

**SAN BERNARDINO COUNTY  
PROBATION DEPARTMENT PROCEDURE**

**TREATMENT AND REQUESTS FOR HEALTH CARE SERVICES**

Title 15, Sections 1400, 1416, 1417, 1433

**Authority:**

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**Purpose:**

To establish guidelines for youth requests for emergency and non-emergency medical, dental, and behavioral/mental health care services in Juvenile Detention and Assessment Centers (JDACs) and Treatment Facilities (TFs).

**Definitions:**

Clinical Encounters: Interactions between youth and health care providers that involve treatment and/or exchange of confidential health care information.

Forensic Adolescents Services Team (FAST) Service Request Form: A form utilized by youth or officers on behalf of a youth, to request behavioral health and/or substance abuse services (Attachment A).

Health Service Request Form: A form utilized by youth or officers on behalf of a youth, to sign up for a sick call (Attachment B).

Sick Call: A round conducted by a correctional nurse to address a Health Service request submitted by a youth.

Trauma-Informed Approach: Involves recognizing and responding appropriately to the impact of traumatic stress, and ensuring the physical and psychological safety of youth, family members, and staff.

**Responsibilities:**

I. Probation Corrections Officer (PCO):

- A. Notify Medical Services of a youth's urgent medical need and update medical services of any change in a youth's medical condition.
- B. Retrieve a youth at the request of the nurse or FAST for healthcare services.
  1. Exceptions include if a youth is in special testing, interviews, or court.
- C. Remain present for clinical encounters if the youth poses a probable safety risk to self and/or others or at the request of the healthcare provider.
- D. Make observations regarding the health of each youth daily and in the event of possible injury take the youth to the medical clinic.
- E. Take the youth to the medical clinic upon return from hospitalization or emergency department visit.
- F. Review FAST Service Request Forms for suicidal statements before placing them in the Medical box on the unit.
  1. Notify FAST immediately in the event the youth reports a suicidal statement on the form.

- G. Ensure the FAST Service Request Forms and Health Service Request Forms are available to youth on the living units.
- II. Health Service Manager (HSM) and Juvenile Justice Mental Health Program Manager:
  - A. Ensure there is an ongoing process in place for youth to convey a request for emergency and non-emergency health care services.
  - B. Monitor compliance with this procedure by periodic review of logs, incident reports, safety reviews, and other safeguards conducted in the normal course of business on a weekly, monthly, and yearly basis.
- III. Supervising Correctional Nurse I/II:
  - A. Keep a list of all pregnancies and their outcomes along with specialized obstetrical services.
- IV. Correctional Nurse I/II:
  - A. Collect Health Service Requests daily and triage at the time of collection. Respond based on the level of acuity within twenty-four (24) hours of submission.
  - B. Conduct an assessment of the youth's medical, dental, and/or vision health needs confidentially, in view of custody staff in the privacy rooms located on the living unit or in a clinic setting.
  - C. Provide care with the utilization of the physician approved Standardized Procedures for Registered Nurses and/or refer to:
    - 1. On-site physician/provider
    - 2. Dentist
    - 3. FAST
    - 4. Optometrist
  - D. Initiate all ordered tests or specialty consultations within a timely manner.
  - E. Implement and clarify all physician/provider orders immediately.
  - F. Complete an Urgent Medical Referral Form before transport for all youth who are sent to the emergency room for an urgent evaluation.
  - G. Perform face-to-face contact with youth upon return from a hospital admission or an emergency department evaluation and review, initiate discharge orders, and schedule the youth for the next on-site MD clinic.
  - H. Refer to Standardized Procedures for Registered Nurses; Pregnancy, Postpartum, Emergency Contraception Pill, Abortion procedures for applicable youth.
  - I. Offer reproductive and sexual health services and testing for sexually transmitted diseases and document the response to offered services.
  - J. Consult with the on-site/on-call physician/provider as needed.
  - K. Retain a copy of the Health Service Request Form and/or FAST Service Request Form in the youth's health record.
- V. Licensed Vocational Nurse (LVN):
  - A. Collect Health Service Requests daily and submit them to the Correctional Nurse for triaging.
  - B. Assist as needed within their scope of practice with all treatment and sick call plan elements.
  - C. Initiate all ordered tests or specialty consultations within a timely manner.
  - D. Implement and clarify all physician/provider orders immediately.
  - E. Consult with the on-site/on-call physician/provider as needed.
  - F. Follow all Standardized Procedures for Registered Nurses within the scope of practice as ordered by the Correctional Nurse and/or physician/provider.

- G. Retain a copy of the Health Service Request Form and/or FAST Service Request Form in the youth's health record.

VI. FAST:

- A. Triage for behavioral health services within twenty-four (24) hours of youth requests for service.
- B. Conduct an assessment of the youth's behavioral health needs confidentially, in view of custody staff, in the privacy rooms located on the living unit or the clinic setting, and within forty-eight (48) hours of youth requests for service.
- C. Request PCO to retrieve youth from school or other activities for FAST evaluation.
- D. Utilize a Trauma-Informed approach when working with youth.

VII. Pediatrician, Psychiatrist, Optometrist, or Dentist:

- A. Refer youth to an appropriate contracted specialist when the youth requires health services that are not within their scope of practice or not available within the JDAC clinic.
- B. Review and act upon diagnostic tests and recommendations from specialty consultations in a timely manner. If changes in treatment recommendations are clinically indicated, provide justification for alternative treatment, document, and share with the youth.
- C. Review all discharge paperwork and evaluate youth returning from an emergency room visit or hospitalization the same day or the next business day.
  - 1. Psychiatrists are exempt from this requirement as clinicians review the charts.
- D. Document clinical justification for an alternative course if changes in the order are indicated.

**Guidelines:**

- A. The healthcare provider shall provide instructions to the custody staff or interpreters who observe or hear clinical encounters on maintaining confidentiality.
- B. A Health Service Request Form and/or a FAST Service Request Form that contains gang writing, profanity, crude statements, or body elements shall be reported to the onsite Probation Corrections Supervision Officer I for corrective action.
- C. If the youth is off-site during the day, they shall be seen the following day unless an urgent need is indicated, a new medical issue arises, or the next time the contracted provider is on-site.
- D. Clinic appointments shall be completed as scheduled in CE unless prior arrangements are made and confirmed by medical services.
- E. Youth shall not be denied service request forms or receive discipline for requesting either form.
- F. The health record shall be reviewed before planned encounters with youth.
- G. Refer to the Code Blue and First Aid procedure for emergencies.

**Inspections:**

Refer to the Policy and Procedure Matrix Inspection.

**Foundation:**

Minimum Standards for Juvenile Facilities, Title 15, Sections 1401-02, 1405, 1416-17, 1433.  
Standards for Health Services in Juvenile Detention and Confinement Facilities 2015,  
National Commission on Correctional Health Care, Section Y-E-12

**References:**

National Commissions on Correctional Health Care  
Standardized Procedures for Registered Nurses

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Issued by:



Tracy Reece, Chief Probation Officer

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Revised: April 18, 2016  
Revised: August 8, 2017  
Revised: January 11, 2019  
Revised: October 29, 2021

**Attachments:**

A - FAST Service Request Form (English/Spanish)  
B - Health Service Request Form (English/Spanish)

## FAST SERVICE REQUEST

Name/  
Nombre: \_\_\_\_\_ Today's Date/Fecha de Hoy: \_\_\_\_\_ Unit/  
Time/Hora: \_\_\_\_\_ AM / PM (circle) Unidad: \_\_\_\_\_

Why are you requesting to be seen by FAST? (For more space, please use back of form)  
¿Por qué está solicitando una consulta con FAST? Para más espacio, utiliza la parte posterior de la forma

How long have you had this problem? (For more space, please use back of form)  
¿Cuánto tiempo ha tenido este problema? Para más espacio, utiliza la parte posterior de la forma

Have you ever been treated for this problem? (For more space, please use back of form)  
¿Anteriormente ha recibido tratamiento para este problema? Para más espacio, utiliza la parte posterior de la forma

Patient Signature/Firma del(a) Paciente: \_\_\_\_\_

Date of Birth/Fecha de Nacimiento: \_\_\_\_\_

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Patient Signature/Firma del(a) Paciente: \_\_\_\_\_

Date of Birth/Fecha de Nacimiento: \_\_\_\_\_

**Additional Information (If Applicable):**


**FAST STAFF ONLY**

<b>Date/Time FAST Service Request Received (date stamp):</b> _____	
<b>FAST Appointment Schedule Date:</b> _____ <b>Staff Assigned:</b> _____	
<b>Triaged By:</b> _____	

**Additional Information (If Applicable):**


**FAST STAFF ONLY**

<b>Date/Time FAST Service Request Received (date stamp):</b> _____	
<b>FAST Appointment Schedule Date:</b> _____ <b>Staff Assigned:</b> _____	
<b>Triaged By:</b> _____	

## Health Service Request

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Unit: \_\_\_\_\_

Why are you requesting to be seen by the nurse? \_\_\_\_\_

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How long have you had this problem? \_\_\_\_\_

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Are you currently being treated for any other medical problems? \_\_\_\_\_

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Do you have any allergies to medication or food? \_\_\_\_\_

Name/Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

## Health Service Request

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Unit: \_\_\_\_\_

Why are you requesting to be seen by the nurse? \_\_\_\_\_

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How long have you had this problem? \_\_\_\_\_

---

Are you currently being treated for any other medical problems? \_\_\_\_\_

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Do you have any allergies to medication or food? \_\_\_\_\_

Name/Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

## Solicitud Para Servicios De Salud

Nombre: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_ Unidad: \_\_\_\_\_

Por qué esta usted solicitando ver a la enfermera (o)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Por cuanto tiempo ha tenido usted este problema? \_\_\_\_\_

\_\_\_\_\_

Esta usted siendo tratado por algun otro problema médico? \_\_\_\_\_

\_\_\_\_\_

Es usted alérgico a algun medicamento ó comida? \_\_\_\_\_

Firma del menor: \_\_\_\_\_ Fecha: \_\_\_\_\_ Hora: \_\_\_\_\_

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Firma del menor: \_\_\_\_\_ Fecha: \_\_\_\_\_ Hora: \_\_\_\_\_