



OREGON YOUTH AUTHORITY

Policy Statement

Part II – Youth Services (Facilities)



Subject:

Facility Health Services

Section – Policy Number:

D: Health and Mental Health – 1.0

Supersedes:

II-D-1.0 (10/22)
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Effective Date:

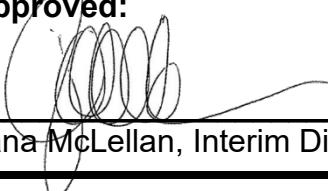
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Date of Last
Review/Revision:

None

Related Standards and References:

- [ORS 420A.010](#) (Creation and duties)
- [ORS 420A.125](#) (Adjudicated youths; intake assessments; reformation plan; placement)
- [OAR Chapter 416, Division 340](#) (Medication Management)
- [OAR Chapter 416, Division 105](#) (Disclosure of Youth in Custody Case Record Information)
- [OAR 851-045](#): Standards and Scope of Practice for the Licensed Practical Nurse and Registered Nurse
- Performance-based Standards (PbS), *Juvenile Correction and Detention Facilities* Health and Mental Health
- American Correctional Association, *Standards for Juvenile Correctional Facilities*; 4-JCF-4C-01 through -04; 4-JCF-4C-06 through -09; 4-JCF-4C-14; and 4-JCF-4C-27
- National Commission on Correctional Health Care, *Standards for Health Services in Juvenile Detention and Confinement Facilities 2022*
- Secure Adolescent Inpatient Program MOU: [OYA contract number 11336](#)
- [OYA policy](#): I-A-10.0 (Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment)
 - I-A-10.1 (Meeting LGBTQ+ Youth Needs)
 - II-D-1.2 (Facility Mental Health Services)
 - II-A-3.0 (Interactive Supervision of Youth)
 - II-A-3.2 (Enhanced/Supplemental Interactive Supervision of Youth)
 - II-A-3.1 (Facility Youth Transports and Escorted Trips)
 - II-D-1.4 (Medication Management)
- [OYA forms](#): YA 4004 (Youth Correctional Facility Medical- Dental- Optical Consent)
 - YA 4405 (Medical Clinic Referral Form)
 - YA 4406 (HIV Test Informed Consent)
 - YA 4408 (YCF Initial Health Screen)
 - YA 4492 (Incoming Transfer Health Screen)
 - YA 4416 (Health History and Physical Assessment)
 - YA 4426 (Health Care Request Form)
 - YA 4491 (Health Status Summary for Discharge/Transfer to OYA Community Placement or Facility)
 - YA 6300 (Oregon State Hospital Transfer Request)
 - YA 4428 (Healthcare Services Refusal Form)
- [Attachment A](#): (Youth and Family Narcan Distribution Awareness Letter)

Related Procedures:	<ul style="list-style-type: none"> ▪ HS I-E-2.2 (b) Facility Medical File Transfer ▪ HS I-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse/Assault ▪ HS II-D-1.0 (a) – (f) OYA Dental Program Guidelines
Policy Owner: Health Services Assistant Director	Approved:  <hr/> Jana McLellan, Interim Director

I. PURPOSE:

This policy provides general standards for physical health services available to youth in OYA facilities.

General standards for close-custody youth mental health services, and psychiatric/psychological evaluations are in OYA policy II-D-1.2 Facility Mental Health Services.

II. POLICY DEFINITIONS:

Health assessment: The process whereby the health status of a youth is evaluated, including questioning the youth regarding symptoms. The assessment includes a medical history, physical examination, and diagnostic testing, as appropriate.

Health screening: A process of structured inquiry and observation designed to prevent newly arrived youth who pose a threat to their own or others' health or safety from being admitted to the facility's general population, and to provide them rapid medical care, as necessary.

Healthcare Services: Includes medical, nursing, dental, psychiatric, psychological and pharmaceutical services.

Qualified health care professional: Includes physicians, physician assistants, nurse practitioners, nurses, dentists and others who are permitted by law within the scope of their professional practice acts to evaluate and care for patients.

Sick call: Anytime a nurse receives a health care request from a youth with medical, dental, or mental health complaints, and evaluates the youth, or the youth is scheduled to see a health care practitioner for the complaint.

III. POLICY:

OYA ensures all youth receive health services in an appropriate and timely manner. It is the responsibility of Health Services to ensure that all youth receive quality health care services that are equitable, cost-effective, and medically necessary. Health Services recognizes that underserved and marginalized populations may require more health care services in order to restore health due to lack of access to health care services while living in the community.

OYA has been determined to be a non-covered federal Health and Insurance Portability and Accountability Act (HIPAA) entity; however, youth health information may only be shared by health care staff with non-treating staff only as is necessary for the performance of their job duties and as necessary to protect the health and safety of youth and others.

Health Services staff must provide specialized health services to youth only within the scope of the Health Services staff's training.

Health Services staff are not responsible for the transportation and supervision of youth to medical appointments, either at the facility or in the community. Supervision and transportation of youth during medical appointments is addressed in OYA policies II-A-3.0 (Interactive Supervision of Youth) and II-A-3.1 (Facility Youth Transports and Escorted Trips). Health information may be shared with transport staff when necessary to ensure staff and youth safety.

IV. Physical Health General Standards:

A. Health screenings

1. A health-trained staff (OYA transition camps only) or qualified health care professional must complete a health screening on a youth within one hour of the youth's admittance to any facility.
 - a) For initial commitments to OYA (MYCF and OCYCF), form YA 4408 (Youth Correctional Facility Initial Health Screen) must be completed in its entirety.
 - b) For youth admitted to regional facilities or transferred to MYCF from a regional facility, form YA 4492 (Incoming Transfer Health Screen) must be completed.
2. The health screening must be completed prior to the youth entering the general population.
3. Information obtained during the Initial Health Screening that must be communicated to staff in writing immediately includes:
 - a) Food or drug allergies;
 - b) Immediate health problems, including prescribed medications and treatment instructions;
 - c) Acute and chronic health conditions that may require special care and treatment instructions such as diabetes, seizure disorder respiratory disorders, heart conditions, fractures, and post-surgical care;
 - d) Medical restrictions;
 - e) Special dietary requirements;
 - f) Follow-up care requirements; and

g) Appointments for specialized health services.

4. All other health information may not be shared unless authorized by statute or determined by a facility qualified health professional as necessary for facility staff to perform their job duties.

B. Incoming medications on intake

The intake nurse must renew a youth's medication(s) for 30 days when a youth is initially admitted to OYA close custody (MYCF or OCYCF) with medication. The medication must be reviewed by a physician, nurse practitioner, or physician assistant during the youth's health assessment (section C below) and renewed, changed, or discontinued.

C. Health assessments – Initial commitment to OYA (MYCF and OCYCF)

A full Health History and Physical Assessment must be completed by a physician, nurse practitioner, or physician assistant on each youth within seven days of the youth's initial admittance to OYA close custody (MYCF or OCYCF). The healthcare practitioner must ensure that the intake assessment includes:

1. A review of the results of the Initial Health Screen form (YA 4416) completed by nursing;
2. A complete review and documentation of any current medical complaints, health history, family history, and medical, dental and psychiatric treatment and needs;
3. Review of all medications to determine whether the medication is to be renewed, changed, or discontinued;
4. Nursing review of immunization records and plan to update immunizations [if not available in ALERT, nurse must contact the youth's community health care provider for the immunization records];
5. Tuberculosis screening and results;
6. Height, weight, Body Mass Index (BMI), pulse, blood pressure and temperature;
7. Youth ages 12 to 20 years old: complete the BMI for age percentile graph (screen for appropriate body weight);
8. Hearing and vision screening results;
9. Physical examination by the respective health care practitioner completed within 7 days of the youth's intake date;

10. Gynecological assessment of biological females (when clinically indicated) by a physician or nurse practitioner, frequency of pap smears per current health care guidelines;
11. A referral for pregnant youth to the OB/GYN for prenatal care;
12. A screening test for Gonorrhea and Chlamydia; review results when available;
13. An order for screening bloodwork for Hepatitis C, HIV, and Syphilis;
14. Other laboratory and diagnostic tests for communicable diseases, including other sexually transmitted infections, as determined by the health care practitioner;
15. An order for screening lab work that is medically necessary;
16. A review of all results and findings by the respective healthcare practitioner, and a review of any available medical records; and
17. Initiation of any appropriate treatment.

D. Dental care

1. Health Services staff must follow the OYA dental program guidelines as delineated in Health Services procedures HS II-D-1.0 (a) – (f).
2. Initial commitment to OYA (MYCF and OCYCF): A dentist must complete an oral examination on a youth within 30 days of the youth's initial admission. A treatment plan must be developed.
3. A dentist must provide youth oral treatments based on the youth's dental treatment plan.

Referrals must be made to oral health care specialists for specialty services when medically necessary for proper mastication and to maintain the youth's health.
4. Transfer to another OYA facility: If a youth transfers from MacLaren YCF before dental treatment is completed and an on-site dentist is not available at the receiving facility, a nurse must complete a referral to a community dentist for completion of the dental treatment plan if the treatment is medically necessary.

Copies of the youth's panoramic X-rays must be sent by MYCF clinic to the treating community dentist.
5. Health Services staff must ensure oral hygiene instruction is provided to youth.

6. Health Services staff must ensure all youth have their teeth cleaned every six months by a dental professional, and that an annual dental check-up is completed by a dentist.

E. Chaperone

1. An assigned nurse must always be present in the clinic exam room during youth visits with a physician, nurse practitioner, or physician assistant.
2. Nursing staff must have another staff present whenever nursing staff must examine a youth's genital or breast areas.

F. Health assessments - Transfer from OYA intake facility to the treatment OYA facility

1. The nursing staff at the receiving facility (or health-trained staff only at transition camps) must screen the youth face-to-face within one hour of arrival at the facility. The focus of the screening is on the youth's appearance, behavior, and recounted problems the youth may say occurred during the transfer process.

The screening must be documented on the Incoming Transfer Health Screen (YA 4492) form with the screening staff's signature, date and time of completion, and placed in the youth's medical record.

2. Nursing staff (or health-trained staff at transition camps only) must review the youth's health record or summary within 12 hours of arrival to ensure:
 - a) Continuity of care is initiated;
 - b) Missing initial assessments (health, mental health, dental) are identified and any required assessments are scheduled; and
 - c) Records from the sending facility are in the electronic health record.
3. The receiving facility's physician, nurse practitioner, or physician assistant must do the following within seven days of the youth's arrival:
 - a) Review the youth's Health History and Physical Assessment form (YA 4416). If one was not completed at the intake facility, then one must be completed;
 - b) Review the youth's electronic medical record;
 - c) Verify that all screenings have been completed;

- d) Follow-up on all test results;
- e) Initiate or complete any necessary treatment as appropriate; and
- f) Document this review has been completed by placing a note in the youth's electronic medical record.

G. Health assessments - Readmission to an OYA facility

1. The physician, nurse practitioner, or physician assistant must follow the same process described for initial commitments (section IV.C. above) except that the YA 4416 must be completed again only if it has been more than six months since the youth left close custody.
2. The physician, nurse practitioner, or physician assistant must complete a physical exam if the last full exam was completed more than one year from the youth's departure.
3. The clinic physician, nurse practitioner, or physician assistant must, at a minimum, complete a health check and exam of youth who are readmitted to an OYA facility in less than one year after departure to ensure that there has been no change in health status.

H. Health assessments - OYA facility periodic assessments

The physician, nurse practitioner or physician assistant at each facility clinic in collaboration with the OYA medical director must determine the frequency and content of periodic health assessments of youth based on nationally recognized professional standards such as the American Academy of Pediatrics or American Academy of Family Practice. In general, periodic health assessments are done annually.

I. Youth health education and counseling

1. Health Services staff must provide youth education on their diagnosed medical condition, medications and self-management of disease.
2. Health Services staff must provide education and counseling on:
 - a) Sexually transmitted diseases and prevention practices;
 - b) Contraceptive options;
 - c) Self-exams as appropriate (e.g., testicular, breast);
 - d) Healthy eating, healthy habits, exercise and maintaining healthy body weight, disease prevention;
 - e) Oral hygiene instruction; and
 - f) Chronic disease management.

J. Health assessment- Gender affirming care requests:

1. Staff must give youth forms YA 1504 and YA 0055 to complete when youth request gender affirming care treatments from Health Services. A QMHP, or another staff must assist the youth to complete the forms and submit them to the Sexual Orientation, Gender Identity and Expression Committee (SOGIEC).
2. The SOGIEC chair must review the forms, and email them to the OYA medical director and the OYA supervising psychologist for review and routing to the appropriate clinic staff.
3. Clinic staff must refer and schedule an appointment with the consultant mental health practitioner designated to perform gender assessments.
4. Youth who are given a diagnosis of gender dysphoria, and for whom treatment with hormones is deemed medically necessary, must be referred to the medical consultant designated, by the OYA medical director, to treat this medical condition.
5. Hormone treatments prescribed by the medical consultant, and consult notes, must be reviewed by the primary care practitioner for the facility clinic where the youth is housed. If there are no contraindications, then the youth must start the treatment. The treatment must be ordered under the consultant's name.
6. All follow-up appointments must be made for the youth to return for follow-up care with the medical consultant. All lab work requested by the medical consultant, while the youth is on treatments, must be done and results sent to the medical consultant. The primary care practitioner must also review these results.
7. For gender affirming health care services, other than hormone treatments, Health Services staff must consult the OYA medical director for review of medical necessity with the treating health care practitioners.

K. Requests for non-emergency health care

1. Each OYA facility must provide youth a daily opportunity to submit a Health Care Request Form (YA 4426) directly to Health Services staff.
2. Health Services staff must review each request for care within 24 hours of receiving the request to determine the urgency of the youth's health care request.
3. In OYA transition camps where Health Services staff are not on duty, health-trained staff must review and respond to health care requests and make timely arrangements for an appointment with the camp's contracted community health care provider.

4. Health Services staff must triage and determine priority of non-emergency health care requests.
5. Health Services staff must document each request in the youth's medical record.
6. The qualified health professional must document medical care provided in the youth's medical record.

L. Sick call

1. Sick call must be conducted by a qualified health care professional on a regularly scheduled basis.
2. Not every sick call request requires a sick call appointment; however, when a sick call request describes a clinical symptom, the health care professional must have a face-to-face encounter with the youth.
3. The qualified health professional must document the encounter in the youth's medical record.
4. Youth must be scheduled to see the clinic physician, nurse practitioner or physician assistant for medical complaints that cannot be addressed by nursing staff or that are outside the scope of practice of the nursing staff.

M. Health evaluation of youth isolated or separated from the general population

1. A qualified health professional must medically assess, in person, on a daily basis (or more frequently, as deemed necessary, based on an identified medical/mental health condition) each youth who is isolated or separated from the general population.
2. This assessment must include:
 - a) Notation of any signs of trauma;
 - b) Notation of any signs or symptoms of illness;
 - c) Comments regarding the youth's attitude and outlook; and
 - d) Changes in mental status.
3. The qualified health professional must document the assessment in the youth's medical record and contact the clinic physician, nurse practitioner, or physician assistant with any abnormal findings.

N. Youth sexual assault/abuse

If a youth sexually abusive penetration may have occurred within 96 hours, Health Services staff must arrange for the youth to be transported to a medical emergency room or a facility in the community that is equipped to evaluate, collect physical evidence, and treat victims of sexual abuse when a forensic exam is deemed appropriate by Professional Standards Office staff or the Oregon State Police.

1. Staff must schedule the youth to see a physician, nurse practitioner or physician assistant upon the youth's return to an OYA facility.
2. The physician, nurse practitioner, or physician assistant must determine if all necessary prophylactic treatment and timely access to emergency contraception has been given to the youth. If not, the physician, physician assistant, or nurse practitioner must administer all necessary prophylaxis (including follow-up care for sexually transmitted diseases or other communicable diseases as appropriate) and emergency contraception.
3. The physician, nurse practitioner, or physician assistant must provide biological female youth follow-up monitoring for pregnancy.
4. Staff must refer the youth to a mental health practitioner for crisis intervention and counseling, assessment for suicide risk, and long-term follow-up.
5. A mental health practitioner must meet with the youth within 24 hours of the forensic medical examination.
6. Refer to OYA policy I-A-10.0 (Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment) for additional information on youth sexual assault/abuse response.

O. Community referrals for specialty care and Emergency Room (ER) visits

The process below must be followed if it is determined that a youth needs to be referred for specialty care or assessed in the ER.

1. When available, the nurse must complete a Medical Clinic Referral Form (YA 4405) including:
 - a) Referring provider and reason for referral;
 - b) Date of last Tetanus booster;
 - c) Current medication administration record printed from the youth's EMAR; and
 - d) Appointment details.
2. Transporting staff must:

- a) Bring the Medical Clinic Referral Form (YA 4405) with the youth to the appointment;
 - b) Ensure the Medical Clinic Referral Form (YA 4405) is completed by the community healthcare practitioner; and
 - c) Ensure the completed Medical Clinic Referral Form (YA 4405) is returned to the clinic upon return to the facility.
3. The referring physician, nurse practitioner, or physician assistant must review the completed Medical Clinic Referral Form (YA 4405) and any additional appointment documentation available.
4. Clinic staff must scan the completed Medical Clinic Referral into the youth's medical record.

P. Youth refusals

1. Refusals by youth age 14 or younger: When youth 14 or younger refuse healthcare appointments, treatments, or immunizations, considered medically necessary, the nursing supervisor or OYA nurse manager must be contacted to determine if the youth's parent/guardian must be notified to discuss the situation and obtain consent.
2. Refusals by youth age 15 or older: Youth 15 or older may refuse healthcare appointments without parent/guardian involvement. Youth must verbally confirm appointment refusals with a member of Health Services, and the refusal must be documented. The youth must be asked the reason for their refusal.
 - a) If an appointment is being refused due to a scheduling conflict the youth has, the refusal must be documented and another follow-up appointment must be scheduled at the earliest convenience.
 - b) Youth who refuse treatment appointments, not due to a scheduling conflict, must complete a Healthcare Services Refusal Form (YA 4428).
 - c) Mental health medication appointments: Youth who refuse three consecutive appointments for mental health medication review or renewal may risk not having their current medications renewed by their mental health prescriber. It is important that all mental health prescribers check in with youth regularly to ensure medications are effective, necessary, and still appropriate for each youth.
 - d) Offsite appointments: Offsite medical and dental appointments are canceled when youth refuse three consecutive appointments with each offsite healthcare provider.

3. Refusals of youth treatments: Youth age 15 or older may refuse health care treatments without parent/guardian involvement.
 - a) The treating healthcare practitioner must meet with the youth and discuss potential risks to their health condition to discontinuing or refusing treatment.
 - b) A Healthcare Services Refusal Form (YA 4428) must be signed by the youth and the treating healthcare practitioner.

If the refused treatment is for a serious medical condition, also obtain the signature of a witness who can attest to observing the healthcare practitioner explain the risks of refusing treatment to the youth.
 - c) Youth refusing treatments for significant or non-self-limited medical conditions must be followed up with at least weekly.
 - d) Youth refusing treatments for self-limited medical conditions must be followed up with weekly until resolution of condition or symptoms.
 - e) Youth refusing medications for established treatment must be followed up with as necessary.
 - f) Treatment must not be withheld due to prior refusals. Youth may submit a Health Care Request Form (YA 4426) requesting the continuation of treatment at any time.
4. Refusal of dental treatments or preventative care services: Youth age 15 or older may refuse dental treatments or preventative care services without parent/guardian involvement.
 - a) The treating dental provider must meet with the youth and discuss potential risks to discontinuing or refusing dental treatments or preventative care services.
 - b) A Healthcare Services Refusal Form (YA 4428) must be signed by the youth and the treating dental practitioner.
 - c) Youth refusing dental treatments must be followed up with periodically as necessary.
 - d) Youth refusing dental preventative care services must be followed up with quarterly.
 - e) Dental treatments and preventative care services must not be withheld due to prior refusals. Youth may submit a Health Care Request Form (YA 4426) requesting the continuation of dental treatments or preventative care services at any time.
5. Refusing Immunizations: Youth age 15 or older may refuse immunizations without parent/guardian involvement. When an

immunization is due and is refused, the refusal must be documented in the EHR system for each respective immunization refused.

Immunization refusals must be reviewed at least quarterly.

V. Youth Transfers - Physical and Mental Health Information

A. Youth transfers to an OYA facility with in-house Health Services staff

1. Nursing staff at the sending facility must:
 - a) Complete a Health Status Summary for Discharge/Transfer form (YA 4491) that includes all chronic medical conditions and all recent and current acute conditions, problems, injuries and their status. The summary must describe any follow-up care that is needed;
 - b) Prepare the following in a sealed package clearly labeled with the youth's name -
 - (1) The completed Discharge/Transfer form (YA 4491);
 - (2) A copy of the current medication administration records that includes all current medication orders; and
 - (3) All current medications.
 - c) Make verbal contact with the receiving facility if the youth has complex or acute medical needs; and
 - d) Ensure that the electronic pharmacy system has been updated to reflect the youth's change in location.
2. The transporting staff must transport with the youth:
 - a) The sealed medical package clearly labeled with the youth's name; and
 - b) Medical aids and equipment (glasses, hearing aids, prosthesis, etc.).
3. Nursing staff at the receiving facility must complete the Transfer Health Screen Form (YA 4492) within one hour of admission and review the youth's health record and Discharge/Transfer form (YA 4491) within 12 hours of arrival to ensure that continuity of care is initiated and that missing assessments are identified and scheduled.

Test results must be reviewed and pending lab work, or tests, must be checked to ensure they will be completed. A check for

scheduled external appointments must be done to ensure that the youth does not miss the appointment(s).

4. The physician or nurse practitioner of the receiving facility must review the Transfer Health Screen Form (YA 4492) and health record within seven days of transfer. (See section IV.C. above.)
5. Mental health staff at the sending facility must make verbal contact with the receiving facility if the youth has acute or chronic mental health needs. See OYA policy II-D-1.2 Facility Mental Health Services for additional information.
6. The YA 4491 and YA 4492 do not need to be completed when a youth transfers from one facility to another that share a clinic (e.g., Tillamook facilities). However, nursing staff must check with the youth within 24 hours of arrival to ensure there is no change in the youth's mental health status and that the youth is adjusting to the new environment and does not have any additional medical or mental health needs.

B. Youth transfers to an OYA transition camp without in-house Health Services staff or discharge/transition to a community placement.

1. Nursing staff at the sending facility must:
 - a) Complete a Health Status Summary for Discharge/Transfer form (YA 4491) that includes all chronic medical conditions and all recent and current acute conditions, problems, injuries and their status. Describe any follow-up care that is needed;
 - b) Prepare the following in a sealed package clearly labeled with the youth's name -
 - (1) The completed Discharge/Transfer form (YA 4491);
 - (2) A copy of the certificate of immunization status;
 - (3) A copy of the current medication administration records that includes all current medication orders; and
 - (4) A 30-day supply of medications.

If the complete supply is not available, the sending facility's nursing staff must make arrangements to obtain and send the remainder of the 30-day supply.
 - (5) For youth transitioning to a shelter, independent living program, or home, a box of Narcan must be offered.
 - i. Nursing staff must provide the youth 1 box of Narcan, a copy of the administration

instructions (“Narcan Quick Start Guide”), and the Youth and Family Narcan Distribution Awareness Letter printed on letterhead (see Attachment A).

- ii. Nursing staff must review administration instructions with the youth.
 - iii. Nursing staff must document the Narcan distribution or refusal information on the OHA Narcan Tracker and the youth’s Health Status Summary for Discharge/Transfer form (YA 4491).
- (6) When youth are discharged to the community, without prior knowledge of the clinic staff, a 30-day supply of all prescription medications must be sent via mail carrier along with a completed copy of the Health Status Summary for Discharge/Transfer form.
- c) Make verbal contact with the receiving facility or program if the youth has complex or acute medical needs; and
 - d) Immediately ensure that the electronic pharmacy system has been updated to reflect the youth’s change in location.
2. The transporting staff must transport with the youth:
- a) The sealed medical package clearly labeled with the youth’s name; and
 - b) Medical aids and equipment (glasses, hearing aids, prosthesis, etc.).
3. Mental health staff at the sending facility must make verbal contact with the receiving facility staff if the youth has acute or chronic mental health needs. See OYA policy II-D-1.2 Facility Mental Health Services for additional information.

C. Youth transfers to Oregon Department of Corrections (DOC)

1. Nursing staff at the sending facility must:
- a) Complete a Health Status Summary for Discharge/Transfer form (YA 4491);
 - b) Prepare the following in a sealed package clearly labeled with the youth’s name –
 - (1) The completed Discharge/Transfer form (YA 4491) that includes all chronic medical conditions and all recent and current acute conditions, problems,

injuries and their status. Describe any follow-up care that is needed;

- (2) A copy of the certificate of immunization status;
 - (3) A copy of the current medication administration records that includes all current medication orders; and
 - (4) Copies of all chart notes, provider orders, laboratory reports, dental records, psychiatric and psychological records.
- c) Make verbal contact with the receiving DOC facility Health Services staff if the youth has complex or acute medical needs; and
 - d) Immediately ensure that the electronic pharmacy system has been updated to reflect the youth's change in location.
2. Staff releasing a youth to DOC must send:
- a) The sealed medical package clearly labeled with the youth's name; and
 - b) Medical aids and equipment (glasses, hearing aids, prosthesis, etc.).
3. Mental health staff at the sending facility must make verbal contact with the receiving DOC facility mental health staff if the youth has acute or chronic mental health needs. See OYA policy II-D-1.2 Facility Mental Health Services for additional information.

D. Youth under age 18 transfers to a secure adolescent inpatient program (SAIP) (Children's Farm Home)

Procedures for transferring a youth to SAIP are listed in OYA contract number 11336.

E. Youth transfers to Oregon State Hospital (youth 18 years of age and older)

Procedures for transferring a youth to Oregon State Hospital are also listed in OYA Interagency Agreement, contract number 14222.

1. Nursing staff at the sending facility must:
- a) Complete a Health Status Summary for Discharge/Transfer form (YA 4491) that includes all chronic medical conditions and all recent and current acute conditions, problems, injuries and their status. Describe any follow-up care that is needed;

- b) Prepare the following in a sealed package clearly labeled with the youth's name -
 - (1) The completed Discharge/Transfer form (YA 4491);
 - (2) A copy of the certificate of immunization status;
 - (3) Date of TB test and results;
 - (4) A copy of the current medication administration records that includes all current medication orders;
 - (5) A 7-day supply of medication;

If the complete supply is not available, the sending facility's nursing staff must make arrangements to obtain and send the remainder of the 7-day supply.
 - (6) Copies of all chart notes, including a copy of the youth's OYA admission physical examination, provider orders, laboratory reports, dental records, psychiatric and psychological records;
 - (7) Copies of any pertinent behavioral information; and
 - (8) Description of any special needs.
 - c) Immediately ensure that the electronic pharmacy system has been updated to reflect the youth's change in location.
2. The following must be sent with the youth at the time of admittance to the Oregon State Hospital:
- a) The sealed medical package clearly labeled with the youth's name;
 - b) Medical aids and equipment (glasses, hearing aids, prosthesis, etc.);
 - c) Copies of any applicable written authorization forms and judicial/administrative orders for the youth related to admission to a mental health facility, authorized treatment, and disclosure of the youth's confidential information; and
 - d) An original Oregon State Hospital Transfer Request (YA 6300) signed by the facility superintendent and OYA supervising psychologist.
3. The sending facility staff must notify the OYA supervising psychologist and OYA medical director of the transfer.

- F. Youth admission to community hospitals for acute medical conditions or exacerbation of chronic medical conditions (physical medicine)
1. Facility nursing staff must provide the following to the hospital at the time of the youth's admittance:
 - a) The presenting medical problem;

A copy of the current medication administration records that includes all current medication orders; and S
 - b) Copies of any pertinent medical records.
 2. The sending facility staff must notify the OYA medical director of the inpatient admission to a community hospital.
 3. The sending facility staff must notify an OYA Medicaid eligibility specialist to complete an application for Medicaid coverage.
 4. The sending facility staff must notify the OYA medical director when the youth is discharged from the hospital and returned to the sending facility.
 5. The sending facility staff must notify an OYA Medicaid eligibility specialist to close the Medicaid claim.
 6. Nursing staff must ensure that the electronic pharmacy system has been updated to reflect that the youth is temporarily off site.
- G. Youth transfers to a community psychiatric hospital for admission
1. Facility nursing staff must provide the following to the hospital at the time of the youth's admittance:
 - a) A completed Health Status Summary for Discharge/Transfer form (YA 4491) that includes all chronic medical conditions and all recent and current acute conditions, problems, injuries and their status. The summary must also include a description of any follow-up care that is needed;
 - b) A copy of the current medication administration records that includes all current medication orders;
 - c) Copies of all psychiatric/psychological records;
 - d) A copy of the certificate of immunization status; and
 - e) A copy of TB testing and results.
 2. The sending facility staff must notify the OYA supervising psychologist and OYA medical director of the inpatient admission to a community psychiatric hospital.

3. The sending facility staff must notify the OYA supervising psychologist and OYA medical director when a youth is discharged from the hospital back to the sending facility.
4. The sending facility staff must notify an OYA Medicaid eligibility specialist to complete an application for Medicaid coverage when the youth is admitted.

The sending facility staff must notify an OYA Medicaid eligibility specialist to close the Medicaid claim when the youth is discharged.

5. Nursing staff must ensure that the electronic pharmacy system is updated to reflect that the youth is temporarily offsite.

VI. LOCAL OPERATING PROTOCOL REQUIRED: NO

Dear Youth and Family,

Oregon is currently facing an opioid epidemic. Fentanyl, a synthetic opioid, has passed methamphetamine as the most frequent drug involved in overdose deaths in Oregon. Fentanyl is often added to other drugs to make them cheaper, more potent, and more addictive. It is nearly impossible to tell if drugs have been laced with fentanyl because it cannot be seen, smelled, or tasted. Many people may be unaware that their drugs contain fentanyl.

Oregon Health Authority has partnered with Oregon Youth Authority to provide Narcan, a medication that rapidly reverses an opioid overdose, to all youth discharging to their home or to an independent living program. This box of Narcan has been provided free of charge to every youth and contains two doses and a set of instructions. We have also provided education on recognizing an opioid overdose and how to safely administer Narcan. You can learn more about Narcan and the opioid crisis on Oregon Health Authority's website, www.oregon.gov/oha.

Our goal is to provide and educate on the use of Narcan to help prevent overdoses in the community as a response to this public health crisis in Oregon. For specific questions, please reach out to your healthcare provider or local health clinic.

Thank you,

OYA Health Services

Estimados jóvenes y familias:

Actualmente, Oregon está enfrentando una epidemia de opioides. El fentanilo, un opioide sintético, ha superado a la metanfetamina como la droga que se encuentra involucrada con más frecuencia en muertes por sobredosis en Oregon. El fentanilo se suele añadir a otras drogas para hacerlas más baratas, potentes y adictivas. Es casi imposible determinar si una droga ha sido contaminada con fentanilo, ya que este no se puede ver, oler ni saborear. Muchas personas podrían desconocer que las drogas que consumen contienen fentanilo.

El Oregon Health Authority se ha asociado con la Correccional Juvenil de Oregon para proporcionar Narcan, un medicamento que revierte rápidamente una sobredosis por opioides, a todos los jóvenes que sean dados de alta para regresar a sus hogares o para asistir a un programa de vida independiente. Esta caja de Narcan se ofrece de forma gratuita a cada joven y contiene dos dosis y una serie de instrucciones. También hemos impartido capacitaciones sobre cómo reconocer una sobredosis por opioides y cómo administrar Narcan de forma segura. Puede obtener más información sobre Narcan y la crisis de opioides en el sitio web del Oregon Health Authority: www.oregon.gov/oha.

Nuestro objetivo es proporcionar Narcan e informar sobre su uso para ayudar a prevenir las sobredosis en la comunidad como respuesta a esta crisis de salud pública en Oregon. Si tiene alguna pregunta específica, consulte con su proveedor de atención médica o su clínica de salud local.

Gracias,

Servicios de Salud de OYA