

	<b>JUSTICE CABINET DEPARTMENT OF JUVENILE JUSTICE POLICY AND PROCEDURES</b>	<b>REFERENCES: 505 KAR 1:120 4-JDF-4C-30, 31 3-JCRF-4C-18 4-JCF-4C-16, 17 1-JBC-5C-11, 14 NCCHC Y-G-01</b>
<b>CHAPTER: Health and Safety Services</b>		<b>AUTHORITY: KRS 15A. 065</b>
<b>SUBJECT: Special Needs Treatment Plans</b>		
<b>POLICY NUMBER: DJJ 404.10</b>		
<b>TOTAL PAGES: 2</b>		
<b>EFFECTIVE DATE: October 5, 2018</b>		
<b>APPROVAL: Carey D. Cockerell</b>		<b>, COMMISSIONER</b>

## I. POLICY

A written, individualized treatment plan, developed by a primary health care provider, shall exist for youth requiring close medical supervision, including chronic and convalescent care, and shall include directions to health care and other personnel regarding their roles in the care and supervision of youth.

## II. APPLICABILITY

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

## III. DEFINITIONS

Refer to Chapter 400.

## IV. PROCEDURES

- A. Initial screening, health assessment and physical examination shall be completed in accordance with DJJPP 404.1, 404.3, and 405.1, to identify health conditions that require a special medical program for chronic or convalescent care.
- B. When necessary, the Superintendent shall request a transfer through the Division of Placement Services if the program is unable to meet the needs of the youth.
- C. The Registered Nurse (RN) shall assess the level of knowledge the youth has of the condition.
- D. The primary health care provider shall develop a written medical treatment plan, including short- and long-term goals, which the facility nurses, staff, and the youth shall follow while at the facility for the following conditions:
  1. Diabetes;
  2. Seizure disorders;
  3. Pregnancy;

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4. Chemical dependency;
  5. Serious communicable disease;
  6. HIV;
  7. Tuberculosis, disease, or infection;
  8. Physical disabilities/challenges;
  9. Developmental disabilities;
  10. Major mental illness;
  11. Terminal illness;
  12. ADHD;
  13. Depression;
  14. Asthma; or
  15. Any other medical disorder that the primary health care provider determines to be of a chronic or convalescent nature.
- E. The medical treatment plan shall also be available to facility staff and the youth and shall include applicable instructions about diet, exercise, adaptation to the correctional environment, medication, the type and frequency of diagnostic testing and follow-up frequency. The plan shall include responsibilities of nurses and other designated staff, consultation with specialists as needed, and review and examination by the health care practitioner as indicated.
- F. The medical treatment plan shall include all known drug allergies.
- G. The medical treatment plan shall be maintained by the RN. The original plan shall be placed in the youth's Medical Record.

**V. MONITORING MECHANISM**

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