

## Health Authorities

### 700.1 PURPOSE AND SCOPE

The purpose of this policy is to establish an ongoing collaboration between the Facility Administrator (Chief Probation Officer, and the designated Division Chief), the department Quality Assurance Specialist, and the contracted Provider (Health Administrator) to maintain adequate health care for youths (15 CCR 1400).

### 700.2 POLICY

The Department will designate a Medical Services Provider to fulfill under contract the responsibilities of the Health Administrator. Among other responsibilities, the Contracted Medical Services Provider will develop and approve procedures to provide adequate care for youths who are being held in the facility. The Department Contract Officer's Representative and facility Division Chiefs will be responsible for oversight of the Contracted Medical Services Provider.

### 700.3 DESIGNATED HEALTH AUTHORITIES

A qualified person will be designated Provider according to an agreement, contract, or job description as the Health Administrator for the facility. When the designated Health Administrator is not a physician, a qualified physician shall be designated according to an agreement or job description for the Facility by the Provider, herein referred to as the Medical Director, shall develop policy and be responsible for health care matters involving clinical judgments (15 CCR 1400).

Medical, dental and mental health judgments are the sole province of the responsible physician, dentist and psychiatrist respectively; however, security regulations applicable to Probation Department personnel also apply to health services personnel. Final medical judgments rest with the Medical Director of the contracted medical provider. Decisions which affect both medical and security issues will be discussed between the Division Chief, or their designee, and the medical services manager, or their designee.

Under no circumstances shall medical treatment be withheld or administered, as a vehicle for the punishment or discipline of a youth.

#### 700.3.1 RESPONSIBILITIES OF THE HEALTH ADMINISTRATOR

The Health Administrator is responsible for:

- (a) Supervising all health care provided to youths.
- (b) Working with the Provider and the Division Chief or the authorized designee to establish or approve procedures that are consistent with this Custody Manual chapter, reasonable standards of care, and legal standards. The procedures will address, at a minimum (15 CCR 1400; 15 CCR 1409):
  1. Youth screening at the time of admission into the facility and any associated forms (15 CCR 1430).
  2. Regular evaluations after admission (15 CCR 1432).

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3. Suicide prevention and intervention (15 CCR 1329).
4. Receiving and evaluating youth requests for care (15 CCR 1433).
5. Emergency care for youths (including first-aid kits and automated external defibrillators (AEDs)).
6. Communicable/infectious diseases among the youth population (15 CCR 1410; 15 CCR 1430; 15 CCR 1432).
7. Dietary issues specific to care (15 CCR 1462).
8. Promotion of healthy lifestyles.
9. Security issues related to care (15 CCR 1401).
10. The delivery and administration of medication, including procedures so that youths who are taking prescribed medication at the time of admission continue to receive medications as necessary (15 CCR 1438; 15 CCR 1439).
  - (a) Procedures should identify limitations to the length of time medication may be administered without further medical evaluation.
11. Health-related devices that may need to remain with the youth, such as orthotics or eyeglasses (15 CCR 1436).
12. Continued care for youths being released or transferred (15 CCR 1437; 15 CCR 1437.5).
13. Care records and privacy (15 CCR 1406).
14. Notification of family or guardians.
15. Informed consent (15 CCR 1434).
16. Use of private physicians and specialists.
17. The process for determining when elective procedures may be approved or denied.
18. Procedures for members to voluntarily and safely report possible health care-related events or circumstances that adversely affect youth safety or care.
19. Procedures to implement a program wherein staff may possess and administer opioid overdose medication.
20. Procedures to clean and sanitize infirmary care housing (15 CCR 1510).
21. Procedures for treating victims of sexual assault and the reporting requirements when such incidents occur in the facility (see the Prison Rape Elimination Act Policy) (15 CCR 1453).
22. Procedures for the identification and management of alcohol and other drug intoxications (15 CCR 1431).
23. Procedures for monitoring youths who are experiencing intoxication or withdrawal, including frequency of monitoring, discontinuation, and documentation (15 CCR 1431).

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- (c) Ensuring proof of licensure, certification, or registration of the facility's qualified health care professionals is maintained and consistent with community standards and the needs of the facility population (15 CCR 1404: 15 CCR 1352.5).
  - 1. The Health Administrator should work with the Contract Officer's Representative to develop requirements for health care positions that are consistent with community standards, consider cultural and linguistic competence, and otherwise comply with 15 CCR 1404.
- (d) Ensuring that adequate space, supplies, and equipment are available for any health care services provided at the facility (15 CCR 1402), including the inspection and maintenance procedures of equipment (15 CCR 1412).
- (e) Approving the suicide prevention plan (15 CCR 1329).
- (f) Developing a service delivery manual that is available to all health care staff and ensuring the health care manual is reviewed every two years, including documentation of the review process and the review approval signatures of the manual by the Division Chief, Quality Assurance Specialist, and the Provider (15 CCR 1409).
- (g) Ensuring staffing provides for each shift to have at least one health-trained staff member responsible for coordinating the delivery of health care services in the facility any time that qualified health care professionals are not available on-site (15 CCR 1323).
- (h) Establishing systems for coordination among health care service providers (15 CCR 1400).

#### 700.3.2 RESPONSIBILITIES OF THE RESPONSIBLE PHYSICIAN

The Provider will supervise all clinical aspects of youth health care. Final clinical decisions are the sole province of the Provider (15 CCR 1401).

The Provider should:

- (a) Review clinical judgments and treatment plan recommendations made by other qualified health care professionals.
- (b) Approve all health care-related policies and procedures.
- (c) Issue standing orders as deemed appropriate.

#### 700.4 MAINTAINING QUALITY OF YOUTH CARE

The Quality Assurance Specialist, the Provider, and the Division Chief shall work cooperatively to maintain adequate youth health care. Maintenance efforts should be documented and should include (15 CCR 1403):

- (a) Quarterly meetings with the Division Chief, the Quality Assurance Specialist, and the Provider and monthly meetings of any health care staff.
- (b) A yearly audit of the facility's delivery of care, policies, and procedures.
- (c) Formalized efforts to identify and make improvements to youth care, including:
  - 1. A continuous quality improvement program.

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2. A clinical performance enhancement process to evaluate a provider's care.
  3. Review of youths' complaints.
- (d) An annual report and a summary of statistical data of medical, dental, mental health, and pharmaceutical services provided shall be submitted at least annually to the Division Chief (15 CCR 1403).

#### **700.5 DESIGNATED CARE PROVIDERS (DESIGNEES)**

The Quality Assurance Specialist and the Provider may designate qualified health care professionals (e.g., physicians, nurses, counselors, dentists, specialists) as required in 15 CCR 1402. The Quality Assurance Specialist is responsible for:

- (a) Ensuring designees are properly licensed, certified, or registered, that they maintain their applicable licenses, certifications, or registrations, and that current credentials are on file and available for review (15 CCR 1404; 15 CCR 1352.5).
- (b) Limiting designees to providing care appropriate to their qualifications and licensing (15 CCR 1404; 15 CCR 1405).
- (c) Ensuring appropriate protocols and standing orders are developed, and that all protocols and standing orders are understood by designees.
- (d) Defining the extent of health care provided within the facility and delineating those services that shall be available through community providers (15 CCR 1402).
- (e) Establishing procedures for parents/guardians to authorize and arrange for medical/mental/remedial treatment when permissible (15 CCR 1402).

A designee may include an agency or entity, such as a clinic, hospital, public mental health organization, or off-site medical office.

#### **700.6 CARE LIAISONS**

The Provider and the Division Chief shall ensure that a member or a non-member designee is available to act as a care liaison for youths whenever there are no qualified health care professionals in the facility. Care liaison responsibilities include:

- (a) Reviewing initial screening forms.
- (b) Triaging non-emergency health care requests.
- (c) Reviewing sick call requests.
- (d) Coordinating timely health care referrals as needed (15 CCR 1430).
- (e) Assisting youths being released with follow-up health care referrals, appointments, and necessary medications.
- (f) Following other written protocol, standardized procedures, and medical orders as described as prescribed by the Provider (15 CCR 1405).