

<p align="center">GEORGIA DEPARTMENT OF JUVENILE JUSTICE</p>	<p align="center">Transmittal # 17-13</p>	<p align="center">Policy # 11.10</p>
<p>Applicability: <input type="checkbox"/> All DJJ Staff <input type="checkbox"/> Administration <input type="checkbox"/> Community Services <input checked="" type="checkbox"/> Secure Facilities (RYDCs and YDCs)</p>	<p>Related Standards & References: O.C.G.A. §§ 49-4A-7, 49-4A-8 NCCHC 2011 Juvenile Standards: Y-45, Y-51, Y55, Y-59 ACA Standards: 4-JCF-4C-02, 03, 4-JCF-4C-08, 4-JCF-4C-11, 4-JCF-4C-16, 4-JCF-4C-17, 4-JCF-4C-19, 4-JCF-4C-20, 4-JCF-4C-24, 3-JDF-5B-07, 3-JDF-4C-14, 3-JDF-4C-21-1, 3-JDF-4C-30, 3-JDF-4C-31, 3-JDF-4C-32, 3-JDF-5B-01-2 DJJ 11.2, 11.3, 12.20, 12.24</p>	
<p>Chapter 11: HEALTH AND MEDICAL SERVICES</p>	<p>Effective Date: 12/5/17 Scheduled Review Date: 12/5/18</p>	
<p>Subject: MEDICAL TREATMENT PLANNING</p>	<p>Replaces: 6/10/16 Division of Support Services, Office of Health Services</p>	
<p>Attachments: A – Health Services Release Letter</p>	<p>APPROVED:  <hr/> Avery D. Niles, Commissioner</p>	

I. POLICY:

The Department of Juvenile Justice shall identify youth who have special needs because of significant medical problems, developmental disabilities, chronic disorders, and other special health care problems. These youth shall have an individualized medical treatment plan developed according to established community clinical standards.

II. DEFINITIONS:

Acute Illness/Condition: An illness or condition that is characterized by a relatively sudden onset of symptoms that can affect an individual’s well-being for a short interval and generally is curable.

Advanced Practice Provider: Nurse Practitioner (NP) or Physician’s Assistant (PA).

Chronic Care: Providing or related to long-term medical care lasting more than 90 days, especially for individuals with diseases of slow progression and/or long continuance of physical or mental impairment.

Chronic Care Visit: An evaluation by a physician or advanced practice level provider to specifically develop or address the youth’s treatment plan.

Chronic Disease: An illness or condition that affects an individual’s well-being for an extended interval, usually at least 6 months, and generally is not curable, but can be managed to provide optimal functioning within any limitations the condition imposes on the individual (e.g., asthma, diabetes).

Convalescent Care: Medical service rendered to youth to assist in the recovery from illness or injury.

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Health Care Staff: Registered Nurse, Licensed Practical Nurse, Nurse Practitioner, Dentist, Dental Assistant, Dental Hygienist, Health Services Office Assistant, Pharmacist, Physician’s Assistant, or Physician.

Individualized Education Program (IEP): A written document that outlines the special education and related services specifically designed to meet the unique educational needs of a student with a disability in accordance with the Individuals with Disabilities Education Act.

Medical Services Staff: Staff licensed as a Registered Nurse, Licensed Practical Nurse, Nurse Practitioner, Physician’s Assistant, or Physician.

Medical Treatment Plan: An individualized written plan based on an assessment of the youth’s needs that specifies the particular course of therapy and the roles of the medical and non-medical personnel in carrying it out. When clinically indicated, the treatment plan provides youth with access to a range of supportive and rehabilitative services as the physician or mid-level provider deems appropriate.

Orthoses: Specialized mechanical device used to support or supplement weakened or abnormal joints or limbs such as braces, foot inserts, or hand splints.

Prosthesis: An artificial device to replace body parts or compensate for defective body functions. They include such items as artificial limbs, eyeglasses, and full and partial dental plates.

III. PROCEDURES:

- A. All youth admitted to a DJJ secure facility will be provided a Nurse Health Appraisal and physical exam, in accordance with DJJ 11.2, Nurse Health Appraisal and Physical Examination. The Nurse Health Appraisal and physical exam serve as assessments of the youth’s medical needs, including the need for a medical treatment plan, to include acute illnesses and chronic diseases.
- B. Youth may be referred for development of a medical treatment plan at any time during the youth’s stay, as clinically indicated.
- C. A physician or advanced practice level provider will determine enrollment of the youth in chronic care and will develop the medical treatment plan in the Juvenile Tracking System (JTS) for each youth identified as having a chronic disease at the time of completion of the physical examination, but no later than 3 days from admission.
- D. If the youth reports a chronic disease that requires no treatment, the physician or advanced practice level provider will document the reason for non-enrollment in chronic care on the JTS physical examination when completed or reviewed.
- E. A physician or advanced practice level provider will develop the medical treatment plan in the Juvenile Tracking System (JTS) for each youth identified as having convalescent care needs within 72 hours of the start of the condition.

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- F. The treatment plan will be individualized to the needs of the patient and include instructions for the following:
1. Diet;
 2. Exercise;
 3. Medication/treatment;
 4. Laboratory/other diagnostic monitoring;
 5. Frequency of follow-up visits;
 6. Short and long-term goals; and
 7. Patient education.
- G. The treatment plan will be updated any time there is a change in treatment or care.
- H. Each youth identified with a need for chronic or convalescent care will be scheduled to see the physician or an advanced practice level provider at least monthly. The advanced practice level provider will consult with or refer the youth to the facility physician if the youth's medical condition is not stable or needs further assessments or evaluations.
- I. The facility physician must review all chronic or convalescent care cases at least annually.
- J. Each review will be documented in a JTS progress note.
- K. Youth on psychotropic medications will be scheduled for a monthly mental health chronic care visit. The psychiatrist will evaluate the youth according to the guidelines in DJJ 12.24, Psychotropic Medications.
- L. Chronic care visits will be documented in the JTS medical chronic care module.
- M. Youth with chronic or convalescent medical needs will be identified and when necessary, their needs communicated to other staff via the JTS medical alert system (DJJ 11.3, Medical Classification). This communication will help ensure appropriate care, supervision, and activity in all aspects of facility life. Examples of chronic or convalescent medical needs are:
1. Allergies;
 2. Common side effects and precautions of prescribed medications;
 3. Special housing considerations;
 4. Special diets;
 5. Activity restrictions;

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6. Medical restrictions;
 7. Respiratory isolation;
 8. Contact isolation;
 9. Transfer holds for medical reasons; and
 10. Restricted from food service preparation area.
- N. Requests for elective procedures will be submitted to DJJ Medical Director for review and determination via the OHS Request for Medical Assistance form located in the DJJ shared drive Health Services folder.
- O. Facility behavioral health staff will have primary responsibility for the development of behavioral health treatment plans for youth with mental health treatment needs. (See DJJ 12.20, Treatment Planning.)
- P. Physically disabled youth will be identified in the health record and the need for environmental and program modifications specifically outlined. If such modifications are not reasonably feasible, the facility Director and DJJ Medical Director or designee will be notified. The Designated Health Authority will coordinate with the facility education staff for youth with medical needs identified in their Individual Education Program (IEP).
- Q. Pregnant Females: (Refer to DJJ 11.2, Nurse Health Appraisal and Physical Examination)
1. All pregnant youth will receive obstetrical care consistent with the community standard of care as directed by the physician or mid-level provider, including routine medical examinations, High Risk pre-natal care, management of chemically addicted pregnant youth, post-partum follow up, health and nutrition education and guidance, and recommended diagnostic testing and medications.
 2. Counseling and assistance will be provided consistent with their expressed desires for planning for their unborn child:
 - a) Pregnant youth shall receive education regarding possible adverse effects on the fetus associated with tobacco, alcohol and other drug use.
 - b) Pregnant youth shall receive parenting education, unless the youth has opted for adoption.
 3. A medical treatment plan will be completed on all pregnant females.
- R. Continuity of Care:
1. If a youth is released to the community before completing any medical treatment or preventive therapy or requires continuing medical treatment, the releasing facility's health care staff will notify the Public Health Department in the youth's home county,

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parent/guardian, Community Case Manager (CCM), and/or youth's private community provider of the youth's release.

2. The Health Services Release Letter (Attachment A) will be used to notify the youth's parent/guardian and CCM of the need for further medical follow-up.

S. Orthoses, Prostheses, and Other Aids to Impairment:

1. The medical services staff will monitor all DJJ committed youth to assess the need for any medical or dental orthoses or prosthesis.
2. The health care staff will arrange and schedule with the facility physician or dentist to have the youth fitted for the appropriate device.
3. If the orthoses or prosthesis is beyond dentures or eyeglasses, approval will be obtained from the DJJ Medical Director via the OHS Request for Medical Assistance form located in the DJJ shared drive Health Services folder.

IV. LOCAL OPERATING PROCEDURES REQUIRED: NO