

## Individualized Treatment Plans (Title 15, § 1413)

### 723.1 PURPOSE AND SCOPE

This policy provides guidance for the development of coordinated and integrated individualized health care treatment plans for youths who receive services for significant health care concerns (15 CCR 1413).

### 723.2 POLICY

The Department recognizes the importance of developing individualized treatment for all youths who are receiving services for significant medical, behavioral/mental health, or dental health care concerns.

### 723.3 INDIVIDUALIZED TREATMENT PLANS

With the exception of special-purpose juvenile halls, the Health Services Administrator, the Behavioral Health Director, and the Healthcare Administrator, in cooperation with the Division Chief, shall develop and implement procedures to ensure that coordinated and integrated health care treatment plans are developed for all youths receiving services for significant medical, behavioral health, or dental health care concerns (15 CCR 1413).

Clinical judgments involving health care are the responsibility of the health care professional qualified to make such a decision. Staff members shall accept clinical judgments and not deny access to care by making, assuming, or ignoring a clinical decision. Procedures shall assure (15 CCR 1413):

- (a) Health care treatment plans are considered in facility program planning.
- (b) Health care restrictions shall not limit a youth's participation in school, work assignments, exercise, and other programs, beyond that which is necessary to protect the health of the youth or others.
- (c) Relevant health care treatment plan information shall be shared with youth supervision staff members for purposes of programming, implementation, and continuity of care (see the Confidentiality of Youth Health Care Records Policy).
  1. Youth supervision staff members and qualified health care professionals should work together to coordinate security and health care needs. Qualified health care professionals and staff members should communicate with each other about youth health care needs that may significantly impact the health, safety, or welfare of the youth or others. Information regarding ongoing treatment plans should be communicated to youth supervision staff members to the extent necessary to coordinate and cooperate in the ongoing care of the youth.
  2. Communication between youth supervision staff members and qualified health care professionals regarding health care needs that may affect housing, program participation, or other conditions of confinement should be documented (15 CCR 1413).

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- (d) Accommodations for youths who may have special needs when using showers and toilets and dressing/undressing (see the Youths with Disabilities Policy and the Youths with Developmental Disabilities Policy).

#### **723.4 TREATMENT PLANNING**

Treatment planning by health care providers shall address (15 CCR 1413):

- (a) Pre-release and discharge planning for continuing medical, dental, and behavioral/mental health care, including medication, following release or transfer. Such planning may include relevant authorization for transfer of information, insurance, or communication with community providers to ensure continuity of care.
- (b) Participation in relevant programs upon return into the community to ensure continuity of care.
- (c) Youth and family participation (if applicable and available).
  - 1. Coordination of discharge planning to link youths and families with supportive aftercare programs and other resources to continue to meet the needs of youths and/or families after youths are released into the community (see the Discharge Plan Policy).
- (d) Cultural responsiveness, awareness, and linguistic competence.
- (e) Physical and psychological safety.
- (f) Traumatic stress and trauma reminders when applicable.