

JUVENILE COURT HEALTH SERVICES

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Subject: MEDICALLY FRAGILE YOUTH AND MEDICAL HOLDS		Original Issue Date: 1/31/03	Policy # C-205
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Departments Consulted:	Approved By: (Signature on File) Health Services Administrator (Signature on File) Nursing Director	Approved by: (Signature on File) Medical Director	

PURPOSE

To describe how youth with significant health conditions receive ongoing multidisciplinary care while in the care of Juvenile Court Health Services (JCHS) in a probation facility.

POLICY

JCHS provides a proactive program concentrating on the health care, safety, and well-being of youth in detention, through providing multidisciplinary care as needed to youth with significant health conditions.

PROCEDURE

1. Youth with special needs are designated as a medically Fragile Youth by a medical provider order. Typically, these youth have a significant or serious medical or mental health condition. A nurse may initially identify a potentially fragile youth. A medical provider makes final determination after a visit with a medical provider.
2. Common reasons for Fragile Youth designation are:
 - Chronic Illness – usually an illness or condition that affects an individual’s well-being for an extended interval, usually at least 6 months, but can be managed to provide optimal functioning within any limitations the condition imposes on the individual. Examples include severe asthma, terminally ill, cancer, seizure disorder, diabetes.
 - Developmental Disability – includes individuals with limited intellectual or social ability who may need assistance in planning for housing within the correctional environment and may need special attention paid to their physical safety within the institution.
 - Adaptive Disability – includes youth who have impairment of their ability to provide for themselves in their activities of daily living such as dressing, feeding, transferring, and toileting.
 - Physical Disability – includes youth with physical impediments to daily functioning including motor impairments such as amputations, paralysis, and neuromuscular disorders, as well as other disabilities such as visual, hearing, or speech impairments.
 - Serious communicable diseases –communicable diseases that are transmittable sexually, through aerosolization of airborne droplets, or by contact with infected blood – examples include syphilis, HIV, tuberculosis, viral hepatitis and other infections.
 - Mental Health Disability – include youth with serious mental health needs such as psychotic disorders, mood disorders, or behavioral problems, including (but not limited

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to) manic depression, self-mutilating behaviors, aggressive behavior disorders, post-traumatic stress disorders, and suicidal tendencies. The staff of the Department of Mental Health manage the mental health conditions for these youth.

3. The medical provider completes the evaluation for fragile youth designation at the time of the youth's physical examination. The medical provider indicates the reason for Fragile Youth status and documents any pertinent information relevant to the care of the youth. The medical provider may update the designation as necessary. The designation is reviewed at each care provider's visit to ensure that all care required is provided.
4. Fragile youth requiring interventions other than for their physical health are referred to the Interdisciplinary Behavior Modification Planning (IBMP) Committee, where specific requirements can be discussed.
5. A current list of fragile youth can be obtained from PEMRS and be used to monitor the status of fragile youth at a particular facility.
6. A Medical hold designation may be given to a youth requiring particularly intensive follow-up, procedures, or having other requirements wherein moving the patient from facility to facility would be deleterious to the patient's health. The medical hold will be communicated to Probation with the intention to avoid moving the patient between facilities. If a move is necessary, Probation will contact health services or mental health to make special arrangements for the move to protect the youth.
7. Medically Fragile youth will be regularly scheduled for follow-up care at each facility.
8. Terminally ill juveniles (those whose physical condition has deteriorated to the point where the prognosis is less than 1 year to live) shall have coordination of care with any outside medical providers who had been overseeing their medical care.
 - Medical providers will follow current community standards for pain management and palliative care.
 - If health care in the community setting is medically preferable (e.g. necessary health services are not available at the detention facility), the medical provider shall recommend to the appropriate legal authority the youth's transfer or early/compassionate release.
 - Proper documentation of care is to be maintained (consultations, palliative care, pain management).

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AUTHORITY

California Code of Regulations, Title 15, Article 8, Section 1413

REFERENCE

NCCHC Standard Y- G-01

REVIEW DATES

July 9, 2011; December 27, 2012; May 23, 2018, February 11, 2021