I. **Policy Statement**

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

II. **Rationale**

Minors with medical, mental health or behavioral conditions requiring special attention are being served in the juvenile justice system and placed in Division care, custody or control. The purpose of this policy is to direct staff to ensure sufficient resources are available to manage the special conditions of such minors.

III. **Definitions**

“**Intervention Team**” is a group made up of the facility/program Assistant Program Director (APD) or a designee, facility medical staff and QMHP, charged to determine the best course of action for a minor with medical, mental health, or behavioral conditions requiring a specialized intervention. The makeup of a team for any given case shall be determined by the facility APD or designee and may include other staff as indicated (e.g., case manager, probation officer, teacher). The facility APD shall utilize Division clinicians for consultation.

“**Mechanical Restraint**” as defined in Division policy 05-06, is “a type of restraint device, such as spit hoods, handcuffs, leg restraints or plastic zip cuffs, used to secure a minor’s arms or legs either during transport or when there may be a threat of physical injury to self or others.”

“**Protective Headgear**” as defined in Division policy 05-06, is “a type of safety device used to safeguard against head trauma when a minor is hitting their head against a wall or other dangerous object.”
“Qualified Mental Health Professional” (QMHP), for purposes of this policy, is a licensed psychologist, licensed psychiatrist, or licensed therapist with experience in child or adolescent development.

“Safety Garment” as defined in Division policy 05-06, is “a suicide prevention garment used to protect a minor from self-harming behaviors.”

“Special Conditions” are primarily medical, mental health, or behavioral conditions that require resources or interventions that are different from the general population in a Division facility/program.

“Specialized Intervention Plan” is a plan documented in CARE of the behaviors and the interventions to be used when addressing the special medical, mental health, or behavioral conditions of an individual minor.

IV. Procedures
A. Staff shall notify the facility APD, or designee, when a minor in division care, custody or control exhibits a pattern of behavior or condition that may require specialized intervention.

B. The following are examples of behaviors or conditions that may require a specialized intervention assessment and lead to the establishment of a Specialized Intervention Plan:
   1. Medical conditions including but not limited to:
      a. Chronic or terminal illness;
      b. Physical impairment;
      c. Pregnancy; and
      d. Detoxification.
   2. Mental health or behavioral conditions including but not limited to:
      a. DSM diagnosis;
      b. Intellectual disability or developmental disability including autism spectrum disorder;
      c. Suicide risk (refer to Division policy 05-03);
      d. Self-directed violence;
      e. Violent behavior; or
      f. Persistent group disruption.
The designated intervention team shall assess the minor’s characteristics and determine whether or not a Specialized Intervention Plan is appropriate under the circumstances. If it is determined that such a plan is appropriate, the team shall develop a written Specialized Intervention Plan documented in CARE, to identify problems and create strategies to guide staff in the management of the minor and help them be successful in programming.

In urgent circumstances a Specialized Intervention Plan may be authorized orally by the facility APD or designee and documented in the facility/program’s critical message or shift log. A written plan shall be completed within 72 hours.

If all members of the intervention team are not present to participate in the development of the initial plan, the APD or designee shall make the plan available for their review.

Staff shall notify the case manager, case worker, or probation officer upon completion of the plan in CARE.

A written Specialized Intervention Plan shall be placed in the facility shift log and reviewed daily by an intervention team member designated by the APD.

A Specialized Intervention Plan shall be coordinated with the APD, Supervisor and QMHP.
1. This coordination shall develop a plan to coach staff how to respond to the identified behavior.
2. The Specialized Intervention Plan shall be evaluated at least weekly by the QMHP.

A Specialized Intervention Plan may include the use of restraint and safety devices for the protection of the minor. Staff shall complete the Division’s current crisis intervention training before utilizing restraint and safety devices, and all use of such devices shall be in compliance with Division policy 05-06. The following are approved restraint and safety devices:
1. Protective headgear;
2. Safety garments;
3. Handcuffs;
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4. Leg restraints;
5. Zip cuffs (as alternative to handcuffs/leg restraints); and

J. A Specialized Intervention Plan may be needed as the result of a particular incident, or as the result of ongoing problematic behaviors or conditions. When a Specialized Intervention Plan is needed based on a particular incident, staff shall write, distribute, and file an Incident Report in accordance with Division policy 05-15.

K. A planned physical intervention initiated as part of a Specialized Intervention Plan must be in response to specific behaviors of a minor and fall within the guidelines of Policy 05-07 Physical Intervention. All physical interventions shall be documented in an incident report in accordance with Division policy 05-15.

L. The facility APD shall authorize additional staff when necessary to carry out Specialized Intervention activities.

VI. Continuous Renewal

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

This policy has been reviewed by the Division of Juvenile Justice Services Executive Management Team, and is approved upon the signature of the director.

Brett M. Peterson, Director  
Division of Juvenile Justice Services

10/04/2021  
Signature Date