Medical Treatment Plan and Communications of Special Needs (Title 15, Section 1413)

726.1 PURPOSE:
To develop a process by which medical treatment plans are prepared for the medical management of youth with significant health care concerns in the Juvenile Detention and Assessment Centers and Treatment Facilities.

726.2 DEFINITION:
Medical Treatment Plan: A written plan designed by a Supervising Correctional Nurse or designated Case Manager based on physician/provider orders that outlines the medical diagnosis, needs, and treatment modalities, implementation of physician/provider/nursing orders, and discharge plans for youth with significant health care concerns.

Significant health care concern: A condition that has the potential to have a negative response if not evaluated, treated, and monitored. Youth in this category may have a chronic illness such as diabetes or an acute and communicable illness such as chickenpox. Disabled youth that require assistive devices such as hearing aids, sign language, wheelchairs, and canes also fall into this category. This will also include, but not limited to, pregnant youth, those who are terminally ill, and/or developmentally disabled.

726.3 GUIDELINES:

A. Health care restrictions shall not limit the participation of a youth in school, work assignments, exercise, and other programs, beyond that which is necessary to protect the health of the youth or others.

B. Treatment plans must be updated as necessary to ensure it reflects the youth's current plan of care.

726.4 RESPONSIBILITIES:

I. Physician/Provider:

   A. Develop plans for treatment at the time a condition is identified and update when warranted.

   B. Address accommodations for youth who may have special needs when using showers, toilets, and dressing/undressing.

   C. Identify the youth's significant health care concern on the problem list in the health record.

II. Health Care Services Manager (HSM):

   A. Ensure Medical Treatment Plans are written and implemented.

III. Supervising Correctional Nurse I/II /Designated Case Manager:

A. Initiate a medical treatment plan for youth with identified significant health concerns including relevant health information for medical and correctional staff and update as follows:

1. Upon each booking.
2. Upon receipt of new provider/specialty orders.
3. Annually for those that remain in custody with unchanged orders/ treatment.

B. Ensure the plan is written in layman's terms and includes at a minimum the following:

1. Medical history and diagnosis (excluding confidential diagnosis).
2. The frequency of follow-up for health evaluations and adjustment of treatment modality.
3. Type and frequency of diagnostic testing and therapeutic regimens.
4. When appropriate, instructions about diet, exercise, physical limitations regarding work program assignments, adaptation to the correctional environment, and medication.
5. A discharge plan for continuing medical care.

C. For the purpose of programming, unit treatment planning, and implementation, distribute the plan via email to the following:

1. PCS I/II
2. Superintendent
3. HSM
4. Forensic Adolescent Services Team (FAST)
5. San Bernardino County Superintendent of Schools (SBCSS)
6. Compliance Officer
7. Nursing

D. Designate a nurse to file a current copy and remove outdated copies of the plan in the Health Binder on the living unit.

E. Implement a discharge plan for youth with serious health needs whose release is imminent, as follows:

1. Coordinate plans with the youth's legal guardian as appropriate.
2. Make arrangements or referrals for follow-up services with community providers for youth with critical health needs.
3. Arrange for sufficient supply of current medications and encourage the youth to follow-up with a community health care provider for planned discharges.

IV. Correctional Nurse I/II//Licensed Vocational Nurse (LVN):

A. Notify the Supervising Correctional Nurse I/II of any significant health care concerns identified during the course of their duties.

B. Complete an Accommodation Referral (Attachment A) when applicable.

C. Refer to FAST as necessary.

D. Enter the identified youth's significant health concern in patient flags as necessary.

E. Implement all plan elements within their scope of practice and duties.

V. Probation Corrections Supervisors (PCS I/II)/ Probation Corrections Officer (PCO):

A. Ensure implementation of all plan elements within their scope of duties as outlined in the medical treatment plan.

726.5 ATTACHMENT:

See attachment: Medical Treatment Plan and Communication of Special Needs Attachment A (Lexipol 9-30-22).pdf

Attachments

Medical Treatment Plan and Communication of Special Needs Attachment A (Lexipol 9-30-22).pdf

ACCOMMODATION REFERRAL FORM

A REFERRAL SHALL BE COMPLETED FOR ANY YOUTH THAT MEETS THE FOLLOWING CRITERIA:
Any youth who has a record of or has a reported mental, physical or educational impairment/disability that substantially limits one or more major life activities (such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, working, etc.) or requesting an alternate meal plan.

FACILITY: ☐ HDJDAC ☐ CVJDAC ☐ GATEWAY to ARISE **DOE:** _____

YOUTH'S NAME: «Full Name» **PIN:** «PIN»

DOB: «Date of Birth»

****THIS SECTION TO BE COMPLETED BY PCO/PCSI****

I. IDENTIFICATION

1. ☐ **IEP/Special Education/Language Interpreter ONLY**
   - ☐ The youth/parent has indicated the existence of an IEP or current identification as a Special Education student.
   - ☐ Youth requires a language interpreter for basic communication.

   Language is: _____.

MUST distribute form to all:
1. Compliance Officer ([redacted])
2. SB County School (copy)
3. Unit/Youth's File (original, unless forwarding to Medical Services)

Date distributed (required): _____

2. ☐ **Disabilities, Deformities, Special Needs and/or a 504 plan**
   Reported/observed disability, deformity and/or special need: _____.
   Describe: _____.

MUST distribute form to all:
1. Medical Services (original)
2. FAST (copy)
3. SB County School (copy, for 504 plans ONLY)
4. Unit/Youth's File (Copy)

Date distributed (required): _____

3. ☐ **Alternate Meal Plan**
   - ☐ Youth is requesting a vegetarian alternate meal plan.
   - ☐ Youth is requesting a vegan alternate meal plan.

   Comments: _____.

**Forward to Medical Services for clearance prior to implementation **

PCO/PCSI Printed Name & Signature Date

****THIS SECTION TO BE COMPLETED BY MEDICAL SERVICES/FAST ONLY****

II. MEDICAL SERVICES/FAST EVALUATION

1. Disability, Deformity, Special Need and/or 504 plan: _____.
2. Describe how the disability affects a major life activity/activities of daily living: _____.
3. Describe the immediate reasonable accommodations, if known: _____.
4. Medically cleared for alternate meal plan: ☐ YES ☐ NO. Comment: _____.

MUST distribute form to all:
1. Compliance Officer ([redacted])
2. Medical Services (copy)
3. FAST (copy)
4. SB County Schools
5. Watch Commander/Name: _____
6. Place in health record (original)
7. Food Services (if applicable)

Date distributed: _____

Date accommodation documented on Health Kardex and CE: Special Instructions (special medical condition [M-MH5]) Date: _____

Medical/FAST Printed Name & Signature Date

ACCOMMODATION REFERRAL FORM

****THIS SECTION TO BE COMPLETED BY COMPLIANCE UNIT****

III. COMPLIANCE UNIT

YOUTH'S NAME: «Full Name» PIN: «PIN»

1. Referral received on: _____

2. Revised accommodation plan, if necessary: _____.

Completed/Updated referral form was forwarded//emailed to the following on: _____.

☐ Watch Commander/Name: _____ ☐ Unit (for placement in youth's file)

☐ Medical Services ☐ FAST ☐ Food Services ☐ SB County Schools

_____ _____

Compliance Officer Printed Name & Signature Date

IV. Additional Comments:

_____.