as part of youth orientation.

Distribution

As part of facility admission, the facility must send a copy of this policy and the facility discipline procedure to the youth's parents/guardian, the youth's juvenile justice specialist and, where appropriate, the youth's probation officer and/or care management organization caseworker.

LEGAL BASIS

Public Health Code, 1978 PA 368, as amended, MCL 333.16101 et seq.

Social Welfare Act, 1939 PA 280, as amended, MCL 400.115a(1)(l).

Child Caring Institutions Rules, R400.4137, R400.4150, R400.4152

POLICY

Staff in residential juvenile justice facilities may only physically restrain a youth in the following circumstances:

- To prevent injury to the youth, self or others.
- As a precaution against escape or truancy for a youth in a secure facility or a youth transported while resident in a secure facility.
- When there is a serious destruction of property that places a youth or others at serious threat of violence or injury if no intervention occurs.

Physical restraint is the placing of hands on a youth using minimal force to ensure safety when lesser forms of intervention have failed or in emergency situations that require immediate intervention to ensure safety consisting of:

- Therapeutically holding a youth in place.
- Staff-administered physical restraint using Mechanical Advantage Control Hold V or Handle With Care methods.

Staff use of noxious substances associated with a physical restraint is prohibited.

Staff directing and applying physical restraints must be properly trained in approved DHS de-escalation and restraint techniques. New staff may not supervise or engage in restraint with any youth until they have satisfactorily completed training. Restraint must be performed in a manner that is safe, appropriate and proportionate to youth characteristics including:

- Severity of the youth's behavior.
- Chronological and developmental age.
- Size.
- Gender.
- Physical condition.
- Medical condition.
- Psychiatric condition.
- Personal history, including any history of trauma.

Restraint must be conducted in a manner consistent with the youth's treatment plan.

PURPOSE

To provide clear guidelines for the use of physical restraint with residents in juvenile justice facilities.

DEFINITIONS

See JRG, JJ Residential Glossary.

RESPONSIBLE STAFF

Facility director and direct care staff authorized and trained in the use of approved DHS de-escalation and physical restraint methods for youth in residential juvenile justice facilities. Responsible staff also include medical and other staff trained to conduct the post-restraint examination of a youth who was restrained.

PROCEDURE

Each facility must develop and implement a written procedure for youth physical restraint. This procedure must contain the following requirements:

General Guidance

Physical restraint may never be used as a means of punishment, discipline, coercion or as retaliation.

Physical restraint must always be associated with efforts to de-escalate the situation. Use of physical force and length of the restraint situation must be **minimized**.

Post Restraint Review

Following a physical restraint, staff must take the following actions:

- Conduct a visual examination of each youth restrained. When medical staff is unavailable, the on-duty supervisor must conduct the visual examination. The examination results must be documented in facility logs including:
 - The full name of the youth restrained.
 - The date and time of the restraint.

- The full name and title of the person conducting the examination.
- The results of the examination.
- Provide first aid and/or seek immediate medical attention for injuries received. Staff must document injuries received and first aid/medical treatment provided in an incident report.
- Review the restraint within 48 hours to determine if procedures were followed in directing and conducting the restraint. The review must be conducted by a level of supervision above the level of the staff ordering or conducting the restraint.
- Remind each youth who is restrained of their right to file a grievance and provide a grievance form as needed.

Documentation

Following a physical restraint, staff must make appropriate log entries and complete an incident report.

The facility director or designee must review and aggregate incident reports documenting physical restraints at least biannually.

Distribution

Each facility must send a copy of this policy and the facility procedure to the youth's parents/legal guardian, the youth's juvenile justice specialist and, where appropriate, the youth's probation officer and/or care management organization caseworker.

LEGAL BASIS

Social Welfare Act, 1939 PA 280, as amended, MCL 400.115a(1)(I)

Child Caring Institutions Rules, R400.4137

POLICY

Staff in residential juvenile justice facilities may only mechanically restrain a youth to regain control of a youth who presents an imminent danger of injury to self or others or a clear risk of substantial damage to property. Mechanical restraints may also be used to prevent escape of a youth during transport (for example, from the facility to court). Staff applying mechanical restraints must be properly trained in the use of those restraints.

This policy applies to secure facilities only. Non-secure facilities may not use mechanical restraints.

PURPOSE

To ensure the appropriate use of mechanical restraints for the safety of each youth, staff and the public.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Facility director and direct care staff authorized and trained in the use of mechanical restraints. Responsible staff also include medical staff and other staff trained to conduct post-restraint examinations of restrained youth.

PROCEDURE

Each facility must develop and implement a written procedure for youth mechanical restraint. The written procedure must contain the following requirements:

**De-escalation to
Minimize Use of
Mechanical
Restraint**

Staff must use therapeutic crisis intervention strategies as outlined in the crisis intervention continuum to de-escalate a youth and prevent cases where the youth is out-of-control and must be mechanically restrained.

Criteria for Use of Mechanical Restraint

Staff must develop and implement a plan to remove other youths from the vicinity when a youth is restrained or is likely to be restrained.

Mechanical restraint may only be used for the minimum time necessary.

Mechanical restraint must not be used as punishment or as a means of coercion.

A youth must not be mechanically restrained to any other person or immovable object.

A supervisor must approve in writing any mechanical restraint lasting more than 30 minutes. The written approval must be approved for each 30 minute interval thereafter. If mechanical restraint duration exceeds 90 minutes, the facility director or designee must be notified immediately.

Staff must use the minimum amount of force necessary for mechanical restraint. Staff may use mechanical restraints as a last resort for any of the following reasons:

- Self-protection.
- Physical protection of the restrained youth, staff and/or others.
- Prevention of substantial damage to property.

Note: Staff may exercise their discretion in determining the nature of substantial damage consistent with the objective of minimizing restraints. Damage that would produce a safety risk (for example, broken glass), compromise security features, or that the staff would estimate to exceed \$100 in value constitutes substantial damage.

- Use associated with apprehension of a youth in escape status or to prevent escape during movement or transport to and from a secure residential facility.

Note: The use of mechanical restraints is not authorized in non-secure facilities.

**Approved
Mechanical
Restraint
Devices**

The Bureau of Juvenile Justice director must approve all mechanical restraint devices used by facility personnel at least every three years. Effective December 1, 2010, the following are the only approved mechanical restraint devices:

- Handcuffs.
- Leg shackles.
- Leg braces.
- Leather restraints (legs and hands).
- Polypropylene (cloth) arm and leg restraints.
- Belly/waist chains.
- Cranial helmet.
- Anti-mutilation gloves.
- Restraint blankets.
- Spit shields.

Note: Plastic shields and associated gear used as protection by staff in restraint situations are not restraint devices, but are approved for use as directed by the facility director.

Monitoring

Staff must directly supervise any youth in mechanical restraints at all times.

When moving a youth from place to place, staff must remain alert to trip and fall hazards and guide the restrained youth accordingly.

Video monitoring of a youth in mechanical restraints may supplement, but may not replace direct staff supervision.

Staff must immediately notify the facility director or designee in any case where a pregnant youth is mechanically restrained.

**Post Mechanical
Restraint
Reviews and
Access to
Grievance
System**

Following a mechanical restraint:

- Medical staff must conduct a visual examination of any youth restrained within 15 minutes of the removal of restraints. If medical staff is unavailable, the on-duty supervisor must conduct this visual examination. The results of the examination must be documented in facility logs including the full name of the youth restrained, the date/time of the mechanical restraint, the full name and title of the examiner, and the results of the examination.
- Staff must provide first aid and/or seek immediate medical attention for injuries received by any youth or staff. Staff must document any injuries and any first aid or other medical treatment provided on an incident report.
- The facility director must review the non-transport use of mechanical restraints to determine if procedures were followed and take any corrective action needed.
- Staff must involve the youth(s) in a review of the restraint including problem-solving for behaviors leading up to the restraint.
- Staff must remind each youth who is mechanically restrained of their right to file a grievance under the youth grievance process and provide a grievance form as needed.

**Video and Audio
Record
Retention**

The facility director or designee must ensure that any video or audio recording documenting the mechanical restraint is retained for a minimum of two years.

Documentation

Following a mechanical restraint, staff must make appropriate log entries and complete an incident report.

Applicable mechanical restraint log entries include all of the following:

- Youth behavior(s) prior to and during the restraint.
- Crisis intervention actions taken by staff and results.
- If a physical restraint occurred that was associated with the mechanical restraint. See JR6 610, Physical Restraint.
- Start and ending times of the mechanical restraint.
- Type of mechanical restraint(s) used and application location (for example, hands, feet, etc.).
- Full name(s) of staff applying the mechanical restraint(s).
- Injuries received by each youth and staff (as applicable).
- Post-restraint examination results including full name and title of the person performing the examination.
- First aid and other medical treatment provided including the full name and title of the person providing the treatment (as applicable).

Note: In cases where the type of mechanical restraint(s) used or application location changes, staff log entries must clearly document the change and the names of the staff removing and re-applying the restraints.

Training

All direct care staff must satisfactorily complete the crisis intervention continuum and mechanical restraint training provided by the Child Welfare Training Institute prior to supervising youths alone.

Direct care staff must attend and pass quarterly refresher training on verbal de-escalation, physical restraint, and mechanical restraint methods.

Documentation that staff received the initial and refresher crisis intervention continuum and mechanical restraint training must be retained. See JR1 170, Staff Development and Training.

Facility directors must ensure that supervisors receive initial and biennial training from medical staff in procedures for post-restraint examinations if 24 hour medical services are not available.

**Cleaning,
Maintenance,
Inventory, and
Storage
Requirements**

Facility written procedures must define cleaning, maintenance, inventory, and storage requirements for mechanical restraint devices.

AUTHORITY

Social Welfare Act, 1939 PA 280, as amended, MCL 400.115a(1)(I)

Child Caring Institutions Rules, R400.4137

POLICY

Youth in DHS residential juvenile justice facilities are isolated or confined to protect the youth's health, when and for as long as the behavior of a youth is physically out of control and a serious threat to the youth or others, or when lesser sanctions are unsuccessful or insufficient to change behavior.

DHS prohibits the use of corporal punishment as a means of disciplining a youth in its facilities.

In cases where dual wards (delinquent wards with an open foster care case) are subjected to corporal punishment, isolated, or confined, the additional requirements in FOM 722-2A, Corporal Punishment and Seclusion/Isolation, must be followed. Isolation or confinement of pure delinquent wards must follow the policy below.

PURPOSE

This policy ensures that the rights of youth are protected from the inappropriate use or extended duration of isolation and/or confinement, thus protecting the health and safety of youths, staff and visitors.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) relative to the use of isolation and/or confinement. At a minimum, these SOPs must contain the following requirements:

**Guidelines for
the use of
Isolation and/or
Confinement**

Confinement may only be used:

- At the direction of a licensed medical professional or the facility/center director or designee for medical purposes.
- Upon the request of a youth with approval of a supervisor for a period of thirty (30) minutes or less.

Note: Confinement may not be used for youth placed on the highest risk level for suicide watch.

Isolation may only be used:

- For the purposes listed under confinement above, or when the youth's behavior is out of control.
- To protect the safety of the youth, other youths, staff and/or visitors.
- For a total of seventy-two (72) consecutive hours including any period of confinement if the isolation is due to the youth's culpability for a major offense.

Note: Isolation may not be used for youths placed on the highest risk level for suicide watch.

Approval Requirements

Mandates hourly approval and reason(s) for extended use by a manager or supervisor for isolation and/or confinement exceeding two (2) hours.

Requires an administrative review by a supervisor above the level of the manager or supervisor who approved the extended use for each isolation and/or confinement exceeding three (3) hours.

Requires approval by facility/center director or designee for isolation and/or confinement exceeding twenty-four (24) hours.

Requires due process hearing (See JR6 631) for isolation and/or confinement exceeding twenty-four (24) hours.

Limits the maximum time allowed for one isolation and/or confinement to three (3) consecutive twenty-four (24) hour periods.

Requires notification and approval of facility/center director and the director of the BJJ residential facilities division for isolation and/or confinement exceeding seventy-two (72) hours.

**Monitoring
Requirements**

Mandates room checks including visual contact and log entries at a minimum of fifteen (15) minute intervals. The fifteen (15) minute observations should be staggered.

Note: More frequent room checks may be required for a youth considered a danger to self or youth on levels of suicide watch.

Note: Video monitoring of youths does not replace regular staff visual observation of youth in isolation and/or confinement.

Mandates completion of an IR for each incident involving the use of isolation and/or confinement.

**Behavior
Management
Room (BMR)
Requirements**

BMR is authorized by the OCAL.

BMR has operable two-way monitoring devices.

BMR has only one youth isolated and/or confined at one time.

**Youth's Rights
during Isolation
and/or
Confinement**

Isolation and/or confinement extends for the minimum duration necessary.

Release from isolation and/or confinement occurs when the youth has demonstrated self-control.

Requires due process hearing if youth is isolated and/or confined for twenty-four hours (24) or more.

Maintains access to education, family visits, religious activities and large muscle exercise to the extent that the safety and security of the youth, staff and visitors is not compromised.

Maintains access to medical and behavioral health professionals as needed.

Receives meals consistent with the planned menu.

Release Requirements

Staff will:

- Release youth from a BMR as soon as the youth regains self-control.
- Process with the youth the events that led to the use of the BMR.
- Coordinate return of the youth to standard treatment programming.

Following release from a BMR, the youth may file a grievance.

AUTHORITY

Social Welfare Act, MCL 400.115a(1)(l)

Child Caring Institutions Rules, R400.4137, R400.4150, R400.4152

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) to ensure that appropriate measures are taken to protect the due process rights of youth who are, or who may be, subject to isolation or confinement.

PURPOSE

This policy ensures youths are treated fairly under a consistent system of discipline that teaches and encourages appropriate behaviors, and discourages inappropriate behaviors.

DEFINITIONS

See JRG, JJ Residential Glossary.

RESPONSIBLE STAFF

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) describing the due process system. At a minimum, these SOPs contain the following requirements:

**Offense and
Disciplinary
Response Table**

Develop a table that includes all of the following:

- List of major and minor offenses.
- Offense codes (if applicable).
- Appropriate disciplinary responses for each offense.

Note: Restorative activities should be used when practical.

Suspected violation of a major offense requires a due process hearing before a disciplinary response is imposed.

If the facility elects to process minor offenses without a due process hearing:

- Designate who may impose youth discipline.
- Mandate use of the disciplinary response table.

**Due Process
Hearing for
Youth in
Behavior
Management
Isolation or
Confinement**

At a minimum, the due process hearing procedure includes all of the following:

- Proceeding occurs before any isolation or confinement exceeds twenty-four (24) hours in duration.
- Youth is released from isolation or confinement immediately when the youth regains self-control of his/her behavior.
- Internal quality assurance review of isolations and confinements to guard against using the twenty-four (24) hour limit to justify extending isolation or confinement beyond what is necessary and appropriate.
- Describe the expected actions of the due process officer to ensure all of the following:
 - The youth understands the reason(s) for the isolation or confinement.
 - The youth understands the actions that the youth needs to take to be released from isolation or confinement.
 - The youth has an opportunity to discuss the incident with a person not involved in the incident.
 - The need for continued behavior management room placement is documented or the youth is released.
- Access to the youth grievance process.
- The facility director must approve any isolation or confinement over twenty-four (24) hours in duration.
- The director of the BJJ residential facilities division or designee must approve an isolation or confinement that may exceed seventy-two (72) hours in duration.

**Due Process
Hearing for
alleged Major
Offense**

- Recordkeeping and documentation requirements for due process hearings including records for isolation/confinement.

The due process hearing procedure minimally requires all of the following:

- A due process hearing for any alleged major offense within twenty-four (24) hours of the allegation. The youth will be given reasonable time to prepare for the hearing.
- A mental health professional participates in the due process hearing of any youth:
 - In a mental health treatment program.
 - Determined eligible for special education.
 - Involved in one or more incidents of suicidal behavior in the last year.

Note: A mental health professional must approve any use of isolation or confinement for a youth in the categories above.

- The youth is notified of all of the following:
 - Charge(s) against him/her.
 - Date, time, and location of the hearing.
 - Youth's right to have an assisting staff present.
 - Youth's right to be present and speak at the hearing.
 - Youth's right to present documents at the hearing.
 - Youth's right to appeal, how, and to whom.
- Appointing an impartial staff member to assist the youth with the hearing.
- Process for the youth to voluntarily waive their right to a hearing (signed written waiver witnessed by due process officer required).
- The standard of proof at the hearing is preponderance of the evidence.

- Expected duties and actions of the due process officer regarding youth rights to ensure documentation of all of the following:
 - The youth understands the reason(s) for the isolation/confinement.
 - The youth understands the actions that the youth needs to take to be released from isolation or confinement.
 - The youth has an opportunity to discuss the incident with a person not involved in the incident.
- The due process officer must:
 - Provide the youth with a written copy of the hearing findings following the hearing.
 - Explain the appeal rights to the youth.
- The director of the BJJ residential facilities division or designee approves any isolation or confinement that may exceed seventy-two (72) hours in duration.
- Record keeping and retention schedule for due process hearings and the imposition of due process isolation.
- Youth right to appeal the results of a due process hearing.
- Youth will begin their isolation/confinement immediately unless they appeal the hearing results.

Appeal

The youth may appeal any aspect of the due process hearing or sanction imposed within ten (10) days on a form approved by the facility/center director or designee.

The facility/center director or designee may suspend any disciplinary response pending a decision on the appeal.

The facility/center director or designee may:

- Approve the appeal and take remedial steps including ordering a new hearing or lessen any proposed disciplinary response.
- Deny the appeal.

- Deny the appeal and lessen any proposed disciplinary response.

The facility/center director or designee will approve or deny the appeal within two (2) days of receipt.

AUTHORITY

Social Welfare Act, MCL 400.115a(1)(l).

Child Caring Institutions Rules, R400.4137, R400.4150, R400.4152

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that each facility implements restorative reintegration practices to address the harm surrounding the need for behavior management practices.

PURPOSE

This policy promotes a respectful and safe environment through the restoration of equity.

DEFINITIONS

See JRG, JJ Residential Glossary.

RESPONSIBLE PARTY

Designated in the facility standard operating procedure.

PROCEDUR

Each facility is required to develop and implement standard operating procedures (SOPs) implementing restorative reintegration. At a minimum, these SOPs contain the following requirements:

Guiding Principles

Acting out behavior is a cause of harm and may also be the result of harm to the acting out youth.

Harm includes any of the following:

- Physical injury.
- Lost sense of safety.
- Damaged relationships.
- Property damage.

As soon as practicable, staff and youths involved and affected by the acting out behavior engage in restorative activities to repair the harm.

**Reintegration
Plan**

Whenever a youth has been physically isolated or confined by staff from a treatment group due to acting out behavior, staff with youth prepare a written plan to reintegrate the youth back into the group setting.

The written plan includes:

- Restorative activities
- Timeframes for completion of restorative activities.
- Resources to implement the plan.
- Consequences for failure to complete the plan.

A summary of the restorative activities completed is included in the youth's next treatment plan.

AUTHORITY

Social Welfare Act, MCL 400.115a(1)(l).