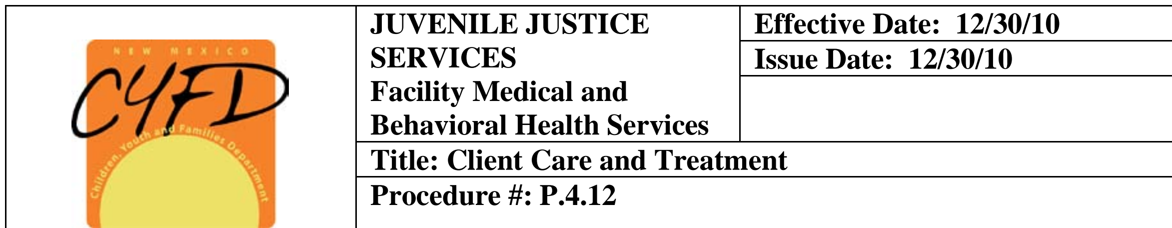

	JUVENILE JUSTICE SERVICES Facility Medical and Behavioral Health Services	Effective Date: 12/30/10 Issue Date: 12/30/10
	Title: Client Care and Treatment	
	Procedure #: P.4.12	

1. **ISSUING AGENCY:** **Children, Youth and Families Department (CYFD)**

2. **SCOPE:** **Juvenile Justice Services (JJS)**

3. **STATUTORY AUTHORITY:** **8 NMAC 14.5**

4. **FORMS:**

Sick Call Request
Personal Data Sheet
Suicide/Self Harm Intervention Plan (SIP)
Request for Behavioral Health Attention
Consent for BH Screening, Diagnosis, and/or Treatment
Serious Incident Report (in FACTS)
Controlled Drug Record
Surrender/Transfer of Medications
Facility Behavior Health Initial Screen
Medical/Medication Discharge Summary

5. **APPLICABLE POLICY:** **8.14.4.12 Client Care and Treatment:** Ensures that clients have information about the availability of medical, dental and behavioral health services. Also describes the process for providing those services.

6. **CONTENTS:**

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7. DEFINITIONS: None

8. Clients information and access to services: Clients are given information about the availability of medical, dental, and behavioral health services at the facility upon arrival**:** Clients are also given information about how to access medical, dental, and behavioral health services. Information is provided in a form and language that the client and their family understand. All clients have the opportunity to request health care daily. All clients have the opportunity to grieve medical and behavioral health services. Client requests and grievances are documented and reviewed for immediacy of need and the intervention required**.**

8.1 Clients are given information on accessing care.

8.1.1 A sign regarding how to access health services is posted in the intake/processing area**.**

8.1.2 Within 24 hours of their arrival, clients are given written information about**.**

8.1.2.1 how to access emergency and routine medical, behavioral, and dental health services;

8.1.2.2 the frequency of sick call and provider clinics;

8.1.2.3 the grievance process for health and behavioral health-related complaints;

8.1.3 Staff explains procedures orally to any client who has difficulty communicating or understanding how to access health services. Staff may assist clients in completing requests for services or other forms as necessary**:**

8.2 Clients and staff can request care for client.

8.2.1 Medical, dental, and behavioral health needs may arise, and/or be identified, at any time during a client's stay at any facility. Clients, and staff on behalf of clients, may request and obtain services from medical, and dental using the sick call request form. (Requests for Behavior health services are discussed later in this procedure.)

8.2.2 Verbal or written requests for health and behavioral health care are received daily by qualified health care professionals and triaged within 24 hours. Based on Medical and Behavioral Health Authority approved protocols, qualified medical and behavioral healthcare professionals schedule clients, when indicated, for sick call or a behavioral health appointment.

8.2.3 The frequency and duration of sick call and behavioral health appointments is set to meet the health needs of the client population at the specific facility.

8.3 In secure facilities, health staff picks up sick call slips from the staff or clients in each unit for medical and dental services and provides triage on requests for medical services daily.

8.3.1 Monday through Friday (or as requested), the nurse meets with clients who completed a sick call request form requesting medical information or treatment.

8.3.2 Medical staff reviews all written requests for medical attention within 24 hours of receipt.

8.3.3 Medical staff refers any medical issues or problems that need additional attention to the nurse practitioner or physician for formal sick call in the medical unit.

8.3.3.1 The nursing and medical staff will always conduct a thorough evaluation of all injuries. Care will be taken to document inconsistencies between medical presentation and client or staff reports of how injuries occurred.

8.3.4 The physician conducts clinic appointments at least once per week to examine clients

referred by the nursing staff.

8.3.5 Facility staff requesting services for medically related concerns calls the nurse on call when a nurse is not on site. The nurse discusses the appropriate procedure over the phone and returns to the facility if required by an emergency.

8.4 In non-secure facilities, staff provides clients with information and instruction on accessing non-emergency medical and behavioral health services through a sick call request form.

8.4.1 When a client requests a medical or dental appointment, staff follows protocol for providing medical care.

8.5 Client requests for behavioral health services are managed as follows:

8.5.1 Requests for behavioral services are triaged as routine or urgent/emergent.

8.5.2 For routine requests, behavioral health staff meets Monday – Friday with each client who requested behavioral health services and appropriate referrals and plans are made to meet the behavioral health needs identified.

8.5.3 For urgent/emergent requests, the on-call behavioral health staff meets with the client as soon as the request is received and appropriate referrals and plans are made to meet the behavioral health needs identified.

8.5.4 If any staff has a reasonable belief that a client may be a danger to himself or herself or others, facility staff stay with the client and immediately contacts control to notify the behavioral health clinician on call. Upon arrival the OCBHC may institute Suicide precautions and complete a Suicide Intervention Plan (SIP) form. Staff may request transport of the client to the nearest emergency room for evaluation.

8.5.5 When there is a behavioral health crisis, facility staff notifies the behavioral health staff on call.

8.5.6 The staff member making the behavioral health referral documents the referral in the living unit and control center log.

8.6 If the initial medical or behavioral health screening reveals a danger of self-injury, behavioral health staff immediately evaluates the client to determine if a crisis/suicide prevention plan is indicated and initiates the plan if needed.

8.7 Behavioral health services staff participates in a diagnostic treatment team meeting that reviews the evaluation, assessments and information received from Central Intake and identifies clients with special treatment needs prior to the Multidisciplinary Treatment (MDT) meeting.

8.8 In non-secure facilities, staff use assigned behavioral health staff, social workers and community resources to provide for the behavioral health, counseling, and developmental needs of clients.

9. **24-hour emergency care**: Each facility has a written plan developed by the superintendent or program manager and approved by the JJS director and medical and behavioral health authorities to provide 24-hour medical, dental and behavioral health services. These plans include but are not limited to on-site emergency first aid, crisis intervention; emergency transport; use of local emergency medical services (EMS); use of one or more designated hospital emergency departments or other appropriate facilities; emergency on-call and on-site medical, dental or behavioral health services; security procedures for the immediate transfer of clients when medically necessary; and emergency evacuation**.**

9.1 Each facility has a written plan, developed and approved by the Superintendent and Medical and Behavioral Health Authority, to provide 24-hour medical, dental, and behavioral health services, including:

9.1.1 on-site emergency first aid and crisis intervention;

9.1.2 emergency transport;

9.1.3 use of local emergency medical services (EMS) ;

9.1.4 use of one or more designated hospital emergency departments or other appropriate facilities;

9.1.5 emergency on-call and/or on-site medical, dental, and behavioral health services; telephone response by on-call qualified medical, dental, and behavioral health professionals;

9.1.6 provisions when emergency health facility is not located in a nearby community;

9.1.7 security procedures for the immediate transfer of clients when medically necessary

9.1.8 emergency evacuation, and

9.1.9 notification to the person legally responsible for the facility.

9.2 Emergency drugs, supplies, and medical equipment are regularly maintained in compliance with the facility's schedule:

9.3 In secure facilities, the following steps are taken in sequence when intervening in a life-threatening situation of a client or staff member (Note: staff members cannot be treated for routine medical conditions and cannot ask or receive any type of medication):

9.3.1 The responding staff uses the nearest telephone or two way, hand-held radio to contact the control center, requests emergency medical services (EMS) and begins administering CPR or first aid, using universal precautions, as necessary.

9.3.2 The control center takes the following steps in sequence:

9.3.2.1 notifies the on-duty or on-call nurse who determines need for transport;

9.3.2.2 contacts "911" for EMS response if approved by medical staff;

9.3.2.3 notifies the OIC;

9.3.2.4 dispatches supervisory staff to the scene to assist;

9.3.2.5 dispatches facility staff to wait for emergency vehicle to lead paramedics to the scene; and

9.3.2.6 notifies the Medical and/or Behavioral Health Authority.

9.3.3 If the victim is a client:

9.3.3.1 medical provides copies of the client's face sheets, allergies, vitals, and other pertinent medical information, if available, to the emergency medical staff.

9.3.3.2 When the client is under 14, or with the client consent The OIC notifies the client's parent/guardian/ custodian once the client returns or is admitted to the hospital. The OIC may request a medical or behavioral health staff member to make the notification.

9.3.3.3 The responding emergency medical services (EMS) are instructed to transport the client to the emergency room designated by the facility.

9.3.3.4 A facility staff member follows the rescue vehicle and remains with the client at the hospital and stays with the client until he/she is released.

9.3.4 If the victim is a staff member, the OIC notifies the individual identified as the person to be notified in case of emergency on the employee Emergency Contact form.

9.4 In non-secure facilities, the following steps are taken in sequence when intervening in a life-threatening situation:

9.4.1 The responding staff begins administering CPR or first aid, utilizing universal

precautions. The staff contacts local emergency assistance through 911 or if unable, instructs a client to call 911.

9.4.2 The responding staff remains with the person until the responding EMS arrive on scene. If the victim is a client, staff on duty provides the EMS provider with copies of the client's court order and consent to provide treatment, if available. If the victim is a staff member, the responding staff notifies the individual identified as person to be notified in case of emergency on the employee Emergency Contact form.

9.4.3 The EMS is instructed to transport the victim to the emergency room designated by the facility.

9.4.4 If the victim is a client, the staff notifies the Superintendent and the client's family if the client is under 18. Client consent should be obtained whenever possible if the client is over 14 years of age. Facility staff goes to the hospital with the client and stays until the client is admitted or released.

9.5 Behavioral health staff respond to all emergencies in which their expertise is required, including, but not limited to:

9.5.1 suicide gestures, attempts, or ideation.

9.5.2 major incidents which may exacerbate clients' existing behavioral health conditions or adversely impact any client's behavioral health; and

9.5.3 any situation which requires behavioral health intervention.

9.6 When emergency medical services (EMS) are called, EMS takes charge of the medical emergency upon arriving on the scene and is responsible for evacuating the client (s) from the facility, if applicable:

9.7 Facilities provide for emergency vehicles:

9.7.1 In secure facilities, one vehicle is identified as an emergency medical vehicle available for transporting victims to a hospital/emergency room when the client has not sustained life-threatening injuries but requires immediate off-site medical care.

9.7.2 In non-secure facilities, a vehicle is available at all times for transporting clients. Emergency medical transports are accomplished through the use of local ambulance companies.

9.8 Facilities provide for emergency on-call medical, dental, and behavioral health staff:

9.8.1 Each facility posts a monthly on-call schedule for medical and behavioral health staff at the control center in secure facilities and at the staff station in non-secure facilities.

9.8.2 On call staff are available for off-duty consultation during their scheduled time period; the facility provides pagers and cellular telephones for on-call staff.

9.8.3 Staff log the date, time, and reason for contacting on-call staff whenever contact is made.

9.9 Behavioral Health On-Call

9.9.1 On-call begins each Monday at 5 p.m. and continues through to the following Monday until the pager is transferred to the next On-call Behavioral Health Professional (OCBHP). The OCBHP will be available via pager after-hours, 24 hours on the weekends, and 24 hours on holidays. Notification of on-call personnel will be sent out each Monday to supervisors.

9.9.1.1 The Facility Shift Supervisor will initiate all calls to the OCBHP after the Shift Supervisor has been fully apprised of the situation. If the Shift Supervisor cannot initiate the call (for example, if he/she is de-escalating the client), the Shift Supervisor will designate someone to page the OCBHP. Pages will be returned by the OCBHP within ten minutes.

9.9.1.2 For emergencies during regular business days from 8 a.m. until 5 p.m., contact the Behavioral Health Supervisor.

9.9.1.3 All calls made to the OCBHP will be documented and e-mailed no later than 11:00 a.m. the Monday that concludes the OCBHP's duties.

9.9.1.4 At the time of the on-call bag transfer (from previous OCBHP to new OCBHP), the new OCBHP will be briefed on any situations that are in need of continued monitoring.

9.9.1.5 If the designated OCBHP becomes sick while on-call, they must contact their supervisor immediately so that arrangements can be made for a replacement.

9.9.2 Suicide Watch - The OCBHP will do weekend rounds when a client is on a Suicide Intervention Plan (SIP).

9.9.2.1 The client must be evaluated at least once every 24 hours until released from the SIP.

9.9.2.2 If the SIP is modified by the OCBHP or the psychiatrist:

9.9.2.2.1 The back-up supervisor will be called/notified;

9.9.2.2.2 A new SIP form will be written and stapled on top of the original form;

9.9.2.2.3 All Behavioral Health staff should be made aware of the change and the reason for the change.

9.9.2.3 Behavioral Health staff will immediately notify their supervisor and the OCBHP when a client is placed on a SIP or change a SIP status. Only an independently licensed Behavioral Health provider or Psychiatrist can authorize removal from SIP.

9.9.3 Emergency Conditions that require the OCBHP to come to the facility within 60 minutes of the call for direct consultation include:

9.9.3.1 Clients admitted to YDDC (15 day, committed, transfer, supervised release violators, escapees, etc.). These clients require an initial screen within 48 hours. This means that the OCBHP will be required to come in to do the initial screen for clients who are admitted after 5 p.m. on Friday. Clients who come in Saturday or Sunday can be screened by Central Intake on the next business day.

9.9.3.2 Clients who exhibit suicidal or self-harming ideation or behavior.

9.9.3.3 Clients who exhibit flight ideation or behavior.

9.9.3.4 Clients who exhibit homicidal ideation or behavior.

9.9.3.5 Clients who are experiencing acute psychotic symptoms (e.g., hallucinations).

9.9.3.6 Clients who are involved in a restraint where the OCBHP determines that their presence is necessary. If the OCBHP does not go the facility, they are required to document in the client's progress notes the reasoning for the determination. A behavioral health supervisor must review and approve of the OCBHP's reasoning for not coming to the facility.

9.9.4 Conditions That Require Notification to the OCBHP by the Security Supervisor:

9.9.4.1 Clients taken to the hospital, the Bernalillo County Metropolitan Detention Center, or any other juvenile or adult detention facility.

9.9.4.2 Clients who are injured; OCBHP will staff with medical and determine if a direct consultation is needed.

9.9.5 Other Issues for OCBHC:

9.9.5.1 If a situation arises where the client has made a request to speak to a therapist and it is clearly not an emergency (see emergency conditions above): The staff should place the client's "Request to See a Therapist" form in the designated place in the cottage after notifying the shift supervisor.

9.9.5.1.1 Behavioral Health Supervisors should be made aware if their staff will not be in; they are then responsible for checking for any "Request to See a Therapist" forms that may have been completed by clients.

9.9.5.2 Clients will not be placed on the phone until the situation has been reviewed/discussed between the facility Shift Supervisor and the OCBHP and it has been determined that the client will likely benefit from speaking with the OCBHP via telephone.

10. **Transport of clients**: Clients are transported safely and in a timely manner for medical, dental, or behavioral health needs both inside and outside the facility**.**

10.1 Transports for medical, behavioral health, or dental needs follow the security/ outing transport policy and procedure.

10.2 Health staff alert transporting staff of any accommodations needed during the transport process, including instructions for administration of necessary medications.

10.3 Patient confidentiality is maintained during transport.

10.4 When required for security purposes, the Superintendent ensures that personnel are available to escort patients from housing/ education to clinic areas in order to meet scheduled health care appointments.

10.5 When transporting outside of the facility, precautions are taken to provide for client safety and public safety in accordance with security/outing transport policy and procedure.

10.6 Transport trips for medical, dental or behavioral health appointments do not require JJS Director review or approval.

11. **Client transfers and continuity of care:** When a client is transferred to another secure facility, the client's applicable medical and behavioral health records are sent and arrangements are made between the sending and receiving facility to provide for continuity of care and updated screening**.**

11.1 A MDT meeting is held to determine a client's readiness for supervised release or transition to another facility. Transfers of clients from a less to a more restrictive program or facility or removal from a program are permitted. If the client's risk level changes, the treatment team may consider a change in placement.

11.2 Prior to transfer between facilities, if clients have not been screened within the previous year, clients are screened for:

11.2.1 current illness, health problems, and infectious diseases; verification that the annual history and physical, vision screening, auditory screen and PPD is current;

11.2.2 dental problems; verification that the dental exam and hygienist visits are current;

11.2.3 behavioral health problems;

11.2.4 past and present treatment or hospitalizations for behavioral health disturbances or suicide ideation;

11.2.5 other health problems as designated for screening by the Medical Health

Authority;

11.2.6 observance and notation of:

11.2.6.1 behavior, including state of consciousness, mental status, and appearance, and;

11.2.6.2 skin condition including bruises, tattoos, trauma markings, lesions, jaundice, rash, , needle marks and other indications of substance abuse.

11.3 When a client is transferred to another secure or non-secure facility, including a treatment or detention center (after arrest for a court appearance, or for other reasons) JJS staff take all precautions possible to ensure that they have notice of a client's transport and provide:

11.3.1 applicable records of the medical and behavioral health files, including copies of the current Medication Administration Record (MARs), the intra-facility transfer form, the medication surrender form, and any available medications the client is currently prescribed;

11.3.2 a transfer report, including all current health information and current health needs of the client. Each transfer report is to be documented in the Client's medical record; and

11.3.3 an acknowledgment of receipt form to be signed by the receiving facility and kept on file.

11.4 Upon client return from another facility, treatment or detention center, receiving medical staff contact the sending facility to obtain the transfer report; including all current health information, treatment history while at the facility, MAR, and current health needs of the client. This information is documented and filed in the client's medical record.

11.5 Completed medical, dental, and behavioral health screening forms and immunization records are provided when clients from secure facilities transfer to non-secure facilities.

11.6 All medical and behavioral health records are confidential and only approved staff may access such information.

11.7 If current, prescribed medications or client records are for some reason not available at the time of transport, the receiving facility is notified as soon as this becomes apparent via the transfer report and JJS medical takes all necessary and appropriate actions to ensure that the client receives their medications.

12. **Medical services at intake screening:** All new and transferring clients receive a comprehensive intake medical screening performed by qualified health care professionals upon arrival at the facility (transferring clients that have not been outside the chain of custody receive a limited screen with an RN assessment). Findings are recorded on a screening form approved by the medical health authority**.**

12.1 Clients who are newly committed to the custody of CYFD pursuant to the Delinquency Act undergo a uniform multi-level medical screening immediately upon arrival.

12.2 Persons who are unconscious, semiconscious, have an obvious fracture, extensive bleeding, or otherwise urgently in need of medical attention are refused admission and sent to an emergency room with the delivering police officer.

12.3 Clients are provided an interpreter or accommodation to assist them to understand and to participate fully with the intake process as soon as possible.

12.4 Qualified health care professionals conducting the initial medical screening/ examination at the facility review the information provided by Central Intake in the Multidisciplinary Diagnostic Packet which includes:

12.4.1 Transport Officer Questionnaire;

12.4.2 Massachusetts Youth Screening Instrument Version 2 (MAYSI-2) or equivalent screening instrument approved by the Behavioral Health Authority.

12.5 Clients are provided with an initial medical screening/examination immediately upon arrival at the facility. A qualified health care professional completes the client health history and intake screening forms that are to be kept confidential except for medical staff.

12.5.1 The qualified health care professional conducting the screening makes inquiries concerning:

- 12.5.1.1 history of any allergies;
- 12.5.1.2 history of any hospitalizations;
- 12.5.1.3 past serious infectious disease;
- 12.5.1.4 current/recent communicable illness symptoms;
- 12.5.1.5 current and past illnesses, health conditions, or special health requirements including dietary needs;
- 12.5.1.6 recent injuries;
- 12.5.1.7 dental problems;
- 12.5.1.8 history of past hospitalizations for psychiatric reasons;
- 12.5.1.9 history of or current suicidal ideation; past suicide attempts or instances of self harm;
- 12.5.1.10 past or current mental illness or other behavioral health problems;
- 12.5.1.11 history and current/recent substance or alcohol abuse (type of substances, mode of use, amounts used, frequency used, date or time of last use, and a history of problems that may have occurred after ceasing use, e.g., convulsions);
- 12.5.1.12 current/recent pregnancy or possibility thereof; and
- 12.5.1.13 family history of any medical, psychiatric, or substance abuse problems;

12.5.2 The qualified health care professional collects and records the following information:

- 12.5.2.1 vital signs including temperature;
- 12.5.2.2 height and weight;
- 12.5.2.3 immunization records, if available. Immunization records are requested in writing from the client's parent/guardian/custodian and the Department of Health vaccination record;
- 12.5.2.4 current medications including psychotropic medication; and
- 12.5.2.5 medical information received from the court;

12.5.3 The qualified health care professional conducts a limited, focused physical examination and may also collect specimens and order laboratory tests.

12.5.4 The qualified health care professional also documents observations of the client, including:

- 12.5.4.1 client's behavior, state of consciousness, mental status, appearance, conduct, tremors, or sweating;
- 12.5.4.2 body deformities and ease of movement; and
- 12.5.4.3 condition of skin, including trauma markings, bruises, lesions, jaundice, rashes or infestations, needle marks or other signs of drug abuse, excessive scratching, eye or skin swelling or discoloration, any drainage from sores or eyes, or presence of fever as evidenced by a flushed appearance;
- 12.5.4.4 The nursing and medical staff will always conduct a thorough evaluation of all injuries. Care will be taken to document inconsistencies between medical presentation and client or staff reports of how injuries occurred.

12.6 The qualified health care professional determines if the client is medically indicated for general population, , with appropriate referral to a health care service, or referral to an appropriate health care service for emergency treatment.

12.7 The qualified health care professional immediately notifies the Behavioral Health Authority if any client exhibits self-harming behavior or ideation or presents any psychotic symptoms.

12.8 Staff explains and completes consent for release of information and treatment form with the client, who signs the form prior to mailing the form to the parent/guardian/ custodian.

12.9 Documentation of the intake screening is dated and timed immediately upon completion and includes the signature and title of the person completing the intake screening process. Information from the intake screening is recorded on forms approved by the Medical Health Authority.

12.10 Results of exams, tests, and problem identification are reviewed by a physician or other qualified health care professional as authorized by the applicable practice act.

12.11 Program staff is informed of client's special medical needs. At the time of admission, staff is informed of any physical problems that might require medical attention.

- 12.11.1 Where the client's medical record or a health information transfer summary comes with the client and is immediately available to the screening staff, a transfer screening face-to-face encounter focuses on observation of appearance and behavior, and problems the youth recounts that occurred during the transfer process.
- 12.11.2 Where the client's medical record or health information transfer summary is not available, a face-to-face transfer screening encounter, at a minimum, includes:
  - 12.11.2.1 identification of acute and chronic health conditions and current complaint(s);
  - 12.11.2.2 whether client is currently being treated for a medical, dental, or behavioral health problem.
  - 12.11.2.3 whether the client is presently on medication;
  - 12.11.2.4 evaluation of suicidal risk;
  - 12.11.2.5 review of any allergies;
  - 12.11.2.6 observation of appearance and behavior; and
  - 12.11.2.7 observation of physical deformities, evidence of abuse and/or trauma
  - 12.11.2.8 a set of vital signs including BP, pulse, temperature and respiratory rate.
- 12.11.3 Qualified health care professionals review each incoming client's health record or summary within 12 hours of arrival or sooner if medically appropriate ,and,
  - 12.11.3.1 continuity of care is initiated;
  - 12.11.3.2 missing initial assessments are identified and any required assessments are scheduled;
  - 12.11.3.3 records from the sending facility are filed in the current medical record.
- 12.11.4 Documentation of the receiving screening for transfers is dated and timed immediately upon completion and includes the signature and title of the person completing the receiving screening process. Information from the intake screening is recorded on forms approved by the Medical Health Authority.
- 12.11.5 The qualified health care professional determines if the client is medically indicated for general population, with appropriate referral to a health care service, or referral to an appropriate health care service for emergency treatment,
- 12.11.6 Facility staff is informed of client's special medical needs, such as crutches. At the time of admission, staff is informed of any physical problems that might require medical attention.

13. **Medical services involving the medical treatment plan:** Clients are provided a medical treatment plan that outlines services to address medical and dental needs**.**

13.1 Qualified health care professionals use the Central Intake Multidisciplinary Diagnostic Packet, the initial medical screening/ examination at the facility, chronic care visits and periodic health assessments to develop, review and update the client's Medical Treatment Plan.

13.2 The Medical Treatment Plan is a series of written statements specifying a patient's particular course of therapy and the roles of qualified health care professionals in carrying it out and can include:

13.2.1 goals and objectives for identified needs

13.2.2 the treatment services/modalities to be provided, including the type and frequency of therapeutic regimens;

13.2.3 medication services and instructions for self-administration as appropriate;

13.2.4 frequency of follow up for medical evaluation and adjustment of treatment modality;

13.2.5 type and frequency of ongoing diagnostic and other testing; and

13.2.6 and accommodations for diet, exercise, and placement.

13.3 A qualified health care professional determines the frequency and content of periodic health assessments for each client.

13.4. The Medical Treatment Plan becomes the basis for the medical component of the client's multidisciplinary action plan. The purpose of the multidisciplinary action plan includes:

13.4.1 providing information to all staff with client contact on the needs and goals of each client for the purposes of coordinating care and maximizing client outcomes;

13.4.2 identifying goals whose objectives provide for specific interventions for the client, parent/guardian/custodian, and facility staff;

13.5 The initial plan is developed at the first MDT meeting or sooner following placement at the facility.

13.6 The plan is reviewed and updated as appropriate at each monthly MDT.

14. **First aid:** All facilities are equipped with first aid kits. Staff is trained to provide first aid.

14.1 Staff charged with direct supervision of clients are trained to respond to a health-related emergency situation within four (4) minutes. First aid kits are available and accessible.

14.1.1 Facility staff who supervise clients are trained in the use of first aid and first aid kits during the required First Aid Course and CPR Course taught by certified American Heart Association or designated organization. At a minimum, the first aid course trains staff on the following:

14.1.1.1 recognition of signs and symptoms and knowledge of action required in potential emergency situations;

14.1.1.2 administration of first aid and cardiopulmonary resuscitation (CPR);

14.1.1.3 procedures for patient transfers to appropriate medical facilities or health care providers.

14.1.1.4 signs and symptoms of mental illness, developmental delay, and chemical dependency;

14.1.1.5 blood borne pathogens and use of universal precautions; and

14.1.1.6 methods of obtaining assistance.

14.1.2 Emergency First Aid training program is reviewed annually.

14.1.2.1 The Medical Health Authority annualy reviews the first aid training program to verify the training incorporates any significant changes/updates in emergency training/treatment;

14.1.2.2 First aid and CPR training records and certification documentation is kept by the Health Administrator or designee.

14.2 First aid kits are located in each facility. The Medical Health Authority approves the contents, number, location, and procedure for periodic inspection of first aid kits. The approval is documented on the contents list and posted in each kit.

14.3 An automatic external defibrillator is available for use at every facility.

14.4 First aid kits are available in living and activity areas accessed by clients or staff, including but not limited to:

14.4.1 living units;

14.4.2 control center;

14.4.3 cafeteria and kitchen;

14.4.4 maintenance shop;

14.4.5 school office;

14.4.6 vocational areas, if applicable;

14.4.7 gymnasium office;

14.4.8 swimming pool area; and

14.4.9 secure confinement area.

14.5 Materials/medications in general supply are to be used for all routine, non-emergency first aid; first aid kits are used for emergency treatment only.

14.5.1 In secure facilities, first aid kits are inventoried monthly by medical staff; in non-secure facilities, the kits are inventoried quarterly by the Medical Health Authority or designee.

14.5.2 First aid kits are sealed with breakable plastic seals to indicate when the kit has been used and contents need immediate replacement.

14.5.3 In secure facilities, staff that use first aid supplies notifies medical staff to replace specific items used and reseal the kit. In non-secure facilities, the designated staff member is notified. Medical staff or designated individuals replenish the contents as soon as possible.

14.5.4 Life Safety Kits which contain cut-down tools are maintained in all living units of all facilities.

14.6 Injured clients or staff receives immediate medical attention and treatment. Staff complete a Serious Incident Report in FACTS before the end of their shift. The report is reviewed by the Medical Health Authority. Completed reports are placed in the client health record or, the administrative files in the case of staff injuries.

14.6.1 First aid kits are used for emergencies whenever medical staff is not immediately available for common injuries requiring emergency first aid supplies.

14.6.2 After first aid is administered, the injured staff and/or client receive medical care as required.

14.6.3 The nursing and medical staff will always conduct a thorough evaluation of all injuries. Care will be taken to document inconsistencies between medical presentation and client or staff reports of how injuries occurred.

15. **General medical care:** Clients are provided with medical care that is indicated**.**

15.1 Staff and qualified health care professionals provide diagnostic and other health services at the facilities according to the orders written for the client by qualified healthcare professionals**.**

15.2 Whenever necessary, clients are treated by community healthcare providers.

15.3 Any questions about appropriate care in individual cases are referred to the medical health authority or medical director; provided, however, that this shall not be construed to prohibit staff from responding to inquiries from a client advocate, if the advocate has proper authorization and the staff member chooses to speak with the advocate.

15.4 Diagnostic and treatment results are used by clinicians to modify the medical treatment plans as appropriate.

15.5 Care is timely and includes immediate access for urgent or painful conditions.

15.6 The facility ensures that clients receive diagnostic and other health services ordered by clinicians.

15.6.1 Diagnostic and treatment results are used by clinicians to modify Medical Treatment Plans as appropriate.

15.6.2 Ordered tests or specialty consultations are completed in a timely manner and there is evidence in the record of the ordering clinician's review of results and consultative reports. If changes in treatment are recommended, the changes are implemented or clinical justification for an alternative course is noted.

15.6.3 Medications and other therapies are given as ordered.

15.6.4 The client attends scheduled clinical appointments.

15.7 Access of clients to health care, including those clients with special medical needs is planned and documented.

15.7.1 Medical staff provides clients with information and instruction on accessing non-emergency medical services through a written request for medical attention.

15.7.2 Staff may assist clients in completing forms.

15.8 In secure facilities, nursing staff is available seven days a week. The Medical Health Authority or designee is responsible to ensure that a licensed nurse is available 24 hours a day for medically related concerns or emergencies.

15.8.1 In secure facilities, health staff picks up sick call slips from the staff or clients in each unit for medical and dental services and provides triage on requests for medical services daily

15.8.2 On a daily basis, the registered nurse meets with each client who completed a sick call form requesting medical information or treatment.

15.8.3 Medical staff reviews all written requests for medical attention, whether or not medical staff examines the client during daily rounds.

15.8.4 Medical staff refers any medical issues or problems that need additional attention and are discovered by medical staff to the nurse practitioner or nursing supervisor for formal sick call in the medical unit Monday through Friday.

15.8.5 The supervising practitioner conducts sick call at least once per week to examine clients referred to him/her by the nursing staff.

15.9 In non-secure facilities, staff provide clients with information and instruction on accessing non-emergency medical services through a written request for medical attention.

15.9.1 When a client requests a medical or dental appointment, staff makes an appointment with a medical provider in the community. Staff making the appointment notes the date and time of the appointment and the medical complaint in the client's master file and

the daily log.

15.9.2 When a client returns from a medical appointment, staff enters the diagnosis, all written instructions for treatment, including medication, and any off-site referrals in the client's master file.

15.9.3 Staff may obtain medical information seven (7) days a week, 24 hours a day through the "Nurse Advice New Mexico" help line, or equivalent service.

15.10 When a client discharges from a facility, copies of requested medical or behavioral health records are sent to the client's health provider upon receipt of a signed release of information form.

15.11 Vision care: Clients are provided with vision care under the direction and supervision of an Optometrist appropriately licensed in New Mexico.

15.11.1 Care is timely and includes immediate access for urgent or painful conditions.

15.11.2 Clients are provided with one pair of glasses as prescribed by licensed optometrist providers.

15.12 Each facility contracts with an appropriately licensed optometrist to provide vision care to clients.

15.13 Clients in all facilities have access to vision care including but not limited to:

15.13.1 A visual screening examination within seven (7) days of being admitted to a secure facility; and

15.13.2 A referral to an Optometrist if the client is identified as having abnormal vision. Clients admitted for 15 day diagnostic evaluations are not referred to an Optometrist but any need for follow-up care is made part of the recommendations to the court. This information should also be communicated to the accepting facility.

15.14 Clients referred to an Optometrist receive a comprehensive examination including but not limited to retinal visualization. If the Optometrist recommends further evaluation, the medical director will determine if the clients should be referred to an Ophthalmologist.

15.14.1 Results of visual screening, referrals, and exams are kept in the client's medical record; copies of visual screening are placed in the facility education files.

15.15 The facility provides one pair of eyeglasses per year per client, unless a second pair is needed for medical or special education needs. The facility replaces unusable eyeglasses. Clients who purposefully damage eyeglasses are subject to discipline.

15.16 Clients are not permitted to use contact lens unless medically indicated.

15.17 Clients who have corrected vision are seen by the optometrist annually.

15.18 Clients are provided emergency eye care regardless of length of commitment.

16. **Oral Care:** Clients are provided with oral care under the direction and supervision of a dentist licensed in New Mexico. Care is timely and includes immediate access for urgent or painful conditions.

16.1 Each facility contracts with a licensed dentist to provide prevention and restoration dental care to clients.

16.2 Clients receive dental screening upon admission and yearly thereafter.

16.2.1 Oral screening by the dentist or qualified health care professionals trained by the dentist is performed within 7 days of admission.

16.2.2 The dentist or dental hygienist instructs clients on proper oral hygiene within 14 days of admission.

16.2.3 An oral examination is performed by a dentist within 60 days of admission.

16.3 Oral treatment, not limited to extractions, is provided according to a treatment plan based upon a system of established priorities for care.

16.4 Radiographs are appropriately used in the development of the treatment plans.

16.5 Consultation through referral to oral health care specialists is available as needed.

16.6 Each client has access to the preventive benefits of fluorides in a form determined by the dentist to be appropriate for the needs of the individual.

16.7 Where oral care is provided on site, contemporary infection control procedures are followed.

16.8 Extractions are performed in a manner consistent with community standards of care and adhering to the American Dental Association's clinical guidelines.

16.9 Orthodontic care will be provided if medically necessary for functionality. If a client is admitted with orthodontic correction in progress, the parents are required to pay for continuing orthodontic care.

16.10 Dental screening, treatment, and hygiene instructions are documented in the client's master file.

17. **Pregnancy care:** Pregnant clients are provided with routine pre-natal, post-partum care and high-risk treatment as necessary under the direction and supervision of an obstetrician, gynecologist or family practice physician appropriately licensed in New Mexico. Pregnant clients will be informed that family planning services, which include social services, educational services, informational services, will be provided to them upon request. Care is timely and includes immediate access for urgent or painful conditions.

17.1 CYFD contracts with an appropriately licensed obstetrician/gynecologist or family practice physician to provide care for pregnant clients.

17.2 Female clients are screened for pregnancy at intake. If any staff member suspects pregnancy, or of a client self-reports suspected pregnancy to any staff person, the staff person notified medical staff. Clients are encouraged to report any possibility of pregnancy, and are assured that appropriate medical care will be provided.

17.3 The obstetrician/gynecologist or family practice physician provides confirmation of pregnancy.

17.4 Living unit staff, food services, administrative staff, education staff and the supervising physician are notified of pregnant clients.

17.5 Pregnant clients receive routine pre-natal care and high risk treatment as necessary including:

17.5.1 complete history and physical; risk factors for drug and alcohol abuse, and HIV status;

17.5.2 appropriate labs as ordered by the physician;

17.5.3 routine physician evaluations throughout the pregnancy.

17.6 Pelvic examinations are not performed if vaginal bleeding or leaking occurs. Medical staff notifies the primary care provider and follows any orders given.

17.7 Special medical needs and special diets include:

17.7.1 The physician will determine the exercise requirements of each female individually.

17.7.2 Pregnant clients do not participate in work activities involving heavy lifting or working with or near toxic substances and/or chemicals.

17.7.3 Pregnant clients will receive a pregnancy diet.

17.7.4 A physician will order vitamins and supplements as medically indicated.

17.7.5 Pregnancy counseling, pre-natal instruction, and childcare instructions are provided throughout the client's pregnancy.

17.7.6 Pregnancy options are provided to pregnant clients early in the pregnancy so they may make informed choices.

17.7.7 No medications may be given to a pregnant female unless prescribed by a physican .

17.8 Appropriate postpartum care is provided and documented.

17.9 The facility provides comprehensive family planning services, in accordance with state statutes, on the premises or by referral; pregnant clients have access to services as they would in the community.

17.9.1 Pregnant clients are given comprehensive counseling and assistance, consistent with local laws, in accordance with their expressed desires regarding their pregnancy, whether they elect to keep the child, use adoption services, or have an abortion.

17.9.2 Counseling and social services regarding all aspects of sexually are available in the facility or by referral to appropriate community agencies for both males and females.

18 **Hospitalization:** Hospitalization is provided when necessary for medical needs and conditions. (1) Clients are accompanied to the hospital by a staff member. (2) Staff remains with the client for as long as a security need exists.

18.1 When a client is hospitalized, he/she is accompanied by facility staff that stays with the client for as long as a security need exists.

18.1.1 When a client requires hospitalization, facility staff accompanies the client, remains with the client during the admissions process until the client is released from the hospital and returns to the facility.

18.1.2 A copy of the client’s court order is provided to the admission’s clerk.

18.1.3 The accompanying facility staff signs admission documents as needed.

19 **Pharmaceuticals:** Pharmaceuticals are administered according to documented client treatment needs, pursuant to a drug administration protocol, and are not administered solely for purposes of population management and control, nor for purposes of experimentation or research.

19.1 Facility pharmaceutical and prescription practices follow NM Board of Pharmacy regulations and guidelines, including

19.1.1 receipt, secure storage, inventory, proper dispensing, and controlled administration or distribution of all medications in the facility, including:

19.1.1.1 the listing or formulary of all prescribed and non-prescribed medications at use in the facility; and

19.1.1.2 the labeling of all dispensed prescriptive medication (client’s name, prescription contents, directions for use and any other vital information);

19.1.2 maximum security storage and periodic inventory of all controlled substances and any syringes or needles;

19.1.3 conformance with all applicable federal and state laws for the dispensing of medications;

19.1.4 administration of medication in the facility only by persons properly license, trained, and under the supervision of the Medical Health Authority;

19.1.5 accountability for obtaining, refilling and administering or distributing prescription medications to clients in a timely manner and according to physician’s instructions, for all prescription medications and verification of the accuracy of prescription medication received from

pharmacies and the amount received (night nurse responsibilities include auditing all orders given daily and ensuring that they have been ordered from the pharmacy and posted directly in th Medication Administration Record (MAR));

19.1.6 the use of "stop order" time periods or prescribed length of time for all medications;

19.1.7 the re-evaluation of any prescription for a client by the prescribing provider prior to the renewal of the prescription; and

19.1.8 a record of non-prescribed medications provided for client use.

19.2 Superintendents or contract providers obtain written agreements or contracts with pharmacies to:

19.2.1 fill and deliver prescriptions and;

19.2.2 have a pharmacist review practices for the proper use and storage of medications at the facility.

19.3 Medication administration errors should be reported to the Director of Nursing or Charge Nurse.

19.4 Qualified health care professionals or health trained staff member account, on a Controlled Drug Record Form for each dosage of any narcotic or stimulant prescribed by a practitioner and administered to a client. The form is filed in the client's medical record.

19.4.1 Staff records each dose on a separate line of the form, with the date, time and the signature of the person signing out the dosage and administering the medication to the client.

19.4.2 Staff records the remaining amount of the prescription.

19.4.3 Staff reports any discrepancy in the dosage count of narcotics or stimulants to the Director of Nursing or Charge Nurse immediately.

19.5 Facility staff notifies medical staff when clients appear for intake and admission with medications.

19.6 Medication services are clinically appropriate and provided in a timely, safe, and sufficient manner.

19.6.1 Prescription medications are administered or delivered to the patient only upon the order of a physician, dentist, or other legally authorized individual.

19.6.2 The responsible physician determines prescriptive practices in the facility.

19.6.3 Medications are prescribed only when clinically indicated. Psychotropic and behavior-modifying medications are not used for disciplinary purposes.

19.6.4 There is a procedure for identifying and correcting medication errors.

19.7 Pharmaceutical practices for secure facilities include:

19.7.1 Medical staff completes a Surrender of Medication form for clients appearing for intake and admission with medications and, after confirming the prescription or verifying the use, lists the medication, the amount received, and the disposition of the medication.

19.7.2 Medical staff destroys out-of-date medication and improperly labeled or unverifiable prescriptions.

19.7.3 The Keep on Person (KOP) program gives clients practice and education about taking their own medications.

19.7.4 Only Inhalers and creams are to be kept in the cottages/units.

19.7.5 No pills are to be kept in the cottages/units.

19.7.6 A completed KOP slip will be sent out to the unit with each medication.

19.7.7 Security staff is only responsible to give the clients access to the medication in the pods. Officers do not have to provide any documentation.

19.7.8 The nursing staff will complete all written documentation.

19.7.9 The clients are responsible for taking their medications as directed and requesting refills.

19.7.10 The medical team is responsible for educating the client about the appropriate frequency and use of each medication.

19.7.11 The KOP program is a privilege. If a client abuses the program, the medications may be brought back to pill pass with nurse administration.

19.8 Pharmaceutical practices for non-secure facilities include:

19.8.1 Staff completes the Surrender of Medication form for clients transferred to the facility with medications and, after confirming the prescription or verifying the use, lists the medication, the amount received, and the disposition of the medication.

19.8.2 Staff delivers out-of-date and improperly labeled or unverifiable medications to the contracted physician or Medical Health Authority for destruction or notification of the prescribing physician.

19.9 Psychotropic medication use in facilities:

19.9.1 Psychotropic medications are only prescribed and used when clinically indicated as one facet of a program of therapy.

19.9.2 The prescription and use of psychotropic medications follows an initial mental health examination of the client by a psychiatrist.

19.9.2.1 When a psychotropic medication is prescribed and used, generally a psychiatrist must conduct a face-to-face mental health examination as part of client psychotropic medication management every 30 days. This interval may be more or less only if clinically indicated.

20 **Behavioral health services at intake screening:** All new and transferring clients receive a comprehensive intake behavioral health screening performed by qualified behavioral health care professionals upon arrival at the facility. Findings are recorded on the behavioral health screening form approved by the behavioral health authority. Clients with a positive screening receive a behavioral health evaluation.

20.1 All youth admitted to JJS facilities receive a behavioral health screening; clients with positive screening receive a behavioral health evaluation: Upon admission, behavioral health staff meets with the client to identify immediate behavioral health needs.

20.1.1 Within 2 days of admission, qualified behavioral health professionals or behavioral health staff conducts initial behavioral health screening.

20.1.1.1 The initial behavioral health screening includes a structured clinical interview and; a review of the information provided by Central Intake.

20.1.1.2 Behavioral health evaluations include the utilization of reliable and valid behavioral health and substance abuse screening tools approved by the Behavioral Health Authority.

20.1.1.3 A behavioral health clinician provides a report with current symptoms and treatment needs, prioritized treatment goals, and target symptoms.

20.2 If the behavioral health screen identifies an issue that places the youth's safety at risk, the youth shall be referred to a qualified behavioral health professional in a timely manner for assessment, treatment, and any other appropriate action.

20.3 Clients with positive screening for behavioral health problems are referred to qualified behavioral health professionals for further evaluation.

20.4 The client's behavioral health record contains:

20.4.1 results of the behavioral health screening; and

20.4.2 results of the evaluation with documentation of referral or initiation of treatment when indicated.

20.5 Clients who require acute behavioral health services beyond those available at the facility are referred to an appropriate facility.

20.6 At any time, staff may request an initial or additional behavioral health screening of a youth, and such screening will be done on such request.

21 **Behavioral health services involving the behavioral health treatment plan:** Clients who are classified as treatment level 2 or 3 are provided a behavioral health treatment plan that outlines services to address behavioral health needs.

21.1 Qualified behavioral health professionals use information from the Central Intake Multidisciplinary Diagnostic Packet, the initial behavioral health screening at the facility, behavioral health evaluations as appropriate, and periodic behavioral health assessments, to develop, review and update the client's Behavioral Health Treatment Plan.

21.2 The Behavioral Health Treatment Plan includes:

21.2.1 diagnostic information, behavioral observations,

21.2.2 a summary of prior treatment history,

21.2.3 goals and objectives for identified needs,

21.2.4 the treatment services/modalities to be provided, including the type and frequency of therapeutic services,

21.2.5 frequency of follow up for behavioral health evaluation and adjustment of treatment modality,

21.2.5 instructions and accommodations for placement, if indicated.

21.3 The Behavioral Health Treatment Plan is the basis for the behavioral health component of the client's multidisciplinary action plan. The purpose of the multidisciplinary action plan includes:

21.3.1 providing information to all staff with client contact on the needs and goals of each client for the purposes of coordinating care and maximizing client outcomes;

21.3.2 identifying goals whose objectives provide for specific interventions for the client, parent/guardian/custodian, and facility staff

21.4 The initial plan is developed following the first MDT meeting following placement at the facility.

21.5 The plan is reviewed and updated as appropriate at each monthly MDT.

22. **Behavioral health care:** Clients are provided with behavioral health care that is indicated. (1) Staff and qualified behavioral health care professionals provide diagnostic and other behavioral health services at the facility according to the client's identified needs. (2) Whenever necessary, clients are referred to and treated by community behavioral healthcare providers. (3) Any questions about appropriate care in individual cases are referred to the behavioral health authority; provided, however, that this shall not be construed to prohibit staff from responding to inquiries from a client advocate, if the advocate has proper authorization and the staff member chooses to speak with the advocate. (4) Diagnostic and treatment results are used by clinicians to modify behavioral health treatment plans as appropriate. (5) Care is timely and includes immediate access for urgent conditions.

22.1 The Behavioral Health Authority ensures that behavioral health services are available, provided to clients, and any treatment is documented.

22.1.1 Qualified behavioral health care professionals are available for timely consultations regarding placement and transfer decisions;

22.1.2 Clients who are in need of acute treatment for mental illness will obtain the level of and intensity of services needed including referral and transport to appropriate settings that meet their needs.

22.1.3 Clients who need immediate behavioral health services but do not need to be transported out of the facilities shall receive such services by qualified behavioral health professionals. During orientation clients are instructed how to request behavioral health services.

22.2 Treatment services may include:

22.2.1 Crisis intervention,

22.2.2 Individual therapy,

22.2.3 Group therapy, including psycho educational groups,

22.2.4 Psychotropic medication management by a psychiatrist.

22.25 Family therapy

22.3 Referrals for a higher level of care/more intensive treatments at a facility outside of JJS are managed by a multidisciplinary review committee consisting of a psychiatrist, behavioral health staff, education staff, classification officer, and others as appropriate:

22.3.1 Behavioral health staff or case managers make referrals to the review committee.

22.3.2 Referral documents include the most recent treatment plan, progress notes, and the behavioral health diagnostic/evaluation assessments.

22.3.3 If the committee agrees to the need for more intensive treatment, a referral is made to the appropriate facility.

22.3.4 The Facility Release Panel is notified as to possible client transfer.

22.3.5 The Facility Release Panel notifies the committee when the client can be placed on the supervised release agenda.

22.3.6 JJS facilities have a crisis response and suicide prevention protocol that provides for the identification and response to suicidal clients and clients in crisis; all staff is trained in the protocol as well as the identification of warning signs or indicators.

23. **Substance abuse and chemical dependency services:** Clients are provided with detoxification and substance abuse treatment services under the direction and supervision of a qualified medical

professional appropriately licensed in New Mexico. Care is timely and includes immediate access for urgent or painful conditions.

23.1 Medical and Behavioral Health Authorities develop a written plan and protocols for each facility which provides for the clinical management of clients with alcohol or other drug problems and chemically dependent clients. The plan provides for:

23.1.1 substance abuse and relapse prevention education;

23.1.2 methods for assessment and diagnosis;

23.1.3 development and implementation of treatment plans;

23.1.4 on-site individual and group counseling and self-help groups;

23.1.5 multi-disciplinary treatment services;

23.16 medically supervised detoxification;

23.2 Medical and behavioral health staff provide:

23.2.1 a standardized diagnostic assessment to determine the extent of use, abuse, dependency and/or co-dependency;

23.2.2 a medical examination to determine specific medical needs related to chemical dependency and/or specific observational requirements;

23.2.3 an individualized treatment plan developed and implemented by a multidisciplinary team, if indicated, and incorporated in the client's multidisciplinary action plan;

23.2.4 medically supervised detoxification from alcohol, opiates, barbiturates and other drugs with adverse or health threatening after-effects; detoxification is provided off-site for any client who requires it;

23.2.5 pre-release relapse prevention education including risk management; and

23.2.6 assistance in developing a transition plan that includes post release relapse prevention and intervention.

23.3 Clients experiencing severe, life threatening intoxication or withdrawal are transferred immediately to a licensed emergency department.

23.4 Clients at risk for progression to more severe levels of intoxication or withdrawal are kept under constant observation by qualified health care professionals or health-trained facility staff, and whenever severe withdrawal symptoms are observed, a qualified health care professional is consulted promptly.

23.5 If a pregnant client is admitted with a history of opiate use, a specialist in treating opiate dependence in consultation with the OB/GYN specialist treating the patient is contacted so that the opiate dependence can be assessed and treated appropriately.

23.6 The facility has a policy that addresses the management of clients, including pregnant clients, on methadone or other similar substances.

23.7 Procedures are in place to detect and treat disorders associated with alcohol and other drug use.

23.8 Staff involves the client's parent/guardian/custodian, to the extent possible, in substance abuse treatment planning, counseling, and transition planning.

24. **Discharge planning:** Discharge planning is provided for clients whose release is imminent.

24.1 For planned discharges, health and facility staff:

24.1.1 coordinate plans with the client's parent/custodian/guardian as appropriate;

24.1.2 work with the assigned Regional Transition Coordinator;

24.1.3 arrange for a sufficient supply of current medications to last until the client can be seen by a community health care provider;

24.1.4 arrange referrals and appointments for follow-up services with community providers for clients with critical medical or behavioral health needs;

24.14.1 start the process to establish Medicaid benefits if eligible.

24.2 The medical discharge form is completed and signed by the client prior to release from the facility.

25 AUTHORIZED SIGNATURE:

APPROVED: ______________________ ______12/28/10_____________

Bill Dunbar, Cabinet Secretary Date

Children Youth and Families Department