

	JUSTICE CABINET DEPARTMENT OF JUVENILE JUSTICE POLICY AND PROCEDURES	REFERENCES: 505 KAR 1:120 4 -JDF-4C-07, 42 3-JCRF-4C-02, 25, 27-29 1-JDTP-3B-09, 19 4-JCF-4C-05, 40, 44, 49; 4D-01 1-JBC-4C-07, 39 NCCHC Y-A-01, Y-A-08, Y-A-12, Y-E-01, Y-H-003, Y-I-04
CHAPTER: Health and Safety Services		AUTHORITY: KRS 15A.065
SUBJECT: Access to Treatment and Continuity of Care		KRS 610.310
POLICY NUMBER: DJJ 402		
TOTAL PAGES: 5		
EFFECTIVE DATE: November 4, 2020		
APPROVAL: LaShana M. Harris		, COMMISSIONER

I. POLICY

All Department of Juvenile Justice (DJJ) programs shall promote delivery of medical, dental and behavioral health services, when the health of a youth may otherwise be adversely affected, as determined by the responsible medical personnel or licensed behavioral health professionals. Medical and behavioral health screens shall be completed and shall not be considered treatment services. Emergency medical treatment shall be provided.

No youth shall be denied the right to medical or behavioral health care or be disciplined for requesting medical or behavioral health care. Youth shall be provided with adequate information to give informed consent prior to invasive procedures or examinations and consent shall be sought from the youth. Youth shall have the right to refuse medical, dental, and behavioral health examinations or procedures. Youth shall have the right to file a formal grievance under provisions of DJJPP Series 300 and Series 700 (Grievance Procedure).

II. APPLICABILITY

This policy shall apply to DJJ operated and contracted group homes, youth development centers, and detention centers. Detention centers shall have an exception from this policy for medical discharge. Medical Discharge of a youth from detention is at the sole discretion of the court.

LIMITED APPLICABILITY

Applicability to day treatment programs shall be limited to relevancy in the access to emergency medical, dental, and behavioral health care during the time youth are at the facility.

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III. DEFINITIONS

Refer to Chapter 400.

IV. PROCEDURES

A. Access to Health Care Services

1. All youth shall be informed, both verbally and in writing in a language that is easily understood, within 24 hours of admission about how to gain access to medical, dental, and behavioral health services and the right to file a formal grievance. Documentation that the youth has received this information shall be kept in the Medical Record. No staff member shall impede the juvenile's requests for access to health care services.
 2. If Non-English speaking or hearing impaired youth are admitted, the necessary interpreter shall be utilized to explain the procedure.
 3. Any health care service rendered shall be performed with consideration for the youth's dignity and feelings. Clinical encounters with youth shall be conducted in private, with a chaperone present when indicated, and in a manner to encourage subsequent use of health services. When risk to the safety of self or others is a potential, facility staff shall chaperone during the health encounter and every effort shall be made to provide auditory and visual privacy. The health authority shall share information with the superintendent concerning a juveniles' health care management within the guidelines of confidentiality.
 4. The names and addresses of all emergency care services to include dentist, doctors, behavioral health facilities, and Emergency Medical Services (EMS), shall be posted conspicuously in each program.
 5. DJJ facilities shall provide safe transportation and adequate supervision for youth to medical, dental, behavioral health and other health-related providers. All outside medical appointments for youth with chronic medical conditions shall receive top priority. Outside medical appointments for youth shall not be cancelled unless it is approved by the facility's medical staff. The Nurse Shift Program Supervisor (NSPS), contract facility nurse, or designee shall record missed appointments on the health services Monthly Report and include a brief explanation.
 6. Documentation of care, as ordered by qualified personnel, shall be included in the Medical Record.
- #### **B. Consent Authority for Medical, Dental, and Behavioral Health Assessments and Treatment**

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1. As part of the admission process, each DJJ program may seek the consent of the court with jurisdiction over the youth for medical, dental and behavioral health assessment and treatment on the court authorization form if the consent is not included in available documentation.
2. As part of the admission process, each DJJ program shall seek the consent of each youth's parent or legal guardian for medical, dental and behavioral health assessments and treatment on the legal guardian consent form. The parent, guardian, or legal custodian shall be informed about medical care in a language that is easily understood.
3. In the event the parent or guardian fails to return the consent authorization form, a second copy of the form shall be forwarded to the parent or guardian. The NSPS or designee shall maintain documentation that the second request was forwarded. In the event the parent or legal guardian fails to return the consent form, the NSPS or designee shall maintain documentation of notification efforts.
4. The Emergency Medical Consent Authorization Form shall also be completed for each youth and signed by the superintendent or designee. This form shall be filed in the Medical Record and a copy placed in a designated area for accompaniment to an emergency medical center if such medical, dental or behavioral health treatment should become necessary.
5. Copy of the above noted forms shall be placed in the youth's Individual Client Record and the originals filed in the youth's Medical Record.
6. In the event that surgery or hospitalization is indicated, the parent or guardian and Juvenile Service Worker shall be notified. The parent or guardian shall be informed of the need for the procedure, the benefits and risks of the procedure, and any existing alternatives to the procedure. A specific consent for invasive procedures shall be obtained from the parent or guardian and the Superintendent. All relevant executed consent forms shall also accompany the youth to the hospital. If the parent or guardian cannot be reached, notification efforts shall be documented in the Medical Record. Consent is implied in life-threatening situations.
7. Committed and Non-committed youth.
 - a. Committed youth. The superintendent or designee shall have final authority to consent for committed youth. The legal guardian consent form shall be completed and signed by the superintendent or designee for committed youth. The facility shall still seek consent from the parent or legal guardian as described in IV. B. 2. of this policy.
 - b. Non-committed youth. Court authorization, parental or legal guardian, and youth consent shall be obtained to provide medical, dental, or behavioral health assessments and treatment to any non-committed, minor youth. The appropriate court, legal guardian, or youth consent form(s) shall be used.

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C. Informed Consent and Refusal of Health Care Services

1. Prior to any medical, dental or behavioral health examination or assessment, treatment or procedure, the attending primary health care provider, behavioral health provider or nurse shall explain to the youth in detail the nature of the examination or assessment, treatment, or procedure, including risks and side effects and alternatives to the procedure. The youth shall also be made aware of the risk of not having the examination or assessment or intervention. Verbal assent shall be obtained before any assessment, examination, or intervention is performed on the youth. Rectal or pelvic examinations, when indicated, shall be completed with the verbal consent of the youth.
2. In the event that a youth refuses any medical, dental or behavioral health protocol and this refusal may adversely affect the health of the youth as determined by a relevant, responsible health services professional, the parents or guardians shall be advised and, if possible, enlisted to assist; education and counseling related to health issue(s) shall be expanded; and the consequences of refusing early intervention shall be clearly communicated to the youth. The medical staff shall also continue to educate and counsel the youth regarding the consequences of failing to follow proper medical or nursing protocol.
3. Any refusal of medical, dental, or behavioral health examination, treatment or procedure shall be documented. A facility staff member shall witness and sign a declination form if the youth declines to sign the form.
4. Documentation of refusals shall be maintained in the youth's Medical Record.
5. The Treatment Team, Superintendent of the detention center, Medical Director, or Chief of Mental Health Services and parent or guardian, shall be informed of the youth's refusal when the refusal may seriously impact the youth's physical or behavioral health.

D. Consultations/Decision Making Regarding Special Health Problems

1. Consultation shall occur between the Superintendent, the nurse and the primary health care provider or Licensed Behavioral Health Professional (LBHP) prior to actions being taken regarding youth being diagnosed as having significant medical or psychiatric illnesses.
 - a. The nurse, LBHP or primary health care provider shall initiate the consultation with the superintendent regarding significant medical or psychiatric conditions.
 - b. The following areas shall be considered for residents with significant health conditions:

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- (1) Suitability for travel;
 - (2) Preparation of a transfer or discharge summary and pertinent health records;
 - (3) Instructions to transporting personnel regarding medication or treatment required in route;
 - (4) Availability of resources;
 - (5) Intellectual or developmental capabilities and limitations;
 - (6) Ability to participate in work projects, sports, exercise programs, or outings.
- c. If the consultation does not produce agreement between the nurse, LBHP and the Superintendent, the Medical Director, Regional Psychologist, or Chief of Mental Health Services shall be consulted to facilitate an acceptable solution to the situation.
2. If medical treatment is recommended by someone other than the primary health care provider, a copy of the recommendation shall be placed in the youth's Medical Record. The decision to implement recommendations shall be made by the primary health care provider. The final decision to implement recommendations shall be made by the Medical Director when there is a question of the overall therapeutic outcome to the youth.
 3. The nurse shall maintain documentation of such consultations.

V. MONITORING MECHANISM

Monitoring shall be accomplished by the Superintendent or designee, the qualified health professionals, the Medical Director, Chief of Mental Health Services, or designees, the Regional Director or designee, Quality Assurance Branch, and, as warranted, the Deputy Commissioner of Operations.