

## Health Services Department Policy Statements

### 714.1 ATTACHMENT:

See attachment: [Health Services Department Policy Statements Lexipol 7-26-23.pdf](#)

## Attachments

## **Health Services Department Policy Statements Lexipol 7-26-23.pdf**



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# San Bernardino County Probation Department



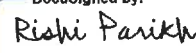
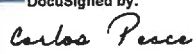

HEALTH SERVICES DEPARTMENT POLICY STATEMENTS

## HEALTH SERVICES DEPARTMENT POLICY STATEMENTS

The purpose of this manual is to give San Bernardino County Probation Department personnel a comprehensive view of the healthcare services provided in the juvenile detention and assessment centers and treatment facilities and to give general policy guidance to healthcare staff in the delivery of those services.

Specific procedures, manuals, and plans that guide the treatment of various diseases/conditions, and day-to-day operational activities are in the San Bernardino County Probation Department policy and procedure software – Policy Tech located on the Department intranet. Policies are reviewed annually and updated when necessary.

Review approval personnel:

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## HEALTH SERVICES DEPARTMENT POLICY STATEMENTS

### SECTION A – GOVERNANCE AND ADMINISTRATION

#### A-01. ACCESS TO CARE

Healthcare is provided by qualified clinicians. Information regarding access to health care services is communicated to youths by Probation and health care personnel as part of the intake/booking process via the Orientation Handbook which is issued to every youth. The Health Service Manager (HSM) identifies and eliminates any unreasonable barriers, intentional and unintentional to youth receiving health care.

*Department Procedure(s): Responsibility for Health Care Services*

#### A-02. RESPONSIBLE HEALTH AUTHORITY

The HSM is designated as the Responsible Health Authority for the San Bernardino County Juvenile Detention and Assessment Centers (JDACs) and Treatment Facilities (TF). The Health Authority arranges for the provisions of all levels of health care and ensures these services are of adequate quality and are accessible to all youths served by the health services department.

The responsible physician is the Chief Medical Officer (CMO), who is the authority on matters that require medical judgment. The final clinical judgment rests with the CMO. The CMO may act as the Responsible Health Authority.

The responsible physician for behavioral health is the Fast Medical Director, who is the authority on matters that require psychiatric judgment. Final clinical judgment rests with the Fast Medical Director. There is a designated dentist that provides on-site dental services.

*Department Procedure(s): Responsibility for Health Care Services*

#### A-03. MEDICAL AUTONOMY

Matters of medical, dental, and psychiatric judgment are the sole province of the responsible physician, dentist, and psychiatrist respectively. The HSM ensures the implementation of effective clinical decisions in a safe manner and coordinates reviews to make administrative decisions when indicated so patient care is not jeopardized. Custody staff supports the implementation of clinical decisions. Health staff recognize and follow security regulations.

*Department Procedure(s): Health Care Services: Delivery, Scope, and Qualifications*

#### A-04. ADMINISTRATIVE MEETINGS AND REPORTS

Regular, documented meetings are held between administration, health care, and custody staff to discuss administrative, health care, and quality improvement issues.

Administrative meetings are held at least quarterly and health staff meetings are monthly. Minutes are reviewed and approved by members at the subsequent meetings and are shared with attendees and retained for reference. Statistical reports on health services are used to monitor trends in the delivery of health care. They are maintained and distributed monthly to the Superintendents regarding health-related services.

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*Department Procedure(s): Health Care Monitoring and Audits*

### A-05. POLICIES AND PROCEDURES

Written policies and procedures address regulatory agencies' standards to facilitate and maintain the quality and efficiency of health care services provided. The policies and procedures are site-specific. Healthcare policies and procedures are reviewed at least annually by the RHA and CMO. Documentation of the review is kept on file. Staff receive a notification upon the release of a new or revised policy and/or procedure and a record of the "read verification" is kept on file. Other department procedures do not conflict with health care procedures. All policies and procedures are available on PolicyTech which is located on the Department intranet. Hardcopy binders are maintained for reference for downtime procedures.

*Department Procedure(s): Health Services Operational Manual*

### A-06. CONTINUOUS QUALITY IMPROVEMENT PROGRAM

A Quality Improvement Committee chaired by the CMO meets regularly (no less than quarterly) to identify healthcare aspects to monitor, implement and monitor corrective actions, and study effectiveness. The HSM establishes a quality improvement committee with representatives from the program areas.

The committee identifies aspects of health care to be monitored and establishes thresholds, designs quality improvement monitoring activities, analyzes the results for factors that may have contributed to below-threshold performance, designs, and implements improvement strategies to correct the identified health concern, and monitors the performance after implementation of the improvement strategies.

The CMO and HSM ensure appropriate care is ordered, implemented, and coordinated by all health staff, including medical, dental, mental health, and nursing.

Process and/or outcome improvement studies are initiated and documented when a site-specific health concern is identified from monitoring. At least one process and/or outcome quality improvement study is completed each year. The committee completes an annual review of the effectiveness of the continuous quality improvement programs by reviewing studies and minutes, staff meetings, or other pertinent written materials.

*Department Procedure(s): Health Care Monitoring and Audits*

### A-07. PRIVACY OF CARE

Discussion of protected patient health information and clinical encounters are conducted in private without being overheard by other youth and non-health staff and carried out in a manner designed to encourage subsequent use of health services.

At a minimum, verbal permission is obtained and consideration of a gender-appropriate chaperone is made when breasts and/or genitalia examinations are indicated. Custody staff may be present if the patient poses a probable risk to the safety of the health staff or others. Instructions on maintaining confidentiality are given to custody staff and interpreters.

*Department Procedure(s): Treatment and Request for Health Care Services; Health Assessments*

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### A-08. HEALTH RECORDS

A health record is initiated on all youth when newly admitted to the institution and the same record is used for all subsequent admissions. Clinical encounter documentation includes the location, date, and time. Downtime procedures are available in the event the electronic health record is inaccessible.

The HSM controls access to health records and health information. Health staff receives instructions to maintain confidentiality. Written procedures define the contents and guidelines for documentation in the health record as approved by the HSM.

*Department Procedure(s): Confidential Health Records*

### A-09. PROCEDURE IN THE EVENT OF A DEATH

All in-custody deaths are reviewed within 30 days to determine the appropriateness of clinical care. A death review consists of an administrative review, a clinical mortality review, and a psychological autopsy if death is by suicide. Treating staff are informed of the clinical mortality review and administrative review findings.

*Department Procedure(s): Death of a Youth While Detained in a Juvenile Detention and Assessment Center (JDAC) and/or treatment facility.*

### A-10. GRIEVANCE PROCESS FOR HEALTH COMPLAINTS

Youth may grieve issues relating to their health care. Responses are provided within three (3) days and appeals are resolved by the HSM or the Juvenile Justice Program Manager as the final authority. A citizen's complaint may be filed in the event the youth is dissatisfied with the appeal results.

*Department Procedure(s): Grievances and Appeals*

### A-11. NOTIFICATION IN EMERGENCIES

Parent/legal guardian is notified of a youth's serious illness/injury, hospitalization, or death via the Watch Commander/Treatment Supervisor/Designee.

*Department Procedure(s): Required Notification of a Detained Youth's Emergency Transportation and Hospital/Psychiatric Facility Admittance (Non-death)*

## SECTION B – HEALTH PROMOTION, SAFETY, AND DISEASE PREVENTION

### B-1. HEALTHY LIFESTYLE PROMOTION

Health education and instruction in self-care for the youth's condition are offered and provided. General health education pamphlets and brochures on a variety of health topics are available and accessible to the youth. The educational programs are age - and gender-specific.

Youth receive an adequate diet based on the national recommended dietary allowances (RDA). Special/modified medical diets are prepared from an approved diet menu and provided to youth according to the orders of the physician/provider.

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All diets are evaluated for nutritional adequacy by a Registered Dietitian as outlined in the department procedure. Sufficient services and supplies for personal hygiene are available to meet the needs of the youth. Each living unit has a shower with hot and cold running water.

The JDACs and treatment facilities are tobacco/smoke-free for youth and staff. Youth may not use tobacco in any form. Information on the health hazards of tobacco is available to youth.

*Department Procedure(s): Smoke-Free Environment; Health Education and Promotion; and Nutritional Program and Procedure*

### B-2. INFECTIOUS DISEASE PREVENTION AND CONTROL

The Infection Control Program (ICP) is reviewed, updated, and approved annually by the responsible physician. The ICP provides procedures for sterilization of applicable equipment and supplies, methods of disposing of hazardous wastes, surveillance to detect youth with infectious and communicable diseases, immunization schedules, and indications for medical isolation, care for patients with communicable diseases. Youth on a medical isolation status are checked daily for changes in physical and mental status.

Standard precautions are always used by health staff to minimize the risk of exposure to the blood and body fluids of infected patients. Self-sheathing needles are utilized for safety. Confidential Morbidity Reports are completed and submitted to the Department of Public Health for specific illnesses outlined in the ICP. Processes are in place for prevention, care, treatment, and notification. Youth are housed, receive education, participate in recreational activities, and receive health care services in a clean, safe, and healthy environment.

Monthly, quarterly, and annual inspections are performed. Health and safety issues in the facility are reported to supervision, HSM, and Safety and Security Officers. Written reports of inspections and corrective actions are submitted to the Superintendents and the HSM. Health staff should report concerns about health and safety to the HSM and the Superintendent. The reports shall be documented.

*Department Procedure(s): Management of Communicable Disease; Infection Control Program*

### B-3. CLINICAL PREVENTIVE SERVICES

The CMO determines the medical necessity and/or timing of screenings for preventative services and communicable diseases. The physician/provider determines the frequency and content of periodic health assessments based on protocols that are nationally recognized. The dentist determines the frequency and content of periodic dental evaluations. Immunizations are administered as clinically indicated, with appropriate consent.

*Department Procedure(s): Health Assessments; Management of Communicable Diseases; Standardized Procedures for Registered Nurses - Immunizations*

### B-4. MEDICAL SURVEILLANCE OF YOUTH WORKERS a

All youth undergo a comprehensive health screening conducted by qualified on-site physicians/providers. Contraindications to a work program are identified on the Health Kardex and Medical Treatment Plans when applicable.

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*Department Procedure(s): Health Assessment; Health Kardex and Unit Treatments*

### B-5. SUICIDE PREVENTION AND INTERVENTION

Refer to the San Bernardino County Probation Department PolicyTech, Suicide Prevention Policy.

*Department Procedure(s): Suicide Prevention Policy/ Suicide Prevention Program*

### B-6. CONTRACEPTION AND FAMILY PLANNING SERVICES

Youth are provided health education during routine patient encounters and counseled regarding condom use for contraception, parenting skills, and the prevention of sexually transmitted diseases. Protocol for emergency contraceptives and continuing or initiating contraception is outlined in the SPRN.

Youth have access to written information about contraception methods and community resources. Female youth are provided with counseling on reproductive life goals. Counseling and social services regarding all aspects of sexuality are available via FAST and/or referral to appropriate community agencies.

FAST meet with youth to provide support and may provide community resources when appropriate. FAST continue to provide ongoing support services as clinically indicated and when the youth has the desire to meet with FAST by submitting a FAST Service Request.

*Department Procedure(s): Health Education and Promotion; Treatment and Request for Health Care Services (Non-Emergency); (SPRN) - Sexually Transmitted Diseases; Depo-Provera; Elective Abortion; Emergency Contraceptive Pill*

### B-7. COMMUNICATION ON PATIENTS' HEALTH NEEDS

Significant health needs that affect housing, work, program assignments, disciplinary measures, off-site transports, facility transfers, and activities of daily living are communicated to staff in direct supervision of youth via implemented tools. Communication of the youth's health needs is documented in the health record, Health Kardex, and treatment plans when indicated.

*Department Procedure(s): Health Kardex and Unit Treatments; Medical Treatment Plan and Communication of Special Needs, Infection Control Program*

### B-8. PATIENT SAFETY

Patient safety systems are in place to prevent adverse and near-miss clinical events. Staff can voluntarily report errors in a non-punitive environment, by the error reporting system.

*Department Procedure(s): Health Care Services: Delivery, Scope, and Qualifications; Pharmaceutical Responsibility for Medical Services; Pharmaceutical Responsibilities for Custody Staff*

### B-9. STAFF SAFETY

Health staff work in a safe environment. H.T. Radios are available for use and panic buttons are in the medical clinic areas. Correctional Staff is present in healthcare service areas to ensure safety. Quality Assurance activities are outlined in the Medical Quality Assurance Plan to conduct inventory counts for

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items subject to abuse. Personal protective equipment is available and accessible for all staff to use as indicated. Nursing staff utilizes self-sheathing needles.

*Department Procedure(s): Health Care Services: Delivery, Scope, and Qualifications; Incident Reports; Medical Services Quality Assurance Plan*

### B-10. EXERCISE

Exercise takes place outside the youth's room in an area large enough to accommodate the activity. Exercise is offered to all youth except those in transient status. Youth who are in sight and sound or administrative separation are provided with opportunities to exercise daily. The frequency of exercise is at least one (1) hour daily, seven (7) days a week.

*Department Procedure(s): Recreation, Programs, and Exercise*

## SECTION C – PERSONNEL AND TRAINING

### C-1. CREDENTIALS

All qualified healthcare professionals have credentials and provide services consistent with the licensure, certification, and registration requirements of the State of California. All new hires undergo a credential verification process that confirms current licensure, certification, or registration. On-site physicians/providers are appropriately credentialed according to the licensure, certification, and registration requirements of the state and do not perform tasks permitted beyond their credentials. Credential verification is conducted by the HSM for medical staff and the Juvenile Justice Program Manager for behavioral health staff. Physician/provider files are restricted.

The credential verification process includes inquiries regarding sanctions or disciplinary actions of state boards, employers, and the National Practitioner Data Bank. Providers with a restricted license are not permitted to practice within the JDAC and treatment facilities.

*Department Procedure(s): Credentials and Privileges of Health Providers*

### C-2. CLINICAL PERFORMANCE ENHANCEMENT

Clinical performance enhancements are conducted to evaluate the appropriateness of the services provided by direct patient care providers, RNs, LVNs, dentists, psychiatrists, psychologists, and licensed clinical social workers at least annually. The peer review process involves the objective clinical criteria developed by the Quality Improvement Committee. The HSM maintains a log of the individuals reviewed and the dates of their most recent review.

*Department Procedure(s): Credentials and Privileges of Health Providers*

### C-3. PROFESSIONAL DEVELOPMENT

Healthcare staff are required to complete continuing education as required by the State of California's respective licensing boards. The CMO and HSM develop and implement training programs for healthcare staff. All health staff who have contact with the youth are current in cardiopulmonary resuscitation techniques.

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*Department Procedure(s): Health Care Services: Delivery, Scope, and Qualifications*

### C-4. HEALTH TRAINING FOR CUSTODY STAFF

All staff involved in the direct supervision of youth is required to attend training regarding health-related issues such as administration of first aid, recognizing acute manifestations of certain chronic illnesses, intoxication, and withdrawal, use of a reversal agent, adverse reactions to medications, allergies, and anaphylaxis, recognizing signs and symptoms of mental illness, dental emergencies, procedures for suicide preventions; procedures for appropriate referral of youth with health complaints to health staff; precautions and procedures concerning infectious and communicable diseases; cardiopulmonary resuscitation at a minimum of every two (2) years.

The CMO and the HSM develop and implement the training programs. HSM has access to records of training content and evidence of attendance through the department Training Unit and Probation Training System.

*Department Procedure(s): Youth Supervision Staff Orientation and Training, Training Guidelines*

### C-5. MEDICATION ADMINISTRATION TRAINING

All personnel that delivers prescription medication receive the appropriate training in matters of security, accountability, common side effects, and documentation of the administration of medications. The CMO and HSM develop or approve existing training and implement the training program. Documentation of completed training and testing is kept on file for staff who administer or deliver medication.

*Department Procedure(s): Pharmaceutical Responsibilities for Custody Staff; Pharmaceutical Responsibility for Medical Services*

### C-6. YOUTH WORKERS

Youth are prohibited from performing any duties related to healthcare.

*Department Procedure(s): Healthcare Services: Delivery, Scope, and Qualifications*

### C-7. STAFFING

The HSM approves the staffing plan. Healthcare staff are available 24 hours a day, seven (7) days a week to adequately address the healthcare needs of the detained youth. In the event health staff are not on-site, an on-call physician is accessible 24 hours/day.

*Department Procedure(s): Health Services Staffing Plan*

### C-8. HEALTH CARE LIAISON

Qualified healthcare professionals are always on-site therefore, healthcare liaisons are not utilized.

*Department Procedure(s): N/A*

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### C-9. ORIENTATION FOR HEALTH STAFF

All health staff receives a basic orientation on the first day of on-site service and before youth contact to address relevant security and health services policies and procedures, response to facility emergency situations, an overview of the position, and appropriate youth-staff relationships.

Ongoing orientation and training appropriate to the JDAC and treatment facility healthcare delivery activities are completed within 90 days of employment. The orientation program is reviewed and approved by the HSM and the facility administrator annually or more frequently, as needed. The CMO, HSM, and Juvenile Justice Program Manager are responsible for the implementation and development of these programs.

*Department Procedure(s): Responsibility for Professional Health Care Services*

## SECTION D – ANCILLARY HEALTH CARE SERVICES

### D-01. PHARMACEUTICAL OPERATIONS

The Department complies with all state and federal regulations regarding prescribing, dispensing, administering, procuring, and disposing of pharmaceuticals. Pharmaceuticals are obtained from Arrowhead Regional Medical Center (ARMC). Department procedures outline the process for timely procurement, dispensing, distribution, accounting, and disposal of pharmaceuticals.

Record of medication counts and inventory is maintained on-site to ensure adequate control for accountability. Controlled substances are stored in locked cabinets and counts are conducted by two nurses on overlapping shifts. Only authorized pharmacy technicians, pharmacists, dentists, physicians/providers, and/or nurses procure pharmaceuticals. Inspections and consultations are conducted by a consulting pharmacist not less than quarterly.

*Department Procedure(s): Pharmaceutical Responsibility for Medical Services*

### D-02. MEDICATION SERVICES

Prescription medications are administered to the youth only on the order of a physician, dentist, or Correctional Nurse under the order of the Standardized Procedures for Registered Nurses. The facilities maintain a formulary. Medication is administered within 24 hours of the time it is ordered. In situations where the expected time frames cannot be met due to unforeseen circumstances, the healthcare provider will consider alternative medications, dosage adjustments, or alternative routes of administration. The pharmacy will make every effort to expedite the medication procurement process, exploring additional suppliers or delivery options.

Department procedures outline the process for medication management in the living units. Medication services are clinically appropriate and provided in a timely, safe, and sufficient manner. Medication is prescribed only when clinically indicated. The CMO determines prescriptive practices.

*Department Procedure(s): Pharmaceutical Responsibility for Medical Services; Pharmaceutical Responsibility for Custody Staff*



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### D-03. CLINIC SPACE, EQUIPMENT, AND SUPPLIES

Healthcare services are provided in designated areas with sufficient and suitable space, supplies, and equipment to meet the needs of the patient population. Office space is adequate and administrative files are maintained and health records are securely stored. Daily inventories are maintained on items subject to abuse. Pharmaceuticals, medical supplies, and mobile emergency equipment are available and checked regularly.

*Department Procedure(s): Health Care Services; Delivery, Scope, and Qualifications*

### D-04. ON-SITE DIAGNOSTIC SERVICES

On-site diagnostic services are registered, accredited, or otherwise meet applicable California State and federal law. The HSM maintains documentation that on-site diagnostic services are certified or licensed to provide that service. CVJDAC and High Desert ARISE provide on-site diagnostic services. There is a procedure manual for each service including protocols for the calibration of testing devices to ensure accuracy. Multiple tests- dipstick urinalysis, finger stick blood glucose tests, peak flow meters, stool blood testing material, and pregnancy test kits are available for health staff.

*Department Procedures: Standardized Procedures for Registered Nurses/ Medical Services Quality Assurance Plan.*

### D-05. MEDICAL DIETS

Medical diets are provided as prescribed by the on-site physician/provider and documented in the health record. The written orders are communicated to dietary staff and include the type of diet, the duration for which it is to be provided, and special instructions, if any. All diets are evaluated for nutritional adequacy by a Registered Dietitian as outlined in the department procedure.

*Department Procedure(s): Nutritional Program and Procedure*

### D-06. PATIENT ESCORT

Youth are transported safely and in a timely manner for on-site and off-site medical, mental health, and dental clinic appointments. Accommodation needed during the transport process for health concerns is addressed and communicated to transporting staff. Patient confidentiality is maintained during transport.

*Department Procedure(s): Offsite Transport of Detained Youth*

### D-07. EMERGENCY SERVICES AND RESPONSE PLAN

Health staff are prepared to implement the health aspects of the facility's emergency response plan. The health aspects of the emergency response plan are approved by the HSM and facility administrator and include responsibilities of health staff, procedures for triage, and predetermination of the site for care.

The Northeast Recreation field at Central Valley and the main recreation field at High Desert are the predesignated areas for emergency gathering and response.

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The telephone numbers and procedures for calling health staff and the community response system (hospitals and ambulances), and procedures for evacuating patients are outlined in the Disaster Response Plan. Alternate backups for each of the plan elements and emergency response are timely.

At least one mass disaster drill is conducted on each shift on a rotating basis over a 3-year period and youth-down drills are conducted annually for each shift that has healthcare personnel working in the JDACs. The mass disaster and youth-down drills are critiqued, the results are shared with all health staff, and recommendations for health staff are acted upon.

Twenty-four (24) hour medical, dental, and mental health emergency care is on-call and services are available through ARMC or another approved hospital depending on the severity of the emergency and environmental factors.

All Probation personnel is oriented to the emergency response procedures. Emergency drugs, supplies, and medical equipment are regularly maintained by nursing staff as outlined in the Quality Assurance Plan.

*Department Procedure(s): Code Blue and First Aid; Department Emergency Operations Plan.*

### D-08. HOSPITAL AND SPECIALTY CARE

Written agreements/contracts exist with ARMC for the provisions of inpatient, emergency, and specialty, clinic services. Other local community hospitals are utilized in the event the needed services are not offered at ARMC.

A summary of the off-site care provided is requested by a health and transporting staff. In the event a summary is not provided, procedures are in place for health staff to request and receive records in a timely manner.

*Department Procedure(s): Health Care Services: Delivery, Scope, and Qualifications/Off-site Transports of Detained Youth/Treatment and Request for Health Care Services*

## SECTION E – PATIENT CARE AND TREATMENT

### E-01. INFORMATION ON HEALTH SERVICES

All youth receive written and verbal information explaining the procedure for obtaining health services and the grievance process within 24 hours of their arrival. There is no fee-for-service program. Interpreters and/or other means of communication are utilized in the event there is difficulty communicating.

*Department Procedure(s): Intake/Maysi Screening, Assessment, and Admittance; Health Assessments*

### E-02. RECEIVING SCREENING

Youth who are unconscious, semiconscious, bleeding, mentally unstable, severely intoxicated, in alcohol or drug withdrawal, or otherwise urgently in need of medical attention are not accepted into the facilities. All youth with emergent or urgent health needs are referred to a hospital for care and treatment to obtain medical clearance to be admitted into the JDAC or treatment facility.

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A receiving screening is performed within four (4) hours of being booked or transferred to the facility by a Correctional Nurse. All youth are offered testing for sexually transmitted infections during the receiving screening. The receiving screening form is approved by the HSM and outlined in the department procedure. All immediate health needs are identified through screening and properly addressed by qualified healthcare professionals. Potentially infectious youth are isolated from the general population. A pregnancy test is completed on all biological females admitted to the facility. If the female is pregnant, an opioid use history is obtained.

*Department Procedure(s): Intake/Maysi Screening, Assessment, and Admittance; Health Assessments*

### E-03. TRANSFER SCREENING

Registered nurses review each transferred youth's health record or summary to ensure continuity of care and medications. Transferred youth missing initial assessments are identified and scheduled with the appropriate health care provider within 96 hours of the transfer. Documentation in the health record demonstrates the continuity of care and healthcare medication administration.

*Department Procedure(s): Intake/Maysi Screening, Assessment, and Admittance; Health Assessments; Inter-facility Transfer of Youth Between JDACs*

### E-04. INITIAL HEALTH ASSESSMENT

The initial health assessment is included in the Receiving screening conducted by the Correctional Nurse. The results are reviewed by the physicians/providers within 48 hours of completion. All youth receive a comprehensive health examination by an on-site physician/provider within 96 hours (excluding holidays) of intake if one has not been completed in the previous twelve (12) months. The CMO approves the assessment form.

Youths that present with a change in health status since the previous entry to the facility are scheduled with the physicians/providers for an evaluation. The physician/provider determines the frequency and content of periodic health assessments based on protocols that are nationally recognized. Diagnostic and therapeutic plans for each problem are developed as clinically indicated. Specific problems are integrated into the problem list located in the health record.

*Department Procedure(s): Health Assessments*

### E-05. MENTAL HEALTH ASSESSMENT AND EVALUATION

All youth receive a mental health screening by a trained Correctional Nurse during the intake process which is documented in the receiving health assessment. The screening includes the youth's mental health history and status and is documented in the health record.

Youths with identified psychological distress are referred to the Forensic Adolescent Services Team (FAST) for further evaluation. Youth requiring acute mental health services beyond those available on-site are transferred to a licensed psychiatric facility.

*Department Procedure(s): Health Assessments/Psychiatric Services and Psychotropic Medications*

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### E-06. ORAL CARE

Oral screenings are conducted by a trained Correctional Nurse during the intake process. On-site dental services are provided by a dentist licensed within the State of California. All youth receive an oral examination by the dental provider within 60 days of admission, unless the youth has been seen by an on-site dentist within one (1) year, annually thereafter, and/or pregnant after the first trimester.

Care is timely and includes immediate access for urgent conditions. Oral treatment, not limited to extractions, is provided according to a treatment plan based on established priorities for care, in the dentist's judgment, the youth's health would otherwise be adversely affected.

*Department Procedure(s): Dental Services; Routine and Emergency*

### E-07. NONEMERGENCY HEALTH CARE REQUESTS AND SERVICES

All youths regardless of housing assignments are given the opportunity to submit oral or written healthcare requests at least daily. Health service requests are retrieved and triaged and documented daily by health care services staff.

The qualified healthcare professional responds daily to health requests via face-to-face encounters in a clinical setting. Treatment is provided according to clinical priorities and patients are scheduled for follow-up as clinically appropriate.

*Department Procedure(s): Treatment and Request for Health Care Services (Nonemergency)*

### E-08. NURSING ASSESSMENT PROTOCOLS AND PROCEDURES

Standardized Procedures for Registered Nurses (SPRNs) are utilized by Correctional Nurses and are appropriate to the level of competency and preparation of the nurses who carry them out. SPRNs are developed in accordance with the California Nurse Practice Act through a collaborative effort by the HSM and the CMO. All SPRNs are reviewed annually at a minimum, revised when necessary, and approved by the CMO and HSM in accordance with the Board of Registered Nursing Guidelines for Standardized Procedures.

The protocols and procedures are accessible to all nursing staff. Hard copy binders are also located in the nurse's station. Training and hands-on skills practicum is conducted annually for nursing staff to ensure competency. There are designated approved assessment protocols pertaining to emergency life-threatening conditions that contain prescription medication. Correctional nurses immediately communicate the emergency administration to the provider to obtain an order immediately after the administration or before if time permits.

*Department Procedure(s): Health Care Services: Delivery, Scope, and Qualifications/Standardized Procedures for Registered Nurses Manual*

### E-09. CONTINUITY, COORDINATION, AND QUALITY OF CARE DURING INCARCERATION

Clinician treatments are based on the best available evidence-based guidelines and are implemented in a timely manner. Treatment plans, including test results, are shared with patients and are modified when clinically indicated. Youth are seen by qualified health staff upon return from hospitalization, urgent care,

## HEALTH SERVICES DEPARTMENT POLICY STATEMENTS

or emergency department visit to ensure proper implementation of the discharge orders and to arrange appropriate follow-up. Recommendations from specialty consultations are reviewed and acted upon by health staff in a timely manner. Continuity of care is provided during the period of detention, transfer to other institutions, and discharge.

*Department Procedure(s): Treatment and Request for Medical Services; Medical Treatment Plan and Communication of Special Needs*

### E-10. DISCHARGE PLANNING

Discharge planning is provided for youth with serious health needs whose release is imminent. Planned discharges include coordination with the youth's legal guardian as appropriate, arrangements for a sufficient supply of current medication, referrals for follow-up services with community clinicians, and exchange of clinically relevant information. Documentation of a release summary exists in the health record.

*Department Procedure(s): Release of Youth/Medical Treatment Plan and Communication of Special Needs*

## SECTION F – SPECIALIZED PATIENT SERVICES

### F-01. SPECIALIZED SERVICES FOR CHRONIC DISEASE AND OTHER NEEDS

Patients with chronic diseases or those with needs that require specialized services are identified using flags and/or alerts in the health record and other communication methods. The CMO establishes various clinical protocols which are consistent with national clinical practice guidelines and identified in department procedures. The clinical protocols are reviewed and approved annually and revised as frequently as necessary by the CMO. Individualized treatment plans are developed by a provider at the time the condition is identified and updated when warranted. Documentation in the health record confirms that providers are following chronic disease protocols and specialized treatment plans as clinically indicated. Chronic illnesses or other needs requiring a treatment plan are listed on the master problem list. Medical and dental orthoses, prostheses, and other aids to reduce the effects of impairment are supplied in a timely manner when the patient's health would otherwise be adversely affected, as determined by the responsible CMO or dentist.

*Department Procedure(s): Aids to Reduce Effects of Impairment, Management of Chronic Disease/Medical Treatment Plan, and Communication of Special Needs*

### F-02. INFIRMARY-LEVEL CARE

Patients who need Infirmary level care are transferred to an appropriate hospital or other facility that can provide Infirmary level care. Infirmary-level care is not provided within the JDACs and treatment facilities therefore, such patients are transferred to an acute or long-term care facility as indicated.

*Department Procedure(s): N/A*

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### F-03. MENTAL HEALTH SERVICES

Patients' basic mental health needs are addressed on-site. Services include, at a minimum: universal screening and identification and referral of youth with mental health needs, crisis intervention services, psychotropic medication management when indicated, individual and group counseling treatment documentation, and follow-up. Required procedures are followed when youth are transferred to an inpatient psychiatric setting. Transfers are conducted in a timely manner. The patient is safely housed and adequately monitored until the transfer occurs.

Mental health services are available for all youth who require and/or request care to maintain their best level of functioning. Treatment services minimally include on-site crisis intervention, including short-term therapy as needed and psychotropic medication management. Mental health, medical, and substance abuse services are sufficiently coordinated so that all conditions are adequately addressed.

*Department Procedure(s): Psychiatric Services and Psychotropic Medications*

### F-04 MEDICALLY SUPERVISED WITHDRAWAL AND TREATMENT

The CMO establishes and approves protocols based on national guidelines for managing youth under the influence of alcohol or other drugs and those undergoing withdrawal from alcohol, sedatives, or opioids. The developed protocol is integrated into the intake screening process and the Standardized Procedures for Registered Nurses. Youths experiencing life-threatening intoxication or withdrawal are immediately transferred to a licensed acute care facility. Youths showing signs of intoxication or withdrawal are monitored by qualified nursing staff via medical watch at appropriate intervals. Use of the Clinical Institute Withdrawal Assessment (CIWA) and Clinical Opiate Withdrawals Scale (COWS) tools are utilized when indicated. Detoxification is done only under the supervision of the CMO. Youths taking medication-assisted treatment (MAT), or other similar interventions are referred directly to ARMC for appropriate treatment. MAT services are provided on-site under the direction of the CMO and CPO. Youth needing services that extend beyond the care provided in the JDAC and treatment facility are referred directly to ARMC. Communication and coordination occur between medical and mental health regarding SUD and are documented in the health record.

*Department Procedure(s): Intoxicated Youth and Youth with Substance Use Disorder in the JDAC and TFs (SPRN) -Intoxication or Withdrawal, SPRN-Opioid Overdose (Known or Suspected), and SPRN - Pregnancy.*

### F-5. COUNSELING AND CARE OF THE PREGNANT YOUTH

Counseling and assistance are provided by the pregnant youth's expressed desires regarding her pregnancy. Comprehensive services are available for pregnant and postpartum youth on-site and off-site. The services are consistent with services provided in the community. Prenatal and postpartum care is timely and appropriate. Pregnant patients with active opioid use disorder are referred to the emergency department for an evaluation and offered medication-assisted treatment for opioid use disorder.

Emergency delivery kits are available in the facility. Restraints are not used during active labor and delivery. Documentation of appropriate postpartum care exists in the health record. A list of pregnant youth and the outcome of the pregnancy is accessible in the health record. Custody restraints during pregnancy and postpartum periods are limited to handcuffs in the front of the body.

## HEALTH SERVICES DEPARTMENT POLICY STATEMENTS

*Department Procedure(s): Treatment and Request for Health Care Services (Non-Emergency); Health Assessments; Physical Restraint and Other Restraint Devices in the Juvenile Detention Assessment Centers and Treatment Facilities. Standardized Procedures for Registered Nurses-Pregnancy,*

### F-06. RESPONSE TO SEXUAL ASSAULT AND ABUSE

The Department is following the Prison Rape Elimination Act (PREA). There are established guidelines and protocols regarding the detection, prevention, and reduction of sexual abuse. Health staff are trained in how to detect, assess, and respond to signs of sexual abuse and harassment, as well as how to preserve physical evidence of sexual abuse. Emergency contraception is available for youth who have experienced sexual assault within the prior five (5) days. There are established procedures and protocols treatment and management of victims of sexual assault and for the reporting of such incidents occurring within the facility. Prophylactic treatment and follow-up care for sexually transmitted infections or other communicable diseases are offered to all victims as appropriate. There was an evaluation by mental health professionals for crisis intervention counseling and follow-up. Correctional staff will ensure a separation of the victim from the abuser in their housing assignments.

*Department Procedure(s): Coordinated Response to Sexual Abuse and Sexual Harassment in the Juvenile Detention and Assessment Centers (JDACs) and Treatment Facilities (TF), Prison Rape Elimination Act, Standardized Procedure for Registered Nurses – Emergency Contraceptive Pill*

### F-07 CARE FOR THE TERMINALLY ILL

The medical and mental health needs of terminally ill youth are met through established clinical practice guidelines and community standards of care. The care is aimed at supporting the continuity of specialty care, with dignity and respect for the youth's needs. Documentation of appropriate palliative therapies for the terminally ill is in the health record. Terminally ill youth receive appropriate palliative therapies including adequate pain management. When the JDAC or treatment facility is not equipped to provide the needed services, patients are transferred to another facility, hospital, or with the parent/guardian with a hospice program that can meet the needs of the patient if necessary.

*Department Procedure(s): Management of Terminal Illness*

## MEDICAL-LEGAL ISSUES

### G-01. RESTRAINT AND SECLUSION

Clinically ordered mechanical restraints are not utilized at any time. Healthcare staff does not participate in the restraint of youth ordered by custody staff except for monitoring their health needs. Health staff is notified when custody-ordered restraints are placed. Health records are reviewed for any contraindications or accommodations required which, if present, are communicated to appropriate custody staff. Health monitoring is conducted at designated intervals outlined in the Department procedure.

*Department Procedure(s): Use of Physical Restraints in Juvenile Detention and Assessment Centers and Treatment Facilities*

## HEALTH SERVICES DEPARTMENT POLICY STATEMENTS

### G-02. RESTRICTIVE HOUSING

Upon notification of the placement of a youth in restrictive housing, a qualified healthcare professional determines whether existing medical, dental, or mental health needs contraindicate the youth's placement or if accommodations are required. Contraindications and accommodations are immediately communicated to the CMO and the facility Watch Commander and documented in the health record. Restriction of more than 4 to 5 hours is not used except under documented exceptional circumstances. Youth in administrative separation or sight and sound receive daily health care evaluations by a Correctional Nurse and a Clinical Therapist which is documented in the health record and includes any significant findings. The HSM maintains a report of the youth in restrictive housing that includes the number of days spent in restricted housing and the youth's health status.

*Department Procedure(s): Administrative Separation*

### G-03. EMERGENCY PSYCHOTROPIC MEDICATION

Involuntary psychotropic medications are not utilized.

*Department Procedure(s): Psychiatric Services and Psychotropic Medications*

### G-04. THERAPEUTIC RELATIONSHIP, FORENSIC INFORMATION, AND DISCIPLINARY ACTIONS

Health staff are not involved in the collection of forensic evidence. Health staff do not participate in disciplinary action nor are compelled to provide clinical information solely for the purposes of discipline. Treatments and medications are never withheld as a form of punishment. Restrictive housing and restraints are never clinically implemented as disciplinary action.

*Department Procedure(s): Collection of Forensic Evidence*

### G-05. INFORMED CONSENT, ASSENT, AND RIGHT TO REFUSE

Informed consent is obtained for all non-routine care such as invasive procedures. A standing court order is utilized for general care and crisis intervention. The risks and benefits of interventions are explained to allow the patient and/or guardian to make informed decisions regarding health care. For youths under eighteen (18) years of age, efforts shall be made to obtain consent from the youth's parent/guardian or person standing in loco parentis for routine general health care services by utilization of the Medical Consent Permitting Medical Examinations, Immunizations, and Medical Treatment form. Consent or refusal by the patient and/or guardian is documented in the health record. Youth are allowed to refuse (verbally or in writing) any proposed medical intervention.

*Department Procedure(s): Consent, Informing Obligation, and Refusal of Health Care Treatment*

### G-06. MEDICAL AND OTHER RESEARCH

The Probation Department does not participate in medical research.

*Department Procedure(s): Participation in Research*