



Children, Youth, and Family Department

Juvenile Justice Services (JJS) Policies and Procedures (P&P)

Title JJS Facilities – Medical and Behavioral Health Services Organization and Management

Category Facility Medical and Behavior Health Services

Procedure # P.04.08

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1 Overview Statement

- 1.1 Medical Health and Behavioral Health (BH) Authorities and administrators at CYFD, JJS, and the facility level jointly plan, oversee, monitor, provide care for, and resolve problems related to medical, dental, vision, and behavioral health care. (NMAC 8.14.4.8)
- 1.2 The JJS Health Services Administrator (HSA) serves as JJS's Medical Health Authority.
- 1.3 The JJS Deputy Director of Behavioral Health (BH) for Facilities serves as JJS's BH Authority.

2 Purpose

- 2.1 This procedure establishes the requirements for administering medical and BH services in JJS secure facilities.
- 2.2 The HSA and the JJS Deputy Director of BH for Facilities work together with JJS leadership and facility Superintendents to develop, implement, and oversee all medical and BH services at each secure facility.

3 Medical Health Authority

- 3.1 The HSA oversees the provision of all medical health care for all JJS clients in secure facilities and Juvenile Reintegration Centers (JRCs) and is the final authority on all clients' medical matters.
- 3.2 The HSA supervises and manages all medical providers and employees and all contracted medical providers and employees, regardless of licensure level.

4 Behavioral Health (BH) Authority

- 4.1 The JJS Deputy Director of BH for Facilities oversees the provision of BH care for all JJS clients in secure facilities and is the final authority on all facility clients' BH matters.
- 4.2 The JJS Deputy Director of BH for Facilities supervises all BH providers and employees and all contracted BH providers and employees, regardless of licensure level.

5 Standards of Care

- 5.1 Medical Health and BH Authorities are responsible for standards of care regarding ease of access and quality of care. Qualified medical and BH care professionals are solely responsible for medical, clinical, and therapeutic decisions and actions regarding health care provided to their clients.
- 5.2 Emergent and urgent medical and BH care is available daily at all secure facilities. When specialized care is required, facility employees, in coordination with medical and BH employees, arrange off-site appointments and client transportation.
- 5.3 Clients have unrestricted, timely access to care to address their medical, dental, vision, and BH needs, as appropriate.
- 5.4 Clients can request medical services by submitting sick call request forms.
- 5.5 All clinical encounters are conducted in private and carried out in a manner designed to protect the client's dignity and to encourage the client's subsequent use of health services. However, when there are security concerns or language access issues, Youth Care Specialists (YCSs) or interpreters may be present during clinical encounters or therapy sessions. Instruction on maintaining confidentiality is provided to all YCSs or interpreters who observe or hear health encounters.
- 5.6 All JJS medical and BH employees are qualified and duly licensed in the State of New Mexico.

- 5.7 Additionally, they participate in rigorous onboarding training and recertification through-out their employment, including trauma-responsive care and congregate care settings.

6 Planning and Monitoring

- 6.1 Medical Health and BH Authorities and facility leadership jointly monitor and resolve issues related to medical, dental, vision, and BH care.
- 6.2 In addition to JJS Policies and Procedures, each facility has a compilation of protocols, post orders, and process-specific nursing procedures and guidelines regarding medical and BH care and services.
- 6.3 Medical care providers are required to develop and demonstrate competencies in client care by adherence to process-specific nursing procedures.
- 6.4 BH providers/clinicians are required to provide care driven by a client's treatment level, diagnosis, and evaluation. Treatment levels change based on the client's health and response to treatment, and frequency of care might change based upon a client's needs.
- 6.5 BH representatives attend clients' monthly multidisciplinary team (MDT) meetings.
- 6.6 Medical representatives provide monthly written reports for clients' MDTs and are available for attendance and consultation as necessary.
- 6.7 Comprehensive, statistical reports of medical services are collected regularly and annually reported to the Deputy Director for Facilities.

7 Continuous Quality Improvement (CQI)

- 7.1 CQI systems are in place at the JJS-administration and facility-level to review medical access and delivery.
- 7.2 CQI is an internal process used to improve the quality and delivery of care.
- 7.3 CQI projects include a range of studies and evaluations. Some CQI projects are ongoing. CQI projects focus on remediation and outcomes, not simply reporting statistics.
- 7.4 The HSA initiates a task driven CQI project every month. The results are reported to the charge nurses and may be used to evaluate and/or reissue training requirements.
- 7.5 BH quality management focuses on individual client care. Issues that arise specific to a clinician are addressed in the clinical supervision realm.

8 Emergency Response Plans

Facility emergency response plans are developed and implemented, per P.05.32 A Emergency Operations and include medical and BH components.

9 Grievance System

Clients have a right to grieve health care decisions and services, per P.20.15 A & B Client Grievances.

10 Incident Reporting

All facility incidents, including medical and BH care events, are reported, per P.05.20 A Serious Incident Reports (SIRs).

11 Parent/Guardian/Custodian (P/G/C) Notification

- 11.1 Notification of a client's p/g/c or spouse is based on the client's age, marital status, competency, and consent; the severity/seriousness of the illness, injuries, or medical needs/situation; and safety and security issues.
- 11.2 If a client is transported to the emergency room, upon their return, they can immediately call their p/g/c or spouse with the charge nurse present.
- 11.3 If a client under the age of 18 is admitted to the hospital, the charge nurse notifies the p/g/c of the hospitalization immediately.

12 Prison Rape Elimination Act (PREA) Compliance

JJS has a zero tolerance for sexual misconduct – including sexual abuse and sexual harassment. JJS maintains comprehensive procedures (P.05.24 A – D and CYFD Stand Alone Procedure 04) regarding prevention, detection, and response to such conduct.

13 Client and Family Consent/Participation

- 13.1 Clients and their families are encouraged to participate in the available medical and BH services, care, and treatments.
- 13.2 After their initial review of a client's medical records and collateral, medical employees call the client's p/g/c to discuss the client's medical history and to communicate general expectations for medical care in the facility.
- 13.3 After their initial review of a client's BH records and collateral, BH clinicians call the client's p/g/c to discuss the client's social/emotional history and to communicate general expectations for BH care and treatment in the facility.
- 13.4 Medical employees and BH clinicians inform clients and participating family members of treatment options, risks, and consequences and patient rights.
- 13.5 Clients are given two Consent to Provide Medical Treatment (CPMT) forms – one for medical care and one for BH care. The signed forms are kept in the client's medical, BH, and master files. Additionally, if a client is prescribed psychotropic medications, they are given CPMTs for each class of prescription medication.

- 13.6 Regardless of previous consent, clients can refuse care, treatment, and medication. Medical employees and BH clinicians document clients' refusals for treatment and medication.

14 Research

- 14.1 Any person desiring to conduct biomedical, behavioral, or other research using JJS clients as subjects (live human subjects or archival data) submits a research proposal to CYFD's Office of the Secretary (OTS) for provisional review and approval. If OTS agrees to the project, the researcher is then responsible for securing approval from an established, accredited Institutional Review Board (IRB). Once a research project is approved by an IRB, the researcher resubmits the proposal to OTS for final approval.
- 14.2 After OTS approval, the JJS Deputy Director for Facilities, in consultation with the HSA and Deputy Director of BH, approves and arranges for the research project, including securing client consent.
- 14.3 Any biomedical, behavioral, or other research using JJS clients as subjects shall be conducted only with the written informed consent of the client, or the written informed consent of the client's p/g/c if the client is under 18 years of age.
- 14.4 The researcher provides CYFD a copy of their final research information/report.

15 Forensic Information

- 15.1 The role of medical and BH services is to serve the health needs of clients. Medical and BH employees are prohibited from participating in the collection of forensic information for purposes of client discipline and/or prosecution.
- 15.2 Facility medical employees collect medical specimens in the following, specific circumstances:
blood collection to comply with state laws and public health orders that require blood samples from clients (i.e., bloodborne pathogens);
blood or urine testing for alcohol or other drugs, as requested by a physician's order for treatment/diagnostic determinations; and
client-specific laboratory tests, examinations, or radiology procedures, as requested by a physician's order or required by a court ordered.
- 15.3 However, Youth Care Specialists (YCSs) collect client urine samples for forensic drug analysis that are sent to an external lab for evaluation, and the results of such testing may be used for client discipline and/or prosecution.
- 15.4 Victims of sexual assault are not treated on site but if requested by the client-victim, are transported to a community facility for treatment and the gathering of evidence, consistent with SANE (Sexual Assault Nurse Examiner) protocols.

16 Death

- 16.1 In the event of a client's death, law enforcement is immediately notified. Law enforcement is responsible for notifying the Office of Medical Investigations (OMI). OMI, in turn, notifies the Child Mortality Review Board.

- 16.2 JJS Facility leadership is responsible for immediately locking all of the client's files (medical, BH, and legal/delinquency) and issuing a PHPC.
- 16.3 The Deputy Director for Facilities, in consultation with law enforcement, the HSA and the facility Superintendent, ensures the client's p/g/c is notified.
- 16.4 After OMI and/or law enforcement conclude their investigations, the JJS facility leadership team develops an internal clinical mortality report.
- 16.5 The clinical mortality review/report may recommend:
 - ERB referrals,
 - a facility corrective action plan (CAP),
 - additional debriefing and training,
 - physical plant or monitoring technology modifications,
 - a review of staffing patterns,
 - policy and procedure modifications, and/or
 - further evaluation and study.

17 Response to Person Hanging

Per, P.05.32 D Person Found Hanging by the Neck, medical and BH employees are responsible for participating in the facility-wide response.

18 Consequences of Noncompliance

An employee who fails to follow this Procedure may be subject to disciplinary action in accordance with the CYFD Code of Conduct and the Collective Bargaining Agreement (CBA) between AFSCME and the State of New Mexico.

19 Additional Forms and Documents

Consent forms to Provide Medical Treatment (CPMT)

20 Issue Date

October 1, 2022

21 Effective Date

November 1, 2022

22 Replaced Procedure

P.4.8 Health Services Organization and Management, issued 11/30/2008

23 Rescinded Directive

14-003 Continuous Quality Improvement (CQI), issued 02/27/2014

24 Applicable Policies (Rules)

NMAC 8.14.4 Facility Medical and Behavioral Health Services
NMAC 8.14.5 Safety and Emergency Operations

25 Authorizing Signatures



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