
 COLORADO Division of Youth Services	POLICY S-12-3A	PAGE NUMBER 1 OF 6
	CHAPTER: Medical and Health Care Services	
	SUBJECT: Access to Care and Receiving Screening NCCHC Standards: Y-A-01, Y-A-05, Y-A-07, Y-E-02, Y-E-05	
	EFFECTIVE DATE: September 1, 2023	
THIS POLICY RELATES TO: Detention Youth Centers Treatment Youth Centers	 Anders Jacobson, Director	

I. POLICY:

To provide for the general and special health care needs of youth, each youth in the custody of the Division of Youth Services shall have access to health care services, dental services, and mental health services from the point of admission into a youth center throughout the period of detention or commitment.

II. KEY TERMS: See the Division of Youth Services website for detailed definitions.

 [DYS Policy Key Terms](#)

- A. Access to Care
- B. Health Care Liaison
- C. Intra-System Transfer
- D. Qualified Health Care Professional
- E. Receiving Health Screening
- F. Responsible Health Authority (RHA)
- G. Responsible Physician

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III. ASSOCIATED FORMS:

- A. Medication Communication
- B. Medical On-Call Provider Consult Form
- C. New Admission Checklist

IV. PROCEDURES:

- A. All youth shall have access to care that meets their medical, dental, and mental health needs without unreasonable barriers.
- B. Health care shall include an opportunity for youth to self-disclose their health concerns and needs.
- C. A sign shall be posted in the intake/processing area explaining how youth can access health care services.
- D. Receiving screenings shall be conducted on all youth WITHIN FOUR HOURS OF arrival at a Division of Youth Services (DYS) youth center. If conditions listed below are identified at the time of the intake receiving screening, the youth shall not be admitted to the youth center without a subsequent medical clearance. The medical clearance can only be provided by a physician, physician assistant, nurse practitioner, or other qualified health care professional eligible to provide medical care in the State of Colorado. If a youth is referred to a community hospital, their return to the youth center shall be cleared by written medical approval from the hospital. Medical conditions identified prior to admission requiring clearance include but are not limited to:
 - 1. Active bleeding.
 - 2. Lacerations requiring sutures.
 - 3. Undiagnosed skin rash with a fever of 100.4 or greater.
 - 4. Possible fractures or dislocations.
 - 5. Seizure disorder without medication.
 - 6. Recent moderate to severe head injuries which resulted in a loss of consciousness, severe headache, or vomiting.

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7. Cervical or spinal injuries.
 8. Chest pain and/or difficulty breathing.
 9. A severe cough.
 10. Active fever over 100.4° F.
 11. Unexplained, acute vision or hearing loss.
 12. Inability to stand or walk unassisted.
 13. Involuntary muscle twitches or movements that cannot be controlled.
 14. Neck bruising or lacerations.
 15. Abdominal pain.
 16. Severe pain of any type.
 17. Under the influence of drugs or alcohol.
 18. Medication-dependent diagnosed sickle cell youth without required medication.
 19. Medication-dependent diabetic without required medication.
- E. The responsible physician shall be available for consultation when clarification is needed or if the employee has additional medical concerns.
1. Intake employees shall perform the receiving screening. Medical employees shall be notified if health problems are identified. Health care liaisons may be utilized to screen for immediate medical or mental health needs.
 2. Employees receiving youth who have been previously medically cleared shall notify both medical and non-medical employees of any MEDICAL OR MENTAL HEALTH PROBLEMS, including the need for medical isolation.

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3. Documentation shall be provided by the hospital stating the youth is medically cleared for admission into a DYS youth center. Medical employees shall request complete records as soon as possible, or within the next business day. Record requests shall be documented in the youth's health record at the time the request is made.
4. All receiving screening results shall be recorded in the youth's Health Record. The medical clinic responsible for the health care of youth shall review the receiving screening within 24 hours and document it in the electronic health record (EHR).
5. Receiving screenings for all youth shall include the following at a minimum:
 - a. Inquiry into current AND PAST illness, health CONDITIONS, hospitalizations, and special health requirements.
 - b. Recent communicable/infectious disease.
 - c. Provision for potentially infectious youth to be isolated from the general public.
 - d. Victimization by recent sexual assault to screen for emergency contraception and reported to appropriate authorities.
 - e. RECENT SEXUAL ENCOUNTERS, INCLUDING ANY USE OF CONTRACEPTION AND CONDOMS.
 - f. VICTIMIZATION BY COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN.
 - g. Inquiry into current or recent pregnancy or delivery, and whether there are children under the youth's care.
 - h. Inquiry into whether the youth has a medical, dental, or mental health problem or CONCERN.
 - i. Inquiry into current medications and the time the last dose was taken, and inquiry into the use of alcohol and/or other drugs, including types of drugs used, mode of use, amounts used, the frequency used, date or time of last use, and any history of problems that may have occurred after ceasing use (e.g., convulsions).

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- i. Medications brought into the youth center shall be given to medical employees as soon as possible. If medical employees are not on site, employees shall follow the youth center operations guide for medication storage.
 - ii. The receipt of medications shall be documented on the medication communication form and given to medical employees to be scanned into the youth's health record within seven days.
 - j. If a female reports current opiate use, A PREGNANCY TEST SHALL BE OBTAINED. If the youth refuses a pregnancy test, efforts to obtain the test and the youth's refusal shall be clearly documented in the medical record, and a Refusal Against Medical Advice Form shall be completed.
 - k. Inquiry into any past or present treatment or hospitalization RELATED TO MENTAL HEALTH CONDITIONS or SUICIDAL IDEATION OR INTENT.
 - l. Behavioral observation, including state of consciousness, mental status, appearance, conduct, tremors, and/or sweating.
 - m. Observation of any potential physical limitations (e.g. ease of movement).
 - n. Observation of any persistent cough, hyperventilation, or breathing difficulties.
 - o. Observation of the condition of the skin including tattoos, scratches, bruises, scars, lesions, jaundice, rashes, infestations, and/or needle marks or other indications of drug usage.
 - p. Inquiry into food and/or medication allergies.
6. Sexually transmitted infections testing is offered by a qualified health care professional to all youth within 24 hours. A pregnancy test is offered to all females within 24 hours.

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7. An initial suicide risk assessment shall be conducted for all youth by the intake employees at admission utilizing the Columbia Suicide Severity Rating Scale. All youth who require referral per the screening instrument shall be referred to a mental health professional upon their arrival. Additional policies regarding mental health shall be found in DYS Policy Chapter 15 Behavioral Health Services.
- F. Youth with identified mental health concerns shall be referred to a qualified mental health professional and documented in the youth's health record.
 - G. Medical employees shall review the intake receiving health screening and have a face-to-face encounter with all newly admitted youth within 24 hours and document findings in the youth's health record to include any contraindications to regular programming or physical restraints.
 - H. For intra-system transfers, a transfer note shall be completed for any youth who currently has medication or special medical needs (e.g. individual growth and change plan, medical or dental appointments, suicide prevention monitoring status, etc.).