



**JUSTICE CABINET
DEPARTMENT OF
JUVENILE JUSTICE
POLICY AND PROCEDURES**

REFERENCES:
505 KAR 1:120
3-JTS-2C-02-1, 09-1, 2; 4C-
22-24, 41; 5B-02-2
4 -JDF-4C-21—23, 39
4-JCF-4C-01, 02, 07, 19, 35;
4D-02, 06; 5B-03, 05
3-JCRF-4C-09
1-JDTP-3B-02
4-JCF-4C-03, 02, 07, 35; 4D-
02; 5B-03, 05
1-JBC-4C-21, 22, 24; 5C-10,
11, 14NCCHC Y-E-02, Y-E-
03, Y-E-05

CHAPTER: Health and Safety Services

**AUTHORITY: KRS
15A.065**

**SUBJECT: Admission Screening for
Physical and Behavioral Health Challenges**

POLICY NUMBER: DJJ 404.1

TOTAL PAGES: 4

EFFECTIVE DATE: November 4, 2020

APPROVAL: LaShana M. Harris , COMMISSIONER

I. POLICY

All youth shall have an initial screening, which includes substance abuse screening, upon admission to identify any physical and behavioral impairment. All youth shall receive referral for care of acute psychiatric and other serious illness or injuries. Those who require health care beyond the resources available in the facility, or whose adaptation to the facility environment is significantly impaired may be transferred to a facility where such care is available.

II. APPLICABILITY

This policy shall apply to group homes, detention centers, and youth development centers.

LIMITED APPLICABILITY

In day treatment programs, youth shall be screened for any health care needs on the day of admission by staff. On suspicion of a problem, the parent or guardian shall be contacted and assisted, if appropriate, in finding the proper community resources.

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III. DEFINITION

Refer to Chapter 400.

IV. PROCEDURES

A. The Initial Health Screening Form shall be completed by the facility registered nurse (RN), L.P.N., or health trained staff member immediately upon arrival of a youth. If the form is completed by an L.P.N. or health trained staff member, it shall be reviewed and signed by the RN. It shall also be made available to the primary health care provider. The initial screening shall be conducted in accordance to assessment protocol approved by the Medical Director. The responsible health care practitioner in cooperation with the health authority and superintendent establishes written procedures and health-screening protocols. All findings are recorded on a health-screening form approved by the health authority. The health screening shall include at least the following:

1. Inquiry into:

- a. History of chronic illnesses and serious infectious or communicable diseases, including symptoms and treatment;
- b. Obstetrical/gynecological history and current pregnancy status;
- c. Use of alcohol and other drugs including type(s) of drugs used, mode of use, amount used, frequency used, date or time of last use, and history of any problems that may have occurred after ceasing use (for example, convulsions);
- d. Current illness and health problems, including infectious or communicable diseases;
- e. Current medications;
- f. Current dental problems;
- g. Recording of height and weight;
- h. Other health problems designated by the responsible primary health care provider;
- i. History of self-injurious and suicidal behavior;
- j. History of inpatient and outpatient psychiatric treatment;
- k. History of treatment for alcohol and other drug use;
- l. Current suicidal ideation;
- m. Current mental health complaint; and,
- n. Current treatment for mental health problems.

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2. Observations of the following:
 - a. Behavior, including state of consciousness, mental status, appearance, conduct, tremor, and sweating;
 - b. Signs of intoxication or withdrawal including: slurred speech, staggering walk, shakes, profuse sweating, nausea, vomiting, abdominal cramps, diarrhea, dilated pupils, agitation, hallucinations;
 - c. Body deformities and ease of movement;
 - d. Conditions of the skin including trauma markings, bruises, lesions, jaundice, rashes and infestations, recent tattoos and needle marks or other indications of drug use; and,
 - e. Current symptoms of psychosis, depression, anxiety and/or aggression.
3. Medical disposition of the juvenile:
 - a. Cleared for general population;
 - b. Cleared for general population with a referral to appropriate health care service; and,
 - c. Referral to appropriate health care service for emergency treatment. When juveniles are referred for emergency treatment, their admission or return to the facility shall be predicated on written medical clearance.
- B. Juveniles identified with disabilities who can be safely maintained in the facility, shall be provided the following services:
 1. Housing that provides for their safety and security;
 2. Rooms or housing units designed for their use that provide for integration with other juveniles;
 3. Programs and services that are modified and/or specifically accessible to them; and,
 4. Education, equipment, facilities, and the support necessary to perform self-care and personal hygiene in a reasonably private environment.
- C. When a youth is identified as having an acute medical condition first aid shall be administered as indicated. The resident shall be placed on one-to-one supervision if indicated. The Superintendent and RN or designees shall be consulted for further directives. If treatment is to be provided in the facility, the Superintendent, or designee shall assure the availability of adequate staffing, including health-trained staff, to provide care and close observation.
- D. After the initial health screening is completed, upon admission the facility Licensed Behavioral Health Professional (LBHP) or a staff member trained in the use of the screening instrument shall complete the initial mental health screening. In Youth Development Centers, it shall be reviewed and signed by the

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- facility LBHP ; in group homes and detention centers it shall be reviewed and signed by the superintendent or designee.
- E. An instrument approved by the Chief of Mental Health Services shall be administered to each youth to provide further screening for behavioral health issues.
1. This screening tool shall be completed by trained staff within twenty-four (24) hours of admission. In Youth Development Centers, the completed mental health screening shall be reviewed and signed by the Treatment Director. In Group Homes and Detention Centers the completed mental health screening shall be reviewed and signed by the trained counselor or Superintendent. Any significant results from the screening shall be followed up by the qualified staff.
 2. Further assessment shall screen for the following items:
 - a. Potential vulnerabilities or tendencies of acting out with sexually aggressive behavior;
 - b. High risk with a history of assaultive behavior; or
 - c. At risk for sexual victimization.
- F. If the youth is identified as needing further behavioral health evaluations, this shall occur in accordance with DJJ Series 400 (Referral for Behavioral Health Services).
- G. Upon identification of an acute psychiatric condition, appropriate personnel shall be informed. The Superintendent and the LBHP shall be notified of all suicidal attempts and be consulted as needed on threats. In case of a suicide attempt in which an injury might have occurred, the Superintendent and the RN or designees shall be informed and consulted regarding emergency care. If hospitalization is indicated the Regional Psychologist or designee shall coordinate admissions to psychiatric facilities.
- H. Each RN and the facility LBHP shall maintain a list of other major sub-specialty medical and behavioral health providers that can be accessed as needed to manage youth with acute and chronic medical and mental illnesses. The list of resources shall be reviewed and updated as needed, but at least annually.

V. MONITORING MECHANISM

Monitoring shall be accomplished by the facility primary health care provider, the facility Registered Nurse, the Medical Director or designee, the Chief of Mental Health Services or designee, and the Quality Assurance Branch.