

Chapter: Continuity of Care	Effective Date: 1/1/17
Title: Health Information Sharing	Page: 1 of 6
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(a) **Standard.**

- (1) Appropriate continuity of care is provided to youth:
 - (A) during transport;
 - (B) during transfer to another Texas Juvenile Justice Department (TJJD) facility;
 - (C) upon referral to a community-based health-care [provider](#);
 - (D) upon transfer to a state psychiatric hospital;
 - (E) upon transfer to the Texas Department of Criminal Justice – Correctional Institutions Division (TDCJ-CID); and
 - (F) upon release or discharge from a TJJD state-operated facility.
- (2) To facilitate continuity of care, written health information is provided to:
 - (A) the transporter;
 - (B) the receiving TJJD facility;
 - (C) a community-based health-care provider;
 - (D) a state psychiatric hospital;
 - (E) TDCJ-CID; and/or
 - (F) the youth or responsible adult upon the youth's release or discharge from TJJD.
- (3) Youth who are prescribed medication to be administered during transport must receive medication from a staff member who has been specifically instructed on how to administer the medication.

(b) **Procedures.**

(1) **Medication Administration During Transportation.**

- (A) Annually, or more often as needed, the **health services administrator (HSA) or designee** provides medication administration training to all statewide transportation staff assigned to the institution.
- (B) Within 24 hours before a youth leaves the facility, the **nurse** receives transportation plans and discusses medication schedules with the transport staff member (e.g., the number of youth being transported, scheduled stops, the number of youth prescribed medication to be administered during transport, etc.).

Note: In accordance with the medication schedule, every effort is made to administer prescribed medication at the facility before transport, at another facility during transport to the final destination, or upon arrival at the final destination. If there are anticipated safety concerns due to the number of youth or other issues related to administering medication during transport, the infirmary nurse contacts the provider for orders to either hold the medication or to administer it at a designated time under safe conditions.

- (C) If medication or a health intervention is necessary during transport, the following steps must be completed. A **nurse**:
 - (i) provides the [Medical Information for Student Transport form, HLS-907](#), which includes instructions regarding medication or health interventions required during transportation and identifies medically relevant information and/or specific precautions to be taken by staff during transport;

- (ii) reviews the above information with the transporter, and both the staff and nurse sign and date the HLS-907, acknowledging review and receipt of the information;
 - (iii) scans the signed HLS-907 into the electronic health record (EHR) and gives the form to the transporter;
 - (iv) provides the transporter with any medications that are prescribed to be given during transport and the [Youth Treatment Record by Non-Medical Staff form, HLS-906](#), to document the medication administered;
 - (v) provides the transporter with a picture of the youth;
 - (vi) before departure, ensures that the transporter signs the [Acknowledgement of Training on Medication Administration form, HLS-971](#), which acknowledges the transporter received training and understands the instructions; and
 - (vii) provides the signed HLS-971 to the HSA for filing.
- (D) A **registered nurse** is on-site or on call 24 hours a day, seven days a week, and is therefore available to provide consultation as needed.
- (E) If the **HSA** or **designee** is contacted by a transporter after normal business hours due to an extraordinary situation that prevents safe administration of the medication during transport or that involves youth refusal of medication, the **HSA** or **designee** provides appropriate instruction and contacts the medical [provider](#) if needed.
- (F) The **nurse** receives the completed HLS-906 from the transporter upon return to the facility to verify the medication was administered.
- (G) The **nurse** documents the dose administered in the Pharmacy Replacement System (PRS) as a custom entry.
- (H) An **infirmiry staff member** scans the HLS-906 into the EHR.
- (2) **Referral to Community-Based Provider.**
- A nurse:**
- (A) completes the [Off-Campus Consultation Report, HLS-120](#);
 - (B) attaches pertinent medical information;
 - (C) seals the above information in an envelope to ensure confidentiality of the health record;
 - (D) completes the [HLS-907](#) and attaches the form to the front of the envelope;
 - (E) reviews any pertinent information with the transporter and both the nurse and transporter sign/date the form;
 - (F) keeps a copy of the HLS-907 to be scanned by infirmiry staff into the EHR;
 - (G) sends the packet of information to the community-based health-care provider via the transporter; and
 - (H) follows all procedures outlined in [\(b\)\(1\)](#) if a youth requires medication during transportation.

(3) **Intra-system Transfer.**

- (A) Before transport, the **nurse** documents instructions on the [HLS-907](#) regarding medication or health interventions required during transport, medically sensitive conditions, and/or specific precautions to be taken by transportation staff in accordance with procedures outlined in [\(b\)\(1\)](#).
- (B) The **transporter** and **nurse** both sign the HLS-907.
- (C) The **nurse** scans the HLS-907 into the EHR and provides the form to transportation staff.
- (D) No more than 14 days before transfer, the **clinical case manager** or a **nurse** completes a [Discharge Summary, HLS-610](#).
- (E) The receiving facility's infirmary staff has immediate access to the youth's medical records through the EHR.

(4) **Transfer to a Contract Residential Placement.**

- (A) The **clinical case manager** receives notification of the youth's potential transfer to a contract residential placement.
- (B) No more than 14 days before transfer, the **clinical case manager** or a **nurse** completes an HLS-610.
- (C) The **HSA** or **clinical case manager** prepares a medical packet of information for the TJJD Centralized Placement Unit, to include the following documents:
 - [Initial Health Screening, HLS-100](#);
 - most recent [Report of Physical Examination, HLS-110](#);
 - medical diagnosis and treatment records (doctors' orders and progress notes);
 - immunization records;
 - most recent TB test result, to include, if positive, the chest x-ray and the TB-400a or TB-400b, as applicable;
 - HIV/STD education record;
 - vision screening record;
 - hearing screening record;
 - dental records;
 - laboratory records; and
 - HLS-610.
- (D) Once the youth has been accepted for placement at the contract residential program, the **nurse** provides to the transporter any x-rays, the HLS-610, and a 30-day supply of medication to be taken with the youth to the contract residential placement.
- (E) Before transport, the **nurse** documents on the HLS-907 written instructions regarding medication or health interventions required during transportation, medically sensitive conditions, and/or specific precautions to be taken by transportation staff in accordance with procedures outlined in [\(b\)\(1\)](#).
- (F) The **transporter** and **nurse** both sign the HLS-907.
- (G) The **nurse** scans the HLS-907 into the EHR and provides the form to transportation staff.

(5) **Transfer to a State Psychiatric Hospital.**

- (A) The **psychiatrist** and the **director of clinical services** discuss the youth's deteriorating condition and recommendation for state hospital commitment.
- (B) Two **psychiatrists** (or a psychiatrist and another physician) evaluate the youth and each completes a certificate of medical examination for the court.
- (C) The **director of clinical services**:
- (i) compiles all clinical and legal documents and submits all required documentation to the county mental health court within five business days after the earliest medical examination;
 - (ii) arranges a meeting with the Local Mental Health Authority for discussion and delivery of a referral packet, to include the psychiatric evaluation. Other records that should be considered for inclusion in the referral packet include a recent physical exam, documentation of prescribed medications, past and present behavioral observations, any available psychological evaluations, and summaries from previous treatment facilities; and
 - (iii) ensures the youth's parents/guardian/managing conservator and any other appropriate parties are notified of the hearing date.
- (D) After the mental health hearing has been held and the commitment certification has been filed with the county, the **director of clinical services** collects all court papers and transfers them to the state hospital, along with the youth.
- (E) The **HSA** or **designee** sends an [HLS-610](#) and the current Medication Administration Record (MAR) with the youth.

(6) **Transfer to TDCJ-CID.**

- (A) No more than 14 days before the youth's transfer to TDCJ-CID, the **clinical case manager**:
- (i) completes the HLS-610;
 - (ii) completes the [Texas Uniform Health Status Update for Juvenile Offenders form, TJJD-GEN-401](#); and
 - (iii) scans the TJJD-GEN-401 into the EHR.
- (B) The **TJJD records manager** or **designee**:
- (i) receives notification from the State Programs and Facilities Division of the youth's transfer to TDCJ-CID;
 - (ii) prepares a PDF file containing the health services discharge packet; and
 - (iii) within 72 hours after notification, sends the PDF file via confidential electronic transmission to the University of Texas Medical Branch Correctional Managed Care TDCJ senior health information management manager or designee for importing into the TDCJ EHR.
- (C) The health services discharge packet includes the following documents:
- a copy of the most recent Texas Uniform Health Status Update for Juvenile Offenders form, TJJD-GEN-401;
 - a copy of the most recent [Discharge Summary, HLS-610](#);

- most recent physical examination;
- most recent dental examination;
- most recent dental inprocessing;
- all laboratory and diagnostic test results within the past 12 months;
- immunization (ImmTrac) record;
- most recent vision/hearing screen (including a copy of glasses prescription if applicable);
- most recent PPD with results (if results were positive, include a copy of the chest x-ray and TB-400);
- most recent Prescription Report;
- all chronic care [provider](#) clinic visits within the past 12 months (including the most recent Physician Notes and Orders);
- most recent off-site referral/specialist appointments, if applicable;
- nursing treatment protocol(s) for the last month;
- most recent [Special Diet Order: Medical form, NFS-190](#), if applicable;
- most recent psychiatric evaluation;
- last three months of psychiatric progress notes;
- most recent [Psychological Intake Assessment form, CCF-010ma](#);
- [Psychological Evaluation, CCF-010](#), if applicable; and
- most recent Psychological MH Status Exam.

(7) **Release or Discharge.**

- (A) No more than 14 days before release or discharge, a [clinical case manager](#):
- (i) completes the HLS-610;
 - (ii) discusses any follow-up treatment needs with the youth and the youth's TJJD case manager;
 - (iii) requests that the youth sign the HLS-610;
 - (iv) attaches a copy of the youth's immunization record to the HLS-610; and
 - (v) scans/emails both documents to the TJJD case manager for placement in the youth's portfolio.
- (B) The **clinical case manager**:
- (i) documents aftercare instructions on the [Medication Follow-Up Letter, HLS-200a](#), and/or the [Medical/Dental Appointment Follow-Up Letter, HLS-200b](#);
 - (ii) scans the form(s) into the EHR; and
 - (iii) scans, emails, and forwards the form(s) to the TJJD case manager for inclusion in the youth's portfolio.
- (C) At the time of release, a **nurse** gives a 30-day supply of medication to:
- (i) the parent/guardian at the time of pick up at the facility;

- (ii) the designated TJJD staff member, who will mail it to the parent/guardian if the parent/guardian does not pick up the youth; or
 - (iii) the youth, if the youth is 18 years of age and no contraindications have been reported to the infirmary by the TJJD case manager.
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