

## Youth Screening and Evaluations

### 701.1 PURPOSE AND SCOPE

The purpose of this policy is to provide guidance for the screening and evaluation of youths for health care issues (15 CCR 1430).

This policy is limited to screening and evaluations. Subsequent care and treatment is addressed in the Availability and Standards of Care Policy and other related policies.

### 701.2 POLICY

The Department recognizes that youths should be screened when they initially arrive at the facility and evaluated at regular intervals so all youths receive adequate health care.

### 701.3 YOUTHS NOT ACCEPTED INTO THE FACILITY

No youth with a reasonably identified condition that appears to require immediate medical care or another disqualifying condition identified by the responsible physician should be accepted at the facility without a written medical clearance from a qualified health care provider (15 CCR 1430).

If a youth is not accepted into the facility, the circumstances and reasons for requiring a medical clearance shall be documented.

Conditions that require a medical clearance include when a youth presents as (15 CCR 1430):

- (a) Unconscious or semi-conscious
- (b) Bleeding profusely
- (c) Severely disoriented
- (d) Known to have ingested substances, intoxicated to the extent that the youth is a threat to the youth's own safety or the safety of others, in alcohol or drug withdrawal, or otherwise in need of medical attention

### 701.4 INITIAL SCREENINGS

Trained staff shall perform a health care screening on each youth upon the youth's initial arrival at the facility. This includes those transferred from another facility (see the Transfer Screenings Section of this policy). Findings shall be recorded on the appropriate form. The screening will include the name of the screener, date and time of the screening, and information and observations regarding (15 CCR 1430):

- (a) Current and historical medical, dental, and mental health care information, including any allergies.
- (b) Current and historical use of medication, alcohol, and drugs, including types, amounts and frequency used, method of use, date or time of last use, and history of any problems after ceasing use.
- (c) Suicide risk and mental health assessment (15 CCR 1329; 15 CCR 1350).

# San Diego County Probation Department

## Institutional Services Policy Manual

### *Youth Screening and Evaluations*

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1. Screening for suicide risk should include reasonable attempts to communicate with arresting or transporting officers and family members regarding the youth's past or present suicidal ideations or suicide attempts, if practicable.
  2. Youth who are identified to be at risk for suicide shall be referred to mental health staff consistent with the Suicide Prevention and Intervention Policy.
- (d) Pregnancy and associated issues.
- (e) Communicable disease risk assessment (15 CCR 1410, 15 CCR 1430).
- (f) Special needs that would significantly impair a youth's ability to adapt to the facility environment, such as a learning disability.
- (g) Other health care information as designated by the Contracted Medical Service Provider or the Responsible Physician.
- (h) Assessments of:
1. Behavior/conduct.
  2. Signs of impaired consciousness or other health issues (e.g., coughing, sweating, tremors, sleepiness, trouble breathing).
  3. Body deformities and body movements.
  4. Skin (e.g., injuries, rashes, needle marks, sores).
  5. Other concerns as designated by the Contracted Medical Service Provider or the Responsible Physician.
- (i) Intoxication.
1. A qualified health care professional shall conduct a medical evaluation on a youth showing signs of intoxicated behavior persisting over four hours (15 CCR 1431).
- (j) Risk of sexual abuse (15 CCR 1350.5) (see the Youth Classification and Prison Rape Elimination Act policies).
1. The Division Chief or authorized designee shall develop:
    - (a) Procedures to access and compile additional information to appropriately identify sexual abuse risk factors (e.g., medical and behavioral health screenings, court records, case files, facility behavioral records). The screening for risk of sexual abuse shall be completed within 72 hours of admittance.
    - (b) Protocols to safeguard the confidentiality of the information.

Any youth who cannot adequately answer the initial medical screening questions shall be referred to a qualified health care professional to determine whether the youth should be examined by an on-site qualified health care professional or, if one is not available, whether the youth should be transported to receive a medical clearance before acceptance into the facility.

# San Diego County Probation Department

## Institutional Services Policy Manual

### *Youth Screening and Evaluations*

---

Youths who refuse to answer these questions should be placed under observation until the screening can be completed or until sufficient information is obtained to allow the staff to make appropriate decisions about housing and care.

Youths with an identified history of sexual victimization shall be offered a follow-up meeting with a medical or mental health provider within 14 days of intake screening (28 CFR 115.381).

Youths with an identified history of sexual perpetration shall be offered a follow-up meeting with a mental health provider within 14 days of the intake screening (28 CFR 115.381).

Initial screening forms should be forwarded to the Contracted Medical Service Provider for review.

#### **701.4.1 SUCCESSIVE STAYS**

If an adjudicated youth is identified as having previously stayed in this facility, but did not receive a health evaluation at that time, the youth shall receive an in-person health evaluation before the next scheduled commitment period or admittance (15 CCR 1430; 15 CCR 1432).

#### **701.5 TRANSFER SCREENINGS**

A qualified health care provider shall review the health record of any youth transferred into this facility within 96 hours of admission, excluding holidays (15 CCR 1432).

Youths transferred without a health record or initial screening from any other facility shall be screened when they arrive at this facility.

#### **701.6 HEALTH EVALUATIONS**

Qualified health care professionals shall complete an in-person health evaluation of each youth within 96 hours, excluding holidays, after arrival at the facility and annually thereafter if the youth is still in custody. The health evaluation shall be conducted in a location that protects the privacy of the youth. Health evaluations should include (15 CCR 1432; 15 CCR 1430):

- (a) Review of the youth's initial screening information.
  1. Health care professionals should collect additional data to complete the youth's health history during initial screening, including family health history, history of recent trauma-exposure which may require immediate attention, current traumatic stress symptoms, or background information that reasonably appears to require additional inquiry (15 CCR 1432).
- (b) Collection of updated or additional data to complete the youth's health care and immunization history. Immunizations shall be verified and, if necessary, a program shall be started within two weeks to bring the youth's immunizations up to date.
- (c) Medical examination.
- (d) Mental health assessment (15 CCR 1431; 15 CCR 1413).
- (e) Dental examination.
- (f) Tests to detect tuberculosis and other communicable diseases.
- (g) A record of the youth's height, weight, pulse, blood pressure, and temperature.

# San Diego County Probation Department

## Institutional Services Policy Manual

### *Youth Screening and Evaluations*

---

- (h) Other tests and physical examination as determined by the Contracted Medical Service Provider.
- (i) Initiation of care when appropriate, as well as any associated treatment plan.
  - 1. Health care treatment plans shall address the considerations set forth in 15 CCR 1413 (e.g., youth and family participation (if applicable and available), cultural responsiveness, linguistic competence, physical and psychological safety, traumatic stress and trauma reminders).
- (j) Identification of health issues that may affect decisions regarding housing, program participation, or other conditions of confinement.
- (k) Identification of specific needs for accommodations (e.g., disabilities, gender identity) (15CCR1430). The Contracted Medical Service Provider should review any evaluations conducted by other qualified health care professionals.

The Contracted Medical Service Provider may modify the health evaluation if the youth received an adequate examination within the last 12 months. In these cases, a review of the intake screening form and a face-to-face interview with the youth may be conducted when there is reason to believe that no substantial change is expected since the last full evaluation (15 CCR 1432).

Any findings that may significantly affect the health, safety, or welfare of the youth or others should be communicated to the Division Chief or the authorized designee. Health care needs that may affect housing, program participation, or other conditions of confinement shall be communicated and documented.

#### 701.6.1 CLEARANCE FOR WORK AND PROGRAM ASSIGNMENTS

The screening and health evaluations shall include monitoring procedures for youth work and program assignment participation (15 CCR 1414).