County of San Diego - Juvenile Justice Commission 2015 Inspection

According to Welfare and Institutions Code 229, the Juvenile Justice Commission conducts annual inspections of the juvenile detention facilities in San Diego County. It shall report the results of such inspections together with its recommendations based thereon, in writing, to the Juvenile Court and to the Board of State and Community Corrections.

A. <u>Detention Facility Information:</u>

Facility Name:				
CAMP BARRETT				
Facility Address:	Date of Inspection:			
	April 16, 2015			
21077 Lyons Valley Road Alpine, CA 91901	JJC Chair: Kathleen Edwards			
	JJC Admin. Officer: Scott Brown			
	JJC Admin. Assistant: Amber Scott			
	Chief of Probation: Mack Jenkins			
	Presiding Judge of the Juvenile Court:			
	Hon. Carolyn M. Caietti			
Facility Administrator:	Telephone:			
Alex Zermeno, Division Chief	(619) 401-4900			
Detention Facility Contact: Rolando Restua	Telephone: (619) 401-4900			

B. <u>Recommendation:</u>

Follow-up on 2013 Recommendations – San Diego County Probation Department:

- 1. Recommendation was made to consider consolidation due to low census. Consolidation will be completed by end of fiscal year.
- 2. Recommendation was made to offer Skype for family visits. This program is now in place.
- 3. Recommendation was made to reconsider how minors are assigned to dorms. Gang affiliation should not dictate dorm placement.
- 4. Recommendation was made to consider sentencing guidelines on case by case basis. Many efforts at alternatives to incarceration have reduced length of stay at CB and average daily census.

Follow-up on 2013 Recommendations - California Forensic Medical Group (CFMG):

1. Recommendation was made to review length of time elapsed between minor's request for medical attention and response to request. All minors are seen within 24 hours.

Follow-up on 2013 Recommendations - Behavioral Health:

1. Recommendation made to increase mental health staffing. Staffing remains at previous levels.

Follow-up on 2013 Recommendations – San Diego County Office of Education:

- 1. Recommendation made to replace Education Administration building. The building still stands.
- 2. Recommendation made to review how students are assigned to classes. The current situation is the same, with minors of all grade levels assigned to classes by dorm, not by grade level.

The 2015 Juvenile Justice Commission recommends that the San Diego County Probation Department:

- OC Spray: The commission lauds the ~20% (weighted) reduction in the use of OC spray on detainees from 2013. We encourage the continuation of this trend, and hope that Probation Officers will not consider OC spray to be the first course of action over other deescalation methods. It is recommended that fewer probation officers carry canisters of OC Spray and that those canisters be the smaller MK 4 size.
- 2. There are many dead and dying pine and oak trees on the property. These must be removed to ensure the safety of the detainees, personnel, and property at Camp Barrett. We are told that funding is not in place for this work, therefore, extra-budget expenditures will have to be approved by the Probation Department. This is a serious safety issue.
- 3. The Education Administration building has not been replaced. There are numerous code violations, sanitary and safety issues are present, and staff health is at risk. This has been noted previously, and should be made a priority.
- 4. Security measures: Additional cameras are necessary to provide adequate coverage, especially in a facility this large. An electronic key card system should be installed to speed response to emergencies. At present, there are numerous keys for differing locks, which is slow and cumbersome.
- 5. No written policy exists for the control of tools on-site. It was expressed by staff that the policy is being written, and should be in place by the end of July.
- 6. Re-evaluate the use of "gold hat" and "black hat" system of leadership positions. A procedure needs to be written to determine criteria for leadership positions and how demotions would be carried out.
- 7. Food menus need to be posted in the dorms and in the cafeteria.

The 2015 Juvenile Justice Commission recommends that the San Diego County Office of Education:

- 1. School intersession continues to have a negative effect on students. Intersession is staffed by substitute teachers. They are not required to file lesson plans. The concern that "busy work" would fill the education hours during intersession was confirmed by a visit to one classroom. On the white board was the list of the three movies that had been watched during intersession. They included: *The World According to Garp, War Horse, Forrest Gump* and another movie about the crime syndicate in America. The assignment was to write an essay describing the movies' historical elements. The instability in teaching continuity also impacts minors' length of stay. Probation staff reports that there are increased incidents of misbehavior during intersession, leading to lost points and added sentencing days. JJC recommends abandoning the intersession program by the SDCOE.
- 2. There is still only one live-taught college prep class available. The JJC has been promised that the curriculum would be improved and teachers would be hired to support the "a-g" college prep curriculum.

The 2015 Juvenile Justice Commission recommends that Behavioral Health:

- 1. Approximately 30% of minors at CB are on psychotropic medication, yet a very small number of these minors are followed with mental health services in the community. These transition services are critical to improved outcomes.
- 2. The Suicide Watch policy needs clarification. Staff states that any suicidal minor is immediately transferred to East Mesa Juvenile Detention Center. However, two Critical Incident Reports referenced a suicidal minor with no notation of transfer to EM or

appointment with the Stabilization, Transition, Assessment, and Treatment Team (STAT team.)

3. Behavioral Health staff is available only during business hours Monday through Friday. This is not the time when minors are most needy, since they are involved in the school program for six hours a day. Staffing needs to be shifted to include evening and weekend hours. It should be noted that under the current contract, mental health staff is not reimbursed for mileage to and from Camp Barrett.

C. General Comments:

Camp Barrett is an aging facility in the midst of live oaks. The property has deteriorated over the years due to the drought and lack of watering. Immediate consideration needs to be given to dangerous trees on the property which have suffered from a beetle infestation.

As the decision is made to consolidate the two Camps (Barrett and JRF) it appears that all minors will be moved to Camp Barrett. As that is done, staff will need to be cross-trained on the functioning of each camp, as minors will need to acclimate to a new staff, location, and programs. It will be a challenge to integrate the Phoenix House drug education program into Camp Barrett from its present home at the Juvenile Ranch Facility. The JJC supports the merger of CB and JRF programs to the CB site.

Additional housekeeping and maintenance staff will also need an orientation. Although CB has attempted to "make do" with existing furnishings, much of the office equipment, dorm room furnishings, staff office furnishings, etc. are pretty tattered. There seems to be a lack of storage space. Staff has improvised, but JJC believes the County of San Diego has used furniture somewhere in a warehouse which could be put to good use at CB.

Average Daily Population:					
	Adult Male	Adult Female	Juvenile Male	Juvenile Female	Total
Facility Capacity	0	0	156	0	156
Facility Average Daily Population	0	0	71	0	71
las the facility exc	eeded ca	nacity since the	last inspect	ion?	☐ Ye

D. Population & Staffing Information:

Has the facility exceeded capacity since the last inspection?	🗌 Yes	🖂 No
Does the facility house minors under California Welfare & Institutions Code Section 601?	🗌 Yes	🛛 No
If yes, are youth adjudicated pursuant to 601 separated		

from youth adjudicated pursuant to 602?

List the languages spoken by Probation staff members: Spanish, English

Probation Staffing Ratios:

Awake: <u>1 / 15</u>

Asleep: <u>1 / 30</u>

☐ Yes ☐ No

Probation Staffing:	# Filled	# Open
Director	1	
Supervisors	6	
DPOs	0	
CDPOs	41	3
Admin/Support	2	
Other (Senior Probation Officers)	5	

E. <u>CSA/Other Inspections</u>:

List inspections conducted by other agencies and dates of most recent inspection:

Agency	Date
Agriculture, Weights & Measures (Environmental)	12-03-14
Propane Tank Permits	11-12-13 THRU 11-11-16
Cosco Fire Protection (Kitchen)	11-06-14
Agriculture, Weights & Measures (Environmental)	11-06-14
Food Inspection Report	10-21-14
Board of Corrections Camp Barrett 1415	10-18-14
Agriculture, Weights & Measures	10-06-14
Agriculture, Weights & Measures	10-03-14
Agriculture, Weights & Measures	09-15-14
Title 15 Inspections Report	09-08-14
Agriculture, Weights & Measures	09-08-14
Agriculture, Weights & Measures	08-26-14
Agriculture, Weights & Measures (Pest Control)	08-25-14
5 Year Sprinkler – Barrett Juvenile Facility 2014	08-22-14
Agriculture, Weights & Measures	08-20-14
Agriculture, Weights & Measures	07-28-14
Vent Pros Inspection	07-18-14
CB Storm Water Runoff Initial Audit 06.24.14	07-08-14
Title 15 – CB Juvenile DF Med-MH Nutrition	06-24-14
and DEH 2013-2014	
Consumer Confidence Report	06-20-14
Agriculture, Weights & Measures	05-14-14
Food Inspection	05-13-14
Grand Jury Report	05-05-14
Fire Protection Inspection	04-23-14
BSCC Certification of Facility Managers	04-18-14
Agriculture, Weights & Measures	03-27-14
JJC Inspection 2013	01-30-14

Date of last Fire drill: <u>12/21/14</u> 3:31 PM

F. Serious Incidents in Facility During the Calendar Years:

2013:

Indicate the number of:

- Suicides: 0 •
- Attempted suicides: 0 •
- Deaths from other causes: 0_____ •
- Escapes: 0 •
- •
- Attempted escapes: <u>1</u> Serious assaults on detainees: <u>18</u> •
- Serious assaults on staff: <u>2</u> •
- Other serious incidents: <u>37</u> •
- Serious incidents above for which there is a written record: <u>57 (All)</u>

Serious Acts of Violence Involving three or more youth may also be counted in OC Incidents Fights.

2014:

Indicate the number of:

- Suicides: 0 •
- Attempted suicides: <u>0</u> •
- Deaths from other causes: ____0 •
- Escapes: 2
- Attempted escapes: 2
- Serious assaults on detainees: <u>18</u> •
- Serious assaults on staff: <u>1</u> •
- Other serious incidents: 6 •
- Serious incidents above for which there is a written record: 49 (ALL)

Serious Acts of Violence Involving three or more youth may also be counted in OC Incidents Fights.

Problems/Complaints Affecting Facility During the Calendar Years: G.

<u>2013</u> :		
 Court Orders Affecting Facility (Please have a Copy, if Available): 	🗌 Yes	🖂 No
Pending Litigation:	🗌 Yes	🛛 No
 Number of Written Complaints / Grievances Involving: 		
 Residents: <u>190</u> Attorneys: <u>0</u> Family Members: <u>0</u> Medical: <u>0</u> Abuse: <u>0</u> 		
 <u>2014</u>: Court Orders Affecting Facility (Please have a Copy, if Available): 	🗌 Yes	🖂 No
Pending Litigation:	🗌 Yes	🛛 No
 Number of Written Complaints / Grievances Involving: Residents: <u>187</u> Attorneys: <u>0</u> Family Members: <u>0</u> Medical: <u>0</u> Abuse: <u>0</u> 		

H. <u>Visual Review of Facility:</u>

<u>JJC Inspection Team Comments:</u> Camp Barrett is an aging facility in need of additional maintenance. If the JRF staff and detainees are relocated here, the maintenance issues will increase. The furnishings seem to have been cobbled together over the years. There needs to be a master plan to remove broken, homemade, furnishings and replace them with safer furnishings that have function and some cohesive design. There must be County warehouses of used furniture which could be used at Camp Barrett.

The recent drought and water cut backs have deteriorated the grounds at Camp Barrett. Many trees have been lost to the bark beetle, and dying trees need to be removed prior to falling down. This is a serious safety issue.

The education administration building is dilapidated and cannot be repaired; toilets adjoin eating areas, storage is inadequate, furnishings are broken and mismatched. There is a suspicion that asbestos is in ceiling and floor tiles. For the second year, the JJC strongly recommends removal and replacement of this building.

I. <u>Review of Confinement Conditions:</u>.

<u>JJC Inspection Team Comments:</u> There is no confinement area at Camp Barrett.

SECTION A: ADMINISTRATION/MANAGEMENT

A.1 Policy Development and Monitoring

Who is primarily responsible for creating, updating, or modifying policies and procedures?

Title: ______ Division Chief / Manual Review Committee

How often are policies and procedures reviewed for accuracy and consistency with daily practices? ______Quarterly and as needed

Are policy and procedure manuals available on site?

Does the manual include the title, and contact information of the staff member to whom one can report a grievance or complaint? \square No

Does the manual include the title, and contact information of the staff member to whom one can propose a change to a policy? \Box Yes \Box No

If yes, list the number of manuals available and the locations:

Number <u>3 hard copies</u>		
Locations Administrative Office, Watch Commander & Director's offices,	, & online	<u>e</u>
Are probation staff members permitted to access these manuals?	🛛 Yes	🗌 No
Are contractors familiarized with these manuals during contractor orientation?	🗌 Yes	🛛 No
Are the youths' attorneys permitted to access these manuals via subpoena?	🛛 Yes	🗌 No

A.2 Internal Inspections and Reviews

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Does the administrator in charge ever conduct a walk-through/visual inspection of the entire facility? \square Yes \square No

If yes, how often: Weekly or as needed

⊠ Yes □ No

How often does the administrator in charge meet with probation staff members to discuss operations? Weekly or as needed

How often does the administrator in charge meet with medical staff to discuss operations? Weekly or as needed

How often does the administrator in charge meet with mental health staff to discuss operations and services? <u>Weekly or as needed</u>

How often does the administrator in charge meet with contracted programming representatives to discuss operations and services? <u>As needed</u>

How often does the administrator in charge meet with school/education staff members to discuss operations and services? <u>Monthly or as needed</u>

A.3 Youth Records

	Are case records regarding individual youth kept on site?	🛛 Yes	🗌 No
A.4	Admission and Orientation		
	Are minors oriented to rules and procedures?	🛛 Yes	🗌 No
	Are minors given copies of rules and procedures?	🛛 Yes	🗌 No
	Can minors request that rules and procedures be provided in a language other than English?	🛛 Yes	🗌 No
	Can parents request that rules and procedures be provided in a language other than English?	🛛 Yes	🗌 No
	Are minors required to sign a document indicating they understand rules and procedures?	🛛 Yes	🗌 No
	Are rules and procedures posted anywhere in the facility?	🛛 Yes	🗌 No
	If yes, please indicate the number of postings and the locations.		
	Number: <u>2</u>		
	Locations: <u>Alpha, Delta dorms</u>		
A.5	Personal Property and Monies		
	Are personal property and monies recorded, stored, and returned upon release?	🛛 Yes	🗌 No
A.6	Youth Release and Transition		
	Are there established protocols for transitioning youth out of the facility and into the community?	🛛 Yes	🗌 No
	Do facility probation staff members ("inside POs") consult with the probation officer that will be assigned to the youth when they leave ("outside POs") to discuss transition-related concerns?	🛛 Yes	🗌 No
	Has the facility received any complaints from parents regarding the transition process?	🗌 Yes	🛛 No
	Has the facility received any complaints from attorneys regarding the transition process?	🗌 Yes	🖂 No

A.7	Accommodations for the Disabled			
	Does the facility accept youth with disabilities?		🛛 Yes	🗌 No
	Has this facility been determined to be an inappropriate facility for youth with a disability (physical, developmental, emotional, psychological, intellectual, etc.) in the 2013 Calendar Year? in the 2014 Calendar Year?	а	☐ Yes ☐ Yes	⊠ No ⊠ No
	SECTION B: SECURITY AND CONTROL	L		
B.1	Post Orders			
	Do probation staff members have access to a detailed copy of their description?	' job	🛛 Yes	🗌 No
	Do probation staff members have performance reviewed annually?		imes Yes	🗌 No
B.2	Permanent Logs			
	Are there policies and procedures in place that describe the types of incidents and occurrences which must be documented on a daily be		🛛 Yes	🗌 No
	Are these logs stored electronically?		🛛 Yes	🗌 No
	If logs are stored electronically, is there sufficient technical support ensure that the electronic files that contain these logs are not compromised, corrupted, or deleted?	to	🛛 Yes	🗌 No
в.3	Security Features			
	Does the facility have ample security features (i.e. cameras, locks, alarms, etc.)?		🛛 Yes	🗌 No
В.4	Security Inspections			
	Does the administrator in charge ever visually inspect the facility for security-related concerns?		🛛 Yes	🗌 No
	If yes, how often: <u>Weekly</u>			
	Are random reviews of security tapes conducted?	🗌 N/A	🛛 Yes	🗌 No
	If yes, how often: <u>Twice a week</u>			
B.5	Control of Contraband			
	Has a weapon been found in the possession of a youth in the facility during the 2013 Calendar Year? during the 2014 Calendar Year?		Yes Yes	⊠ No ⊠ No
	Has a controlled substance (i.e. alcohol, tobacco, illegal drugs, or prescription drugs for which the youth in possession does not have prescription) been found in possession of a youth during the	а	Yes	No
				1 7
	2014 Calendar Year?*		🛛 Yes	∐ No
	*One minor hid meds in his cheek upon admission.		_	∐ No

Describe if there have been a high number of incidents related to a specific type of contraband: <u>Tagging implements such as screws, markers & pens</u>

B.6 Detainee Searches

Do probation staff search sleep areas/rooms?	🛛 Yes	🗌 No
If staff search sleep areas/rooms, do probation staff members search the room in the presence of the youth?	🗌 Yes	🛛 No
If staff search sleep areas/rooms, is clean bedding or clothes mixed with soiled bedding or clothes during this process?	🗌 Yes	🛛 No

B.7 Accountability and Supervision

<u>JJC Inspection Team Comments:</u> Although the Camp Barrett facility has a new Director, the other administrative staff is experienced at this facility. No gaps in accountability or supervision were noted.

B.8 Use of Force

Are there written policies in place to ensure that force is used only when necessary?	🛛 Yes	🗌 No
Are there written policies in place to ensure that force is used only as long as necessary?	🛛 Yes	🗌 No
Is each instance of a use of force documented?	🛛 Yes	🗌 No
If yes, are these documents reviewed by the administrator in charge? $\hfill\square N/A$	🛛 Yes	🗌 No
When there is an instance where force is used, does an internal committee or task force convene to discuss the incident?	🛛 Yes	🗌 No
Number of instances in 2013: 33		

Number of instances in 2014: 20

B.9 Use of Oleoresin Capsicum (OC) Spray

Are there written policies in place to ensure that OC spray is used only when necessary?		🛛 Yes	🗌 No
Are there written policies in place to ensure that OC spray is used only a long as necessary?	as	🛛 Yes	🗌 No
Is each instance of OC spray documented?		🛛 Yes	🗌 No
If yes, are these documents reviewed by the administrator in charge? $\hfill \square$ N	۱/A	🛛 Yes	🗌 No
Number of instances in 2013: <u>22</u>			

Number of instances in 2014: <u>17</u>

B.10 Non-routine Use of Restraints

Are there written policies in place to ensure that restraints are used only when necessary?	🛛 Yes	🗌 No
Are there written policies in place to ensure that restraints are used only as long as necessary?	🛛 Yes	🗌 No
Is each instance of a use of restraints documented?	🛛 Yes	🗌 No

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	If yes, are these documents reviewed by the administrator [] N/A	🛛 Yes	🗌 No
	When there is an instance where use of restraints is used, does an internal committee or task force convene to discuss the incide	dent?	🗌 Yes	🛛 No
	Number of instances in 2013: <u>0</u>			
	Number of instances in 2014: <u>0</u>			
B.11	<u>Confinement</u>			
	Are there written policies in place to ensure that solitary confinemen when necessary?		d only	🗌 No
	Are there written policies in place to ensure that solitary confinemen long as necessary?		d only as	🗌 No
	Is each instance of solitary confinement documented?	🛛 N/A	🗌 Yes	🗌 No
	If yes, are these documents reviewed by the administrator in charge?	🛛 N/A	🗌 Yes	🗌 No
	Number of instances in 2013: <u>0</u>			
	Number of instances in 2014: <u>0</u>			
B.12	Tool & Equipment Control			
	Is there a written policy to ensure the adequate control of keys?		🛛 Yes	🗌 No
	Is there a written policy to ensure the adequate control of tools?		🗌 Yes	🖂 No
	Is there a written policy to ensure the adequate control of culinary utensils and equipment?		🛛 Yes	🗌 No
	Is there a written policy to ensure the adequate control of medical equipment?		🛛 Yes	🗌 No
	Is there a written policy to ensure the adequate control of supplies?		🛛 Yes	🗌 No
	Is there a written policy to ensure the adequate control of vehicles?		🛛 Yes	🗌 No
B.13	Weapons Control			
	Are weapons of any types permitted in the facility?		🗌 Yes	🛛 No
	Is there a weapons locker on site?		🛛 Yes	🗌 No
	If yes, where is it located? <u>At the entrance of the Admin Build</u>	ing		
B.14	Discipline			
	Are there written policies that describe the discipline process?		🛛 Yes	🗌 No
	Are measures taken to ensure that due process is preserved?		🛛 Yes	🗌 No
	Of a random sample of 40 grievances, approximately what percerelated to disciplines are resolved in favor the youth? 7.5%	ent of g	rievance	s/appeals

B.15 Supervision for Special Housing

<u>JJC Inspection Team Comments:</u> No special housing is present at Camp Barrett.

B.16 Contingency/Emergency Plans

Are there written plans in place for the following contingencies/emergencies? Check all that apply:

\boxtimes	Contagious	disease	outbreak	(Tuberculosis,	Flu, etc.)
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🛛 Earth	iquake
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🛛 Fire

 \boxtimes Power outage/failure

 \boxtimes Unit disturbance

Other: _____

Other: _____

SECTION C: FOOD SERVICE

C.1 Sanitation and Meal Service

	Are kitchen staff members trained regarding sanitation and food handling procedures?	🛛 Yes	🗌 No
	Have kitchen staff members received any training in the last year other than training given to newly hired employees?	🛛 Yes	🗌 No
	If yes, describe what the training included: <u>Cooking Time and Tempera</u> Safety foods, Cleaning and Sanitizing Food contact surfaces and (Temperature during Preparation		
	Do youth work in the kitchen?	🛛 Yes	🗌 No
	If yes above, have they been trained?	🛛 Yes	🗌 No
	Are youth permitted to converse during meals?	🛛 Yes	🗌 No
	If yes, may a youth seated at one table converse with a youth seated at a different table? $\hfill\square N/A$	🗌 Yes	🛛 No
	Are meals served cafeteria style?	🛛 Yes	🗌 No
	Are youth permitted 20 minutes or more to eat?	🛛 Yes	🗌 No
	Who/what agency maintains the kitchen area? Probation/Sheriff Foo	d Service	s Division
	Describe the types of work youth perform: Assist the cooks, cleaning	<u>g, servin</u>	<u>g,</u>
	cooking, and food prep		
C.2	Adequate and Varied Meals		
	Is there a weekly menu posted?	🛛 Yes	🗌 No
	Does a nutritionist, dietitian, or other health professional participate in? the creation of the menu?	🛛 Yes	🗌 No
	How many calories per day does a youth who eats all of the standard meals provided consume? <u>2800 Calories</u>		
	Are weaker youths protected from having food taken from them?	🛛 Yes	🗌 No
	What approximate percent of calories are from the following:		
	Protein: <u>17 %</u>		
	Carbohydrate: <u>56%</u>		

Fat: <u>27%</u>

C.3 Special Diets

	Can special diets be accommodated when medically necessary?	🛛 Yes	🗌 No
	Was the facility unable to accommodate a special diet based on medical reasons during the 2014 calendar year?	🗌 Yes	🛛 No
	Can special diets be accommodated when based on a youth's religious practices or beliefs?	🛛 Yes	🗌 No
	Was the facility unable to accommodate a special diet based on a youth's religious practices or beliefs during the 2014 calendar year?	🗌 Yes	🛛 No
	SECTION D: COMMUNICATION		
D.1	Staff-Youth Communication		
	Are youth provided opportunities to communicate with staff in writing? Are youth provided opportunities to communicate with staff verbally? Are communication aids (translators, hearing aids, etc.) provided when necessary?	⊠ Yes ⊠ Yes ⊠ Yes	□ No □ No □ No
D.2	Interpersonal Communication/Diversity Training		
	Do Probation staff members participate in training to provide them with the skills to communicate with youth in a developmentally appropriate manner? List types of diversity training attended by Probation staff members: <u>Safe C</u>		
л 2	Integrated Behavioral Intervention Strategies, Embracing Diversity and Enc	ouraging	<u>Respect</u>
D.3	Grievances		_
	Is there a formal grievance policy?	🛛 Yes	∐ No
	Are written grievances reviewed daily? Are grievances tracked in some manner that would permit facility leaders to observe trends in grievance report?	⊠ Yes	∐ No □ No
	Is there a method for youth to be able to express concerns about the facility to a Probation Department official who is not assigned to the facility?	🛛 Yes	🗌 No
	Are youth made aware on a routine basis that they can express concerns about their detention to their attorneys?	🛛 Yes	🗌 No
	Is there a formal grievance process available for parents?	🛛 Yes	🗌 No
	If yes, how many parents have submitted grievances in 2013? $\underline{0}$		
	If yes, how many parents have submitted grievances in 2014? $\underline{0}$		
	SECTION E: SAFETY AND SANITATION		

E.1 Fire Safety

Do facility leaders have specific concerns about fire safety? \Box Yes \boxtimes No

E.2	Non-Hazardous Furnishings		
	Are mattresses and bedding fire-resistant and non-toxic?	🛛 Yes	🗌 No
E.3	Control of Dangerous Materials		
	Are dangerous materials (toxins, biohazards, etc.) stored on site?	🗌 Yes	🛛 No
E.4.	Environmental Control		
	<u>JJC Inspection Team Comments</u> : Please note previous comments regarding Admin building and condition of all furnishings.	ing condi	tion of Ed
E.5	Clothing and Bedding		
	Are additional blankets available on request?	🛛 Yes	🗌 No
	How often is bedding laundered? Sheets, pillow cases 1x week, blankets 1x	<u>month</u>	
	How often are youth given clean clothes? Daily		
E.6	Personal Hygiene/Showers		
	How frequently must youth shower?		
	Showers per week: <u>7</u>		
	Minutes per shower: <u>3-5 minutes</u>		
E.7	Physical Facility and Equipment		
	Does this facility have a court holding area?	🗌 Yes	🛛 No
	If yes, is there access to water and a toilet? $$\square$ N/A$$	🗌 Yes	🗌 No
	SECTION F: SERVICES AND PROGRAMS		
F.1	Classification, Review, and Housing		
	Are youth assessed upon intake to determine appropriate classification?	🛛 Yes	🗌 No
	Do facility leaders conduct adequate re-classification reviews periodically?	🛛 Yes	🗌 No
F.2	Religious Practices		
	Are youth religious services offered in the facility?	🛛 Yes	🗌 No
	If yes, list the religious/faith traditions for which services are offered:		
	(Sunday), Catholic Services (Saturday), Chaplain Brown does an orien kids on religious services available. Deacon Kelsey meets with selecter		
	Thursdays every week for counseling.		
	Are religious services offered in a language other than English?	🗌 Yes	🛛 No
	If yes, list the languages in which services are offered:		

F.3 Work Assignments

Are sentenced youth in the facility permitted to work or perform chores on a <i>voluntary</i> basis?	🛛 Yes	🗌 No
Are unsentenced youth in the facility permitted to work or perform chores on a <i>voluntary</i> basis? $\square N/A$	🗌 Yes	🗌 No
Are sentenced youth in the facility <i>required</i> to work or perform chores?	🛛 Yes	🗌 No
Are unsentenced youth in the facility <i>required</i> to work or perform chores?		
⊠ N/A	🗌 Yes	🗌 No

F.4 Programming

For which of the following areas are formalized programs or services offered (either by probation staff members or a contractor)? Check all that apply:

- Anger management classes/Counseling/Groups
- \boxtimes Conflict resolution skills
- ⊠ Diversity/Tolerance/Human relations
- \boxtimes Domestic/Relationship violence education
- ⊠ Family reunification planning
- \boxtimes Financial literacy education
- Gang awareness/Prevention/Intervention
- \boxtimes Health and wellness education
- \boxtimes Parenting education
- Sexual health education
- Social/interpersonal skills
- Substance abuse counseling
- Survivors of abuse/maltreatment/violence counseling
- ⊠ Victim awareness
- ⊠ Vocational training
- Other: Fire Science
- Other: Culinary Arts

F.5 Exercise and Out-of-Sleeping Room Opportunities

Are youth given opportunities for physical recreation/exercise? \square Yes		
If yes, how many hours per day? Minimum 1 hour daily		
Is participation in physical recreation/exercise required?	🛛 Yes	🗌 No
Are youth given opportunities for other types of recreation outside of their sleep rooms (play games, watching movies, etc.)?	🛛 Yes	🗌 No
If yes, how many hours per day? <u>1 hour week days / 3 hours weeken</u>	<u>ds</u>	

F.6 Access to Legal Services

Are youth permitted to have reasonable contact with their attorneys?

	Has an attorney in the 2014 calendar year complained that they were not able to communicate with a youth/client?	🗌 Yes	🛛 No
	Has a parent complained in the 2014 calendar year that their son or daughter was denied access to his or her attorney?	🗌 Yes	🖾 No
F.7	Telephone Access		
	Are youth permitted to use the telephone to contact parents/guardians?	🛛 Yes	🗌 No
	Are youth permitted to use the telephone to contact anyone other than parents/guardians and attorneys?	🛛 Yes	🗌 No
	If no above, are youth permitted to use the telephone to contact other close family members under special circumstances (such as upon the recommendation of a counselor or therapist)?	- Yes	🗌 No
	Are telephone calls monitored?	🗌 Yes	🖾 No
	Are telephone calls recorded?	🗌 Yes	🛛 No
	Has a parent/guardian complained in the 2014 calendar year that their son or daughter was denied reasonable access to the telephone?	🗌 Yes	🖂 No
F.8	Visitation Privileges		
	What are the visitation hours for this facility? <u>Sundays 1-3 pm</u>		
	Who may visit youth? Check all that apply:		
	🛛 Parents/Legal guardians		
	Adult siblings		
	Minor siblings		
	\boxtimes Other: Court ordered if cleared / Division Chief Approval		
	Is there ample space in the facility for visitation?	🛛 Yes	🗌 No
	Are youth permitted to have private conversations with visitors?	🛛 Yes	🗌 No
	Do probation staff members supervise visits?	🛛 Yes	🗌 No
	Has there been an instance in the 2014 calendar year of a visitor bringing contraband into the facility?	🗌 Yes	🛛 No
	Has there been an instance in the 2014 calendar year of a visitor threatening a youth or staff member?	🗌 Yes	🛛 No
	List the primary reasons why family members do not visit youth: <u>Lack</u> <u>undocumented person, lack of ID, "tough love".</u>	of trans	portation,
F.9	Detainee Mail and Correspondence		
	Are youth permitted to receive mail?	🛛 Yes	🗌 No
	Are youth permitted to send mail?	🛛 Yes	🗌 No
	Is postage free?	🛛 Yes	🗌 No
	Is mail screened for contraband?	🛛 Yes	🗌 No
	Does a staff member read mail addressed to a youth?	🛛 Yes	🗌 No

Medical Staffing: (At time of inspections)	#Filled	# Open	Contractor (Y/N)
Physician	1	0	Y
Physician's Assistant	0	0	-
Registered Nurse	3	0	Y
Licensed Vocational Nurse	0	0	-
Nurse Practitioner	0	0	-
Emergency Medical Tech	0	0	-

SECTION G: HEALTH CARE

G.1 Intake Health Screening

Which of the following health screenings are conducted upon intake? Check all that apply:

- 🛛 Medical
- 🛛 Dental
- 🛛 Vision

Mental health/Psychological

 \boxtimes Sexually transmitted infections

- Pregnancy tests (if females are held in the facility)
- Other: _____

G.2 Medical, Dental, and Mental Health Appraisals

Which of the following complete health appraisals are conducted within 14 days of admission to the facility? Check all that apply.

 \boxtimes Medical (Complete history and physical)

🛛 Dental

- 🖂 Vision
- Mental health/Psychological

Sexually transmitted infections

Pregnancy tests (if females are held in the facility)

Other:

G.3 Access to Routine, Chronic, and Emergency Health Services

Is there a procedure in place for youth to request medical services?

Is there a procedure in place for youth to request dental services?

Is there a procedure in place for youth to request mental services?

Are probation staff members permitted to refer youth for medical treatment?

☑ Yes
☑ No
☑ Yes
☑ No
☑ Yes
☑ No

Are probation staff members permitted to refer youth for mental		
health services?	🛛 Yes	🗌 No

Who makes the determination whether or not a minor is seen after a sick call slip is turned in?

Medical Staff

Of a random sample of 50 sick call slips, how many were responded to and in how many hours? <u>All / Within 24 hours</u>

Are reasonable arrangements made to permit youth to see their personal or family healthcare providers?

🛛 Yes 🗌 No

G.4 Experimental Research

Are youth permitted to be subjects of any of the following types of Check all that apply:	of research	?	
🛛 Behavioral/Psychological			
Biomedical			
Cosmetic			
Pharmaceutical			
Other:			
Do youth consent to participation in research?	🗌 N/A	🛛 Yes	🗌 No
Do parents consent to participation in research?	□ N/A	🛛 Yes	🗌 No
Describe any research studies in which youth in the facility participated in the 2014 calendar year.	🗌 N/A	🗌 Yes	🖂 No
Response to Medical, Mental, and Dental Health needs			
Does the facility have adequate staff to respond to the medical ne of the youth in the facility?	eeds	🛛 Yes	🗌 No
Does the facility have adequate staff to respond to the mental here needs of the youth in the facility?	alth	🗌 Yes	🛛 No
Does the facility have adequate medical equipment to respond to medical needs of the youth in the facility?	the	🛛 Yes	🗌 No
Does the facility have adequate clinic space and treatment rooms medical needs of the youth in the facility?	to respon	d to the 🛛 Yes	🗌 No
On average, how long does it take for clinic staff to respond to a \underline{hours}	a sick call	slip? <u>Les</u>	<u>s than 16</u>
On average, how long does it take for clinic staff to respond to an	emergeno	cy? <u>Imm</u>	ediately
On average, how long does it take for clinic staff respond to a req Immediately	uest for a	n inhaler?	•

G.6 Suicide Prevention

G.5

Is there a written suicide prevention plan in place?		🛛 Yes	🗌 No
Have there been any instances in the 2013 calendar year where th written plan was not followed in response to a youth at risk of		_	_
suicide?	∐ N/A	Yes	🖂 No

	Have there been any instances in the 2014 calendar year where the written plan was not followed in response to a youth at risk of suicide?	/A	🗌 Yes	🖂 No
G.7	Intoxicated Minors:			
	Does the facility have written procedures for the handling of minors under the influence of any intoxicating substances?		🛛 Yes	🗌 No
	Are medical clearances obtained prior to booking any minor who displays outward signs of intoxication or is known or suspected to have ingested any substance that could result in a medical emergency?		🛛 Yes	🗌 No
	Who provides medical clearance for these minors? <u>Registered Nurses and Psychiatrists</u>	<u>nd M</u>	ledical D	<u>octors</u>
	Did the facility detain any minors determined to be under the influence of an intoxicating substance? $\hfill\square N$	I/A	🗌 Yes	🛛 No
	If yes:			
	Was medical clearance obtained?		🗌 Yes	🗌 No
	Were these detentions documented?		🗌 Yes	🗌 No
	Were there documented safety checks at least once every 15 minutes?		🗌 Yes	🗌 No
G.8	Hunger Strikes			
	Is there a written plan that describes the appropriate response to a youth who engages in a hunger strike?		🛛 Yes	🗌 No
	Have there been any instances in the 2013 calendar year where the writplan was not followed in response to a youth on a hunger strike?	:ten	🗌 Yes	🛛 No
	Have there been any instances in the 2014 calendar year where the writplan was not followed in response to a youth on a hunger strike?	ten	🗌 Yes	🛛 No
G.9	<u>Death</u>			
	Is there a written plan that describes the response to a youth's death in the facility?		🛛 Yes	🗌 No
	Have there been any instances in the 2013 calendar year where the write plan was not followed in response to the death of a youth?	ten:	🗌 Yes	🛛 No
	Have there been any instances in the 2014 calendar year where the write plan was not followed in response to the death of a youth?	ten	🗌 Yes	🛛 No
G.10	Informed Consent/Involuntary Treatment			
	Is informed consent obtained, when appropriate, prior to the delivery of care?		🛛 Yes	🗌 No
	Are youth fully explained the nature of the care they receive and the side effects or complications that may occur as a result of treatment or medications?		🛛 Yes	🗌 No

G.11 Infectious Disease

Is there an infection control program that aims to ensure that safety of youth, staff, and visitors?

🛛 Yes 🗌 No

School Staffing: (At time of inspection)	#Filled	# Open	SDCOE/JCCS? (Y/N)
Credentialed Teachers Total	5	0	Y
Credential Special Education Teachers Total	1	0	Y
Teachers' Aides	3	0	Y
Paid Tutors	0	0	-
Volunteer Tutors	0	0	-
Principal	1	0	Y
Academic Counselor	1	0	Y

SECTION H: EDUCATION

H.1 School Capacity/Attendance

	How many youth are attending school? All youth attend school		
	Estimate the average grade level of youth participating in school in the facil	ity: <u>10th</u>	<u>l</u>
	Estimate the average age of youth participating in school in the facility: $\underline{17}$		
	Is there adequate classroom space for the number of youth attending school?	🛛 Yes	🗌 No
H.2	Supplies		
	Are there an adequate number of textbooks?	🛛 Yes	🗌 No
	Are the textbooks available up-to-date and consistent with educational standards in the State of California?	🛛 Yes	🗌 No
	Are there adequate school supplies (pens, pencils, paper, etc.)?	🛛 Yes	🗌 No
	Are there a sufficient number of computers available for teachers and school staff to use?	🛛 Yes	🗌 No
	Are there computers available for youth to use?	🛛 Yes	🗌 No
	If yes, are youth supervised while using the computers?	🛛 Yes	🗌 No
Н.З	High School Programs/GED		
	Do youth have the opportunity to receive high school credits that can be transferred to their home school districts?	🛛 Yes	🗌 No
	Are records from previous schools available to facility school staff?	🛛 Yes	🗌 No
	Are youth given an opportunity to take the California High School Exit Examination (CAHSEE) when appropriate?	🛛 Yes	🗌 No

H.4 Post-High School/GED

	Are there educational opportunities available for youth you have completed high school or their GED?	🛛 Yes	🗌 No	
	Are youth given information and counseling regarding community college and four-year college options?	🛛 Yes	🗌 No	
	Are youth given information and counseling regarding financial aid options for college?	🛛 Yes	🗌 No	
	Are youth given resources for college entrance exam preparation when appropriate?	🛛 Yes	🗌 No	
	Are youth able to take courses for college credit online?	🛛 Yes	🗌 No	
	Do youth in the facility take military readiness testing?	🗌 Yes	🛛 No	
	If yes, are they required to do so? $\square N/A$	A 🗌 Yes	🗌 No	
H.5	Vocational Programs/ROP			
	Do vocational programs and ROP opportunities have sufficient space and resources for the number of youth interest in participating? \square N/A	A 🛛 Yes	🗌 No	
	Has a youth been denied participation in one of these programs in the 2013 calendar year? $$\square$ N/e$$	A 🗌 Yes	🛛 No	
	Has a youth been denied participation in one of these programs in the 2014 calendar year? $$\square$ N/A$$	A 🗌 Yes	🛛 No	
H.6	Special Education/IEP Programs			
	Do credentialed special education teachers participate in lesson planning and curriculum development?	🛛 Yes	🗌 No	
	How many youth in the facility have an Individualized Education Program	(IEP)?	TBD	-
	Are regular IEP meetings held?	🛛 Yes	🗌 No	
	Are parents notified of these meetings?	🛛 Yes	🗌 No	
	Are parents permitted to attend these meetings?	🛛 Yes	🗌 No	
	Describe the most common obstacle to IEP compliance: Parent Participat	<u>ion</u>		
	Are there sufficient resources available to accommodate youth with special education needs?	🛛 Yes	🗌 No	
H.7	Special Programs and Activities			
	Describe other special programs or activities sponsored by school staff <u>Buildings and Grounds / Culinary Arts / Work Readiness / CAL HS Exit Exa</u> <u>project</u>			

H.8 Independent Study

Are independent study options available?

Yes	\boxtimes	No
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H.9 Relationship with Other Stakeholders

<u>JJC Inspection Team Comments:</u> SDCOE works with Probation, Medical and Mental Health staff, and families and local schools to assure transition to home school.

SECTION I: WORKFORCE INTEGRITY

I.1 Staff Background and Reference Checks

Do staff members have an initial background before they are hired?	🛛 Yes	🗌 No
Do staff members have reference checks before they are hired?	🛛 Yes	🗌 No
Do staff members meet with a psychologist before they are hired?	🛛 Yes	🗌 No
Do staff members undergo drug testing before they are hired?	🛛 Yes	🗌 No
Do staff members undergo periodic criminal history checks after they are employed?	🛛 Yes	🗌 No

I.2 Staff Training, Licensing, and Credentialing

For which of the following topics below do staff members receive training? (Check all that apply)

- Adolescent development. If yes, how often? <u>Annually: SCM / IBIS</u>
- Appropriate relationships/boundaries with youth. If yes, how often? <u>Annually: SCM /</u> <u>IBIS/-PREA Standard Section 115.331 (c) All current employees who have not received</u> <u>such training shall be trained within one year of the effective date of the PREA standards,</u> <u>and the agency shall provide each employee with refresher training every two years to</u> <u>ensure that all employees know the agency's current sexual abuse and sexual</u> <u>harassment policies and procedures. In years in which an employee does not receive</u> <u>refresher training, the agency shall provide refresher information on current sexual</u> <u>abuse and sexual harassment policies.</u>
- Appropriate disciplinary techniques. If yes, how often? <u>Annually: SCM</u>
- Confidentiality. If yes, how often? Every two years
- Conflict management. If yes, how often? <u>Annually</u>
- CPR/First Aid. If yes, how often? Every two years
- Emergency response. If yes, how often? <u>Annually</u>
- Ethical decision-making. If yes, how often? Every two years
- \boxtimes Inclusion methods for youth with disabilities or special needs. If yes, how often? Every two years
- \boxtimes Reporting requirements for abuse, neglect, or maltreatment that occurs in the facility. If yes, how often? <u>Every two years</u>
- \boxtimes Reporting recruitments for abuse, neglect, or maltreatment that occurred outside the facility. If yes, how often? <u>Every two years</u>
- Sexual harassment. If yes, how often? Every two years
- Signs of abuse or neglect. If yes, how often? Every two years
- \boxtimes Use of force. If yes, how often? <u>Annually</u>
- \boxtimes Use of restraints. If yes, how often? <u>Annually</u>
- Other: _____

I.3 Staff Misconduct

Are there written policies for addressing staff misconduct?

Have there been any allegations during the calendar year of a staff member physically assaulting a youth?

<u>2013</u> :	<u>2014</u>	<u>1</u> :			
🛛 Ye	s 🗌 No		🗌 Yes	🛛 No	
🛛 Ye	s 🗌 No	Minors in custody	🗌 Yes	🛛 No	Minors in custody
🗌 Ye	s 🛛 No	Minors out of custody	🗌 Yes	🛛 No	Minors out of custody
Have there a youth?	been any	vallegations during the caler	ndar year	of staf	f member sexually assaulting
<u>2013</u> :			<u>2014</u> :		
🗌 Ye	s 🛛 No		🗌 Yes	🛛 No	
🗌 Ye	s 🛛 No	Minors in custody	🗌 Yes	🛛 No	Minors in custody
🗌 Ye	s 🛛 No	Minors out of custody	🗌 Yes	🛛 No	Minors out of custody
Have there a youth?	been any	allegations during the calend	ar year o	f a staff	member verbally threatening
<u>2013</u> :			<u>2014</u> :		
🗌 Ye	s 🛛 No		🗌 Yes	🛛 No	
🗌 Ye	s 🛛 No	Minors in custody	🗌 Yes	🛛 No	Minors in custody
🗌 Ye	s 🛛 No	Minors out of custody	🗌 Yes	🛛 No	Minors out of custody
Have there in any inap			ndar year	of a st	aff member touching a youth
<u>2013</u> :			<u>2014</u> :		
🗌 Ye	s 🛛 No		🗌 Yes	🛛 No	
🗌 Ye	s 🛛 No	Minors in custody	🗌 Yes	🛛 No	Minors in custody
🗌 Ye	s 🛛 No	Minors out of custody	🗌 Yes	🛛 No	Minors out of custody
					taff member commenting on e scope of the staff member's
<u>2013</u> :			<u>2014</u> :		
🗌 Ye	s 🛛 No		🛛 Yes	🗌 No	
🗌 Ye	s 🛛 No	Minors in custody	🛛 Yes	🗌 No	Minors in custody
🗌 Ye	s 🛛 No	Minors out of custody	🗌 Yes	🛛 No	Minors out of custody
		y allegations during the calen y reason that was outside th			ff member entering a youth's aff member's job duties?
<u>2013</u> :			<u>2014</u> :		
🗌 Ye	s 🛛 No		🗌 Yes	🛛 No	
🗌 Ye	s 🛛 No	Minors in custody	🗌 Yes	🛛 No	Minors in custody

🗌 Yes 🛛 No M	Ainors out of custody	🗌 Yes	🖂 No	Minors out of custody
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SECTION J: BUDGET AND FISCAL CONCERNS

<u>JJC Inspection Team Comments:</u> All budget lines will need to be increased to accommodate pending incorporation of JRF detainees and staff.

SECTION K: BEHAVIORAL HEALTH

K.1 <u>Behavioral Health Service Provision</u>

1. When MAYSI is administered, who does initial and follow-up interpretation?

Youth complete the MAYSI-2 upon entry into Kearny Mesa Juvenile Detention Facility (KMJDF). KMJDF is the only point of entry for youth coming into the detention facilities. The MAYSI-2 is a self-administered screening tool written at the 5th grade level, completed on computer. If the youth's answers regarding suicidal ideation exceed an established threshold, a probation officer will complete a face-to-face screening with questions that specifically address suicidal ideation. If there are continued concerns, the youth is immediately placed on Suicide Watch and is closely monitored by probation.

A Probation Officer, reviews the screening reports from all completed MAYSI-2 screenings. If a youth scores in the "Warning" level on any of the 7 scales (Alcohol/Drug Use, Angry-Irritable, Depressed-Anxious, Somatic Complaints, Suicide Ideation, Traumatic Experience, and, for boys only, Thought Disturbance), the Probation Officer forwards the report to the Mental Health Resources Center clinician.

a) Title?

Licensed Marriage and Family Therapist (MFT) employed by the Mental Health Resources Center through a County contract (part of the San Diego Unified School District). The clinician enters the data into a scoring program operated by San Diego Unified School District Mental Health Resources Center; the scoring algorithm was developed by Licensed Clinical Psychologist. If the score is within an established range indicating a need for further evaluation, the clinician goes to juvenile hall and conducts a face-toface assessment using a structured interview.

b) What happens to this interpretation?

The clinician makes appropriate referrals for follow-up and appropriate interventions for services both in the detention facilities and out of the detention facilities. Possible referrals include the Stabilization, Transition, Assessment, and Treatment Team (STAT-Team), psychiatric medication management, outpatient mental health services upon release from detention. For example, the Assertive Community Treatment (ACT) or Multisystemic Therapy (MST) program may be utilized. The Probation Officer Case Manager receives the recommended referrals and works to coordinate care for the youth once discharged from the detention facilities.

c) What are the clinical credentials of person who does initial and follow-up interpretation?

The clinician is a Licensed Marriage and Family Therapist.

d) What other mental health screening tools are used?

The California Forensic Medical Group (CFMG) conducts a face-to face medical intake that has questions pertaining to mental health and substance use. The Initial Booking and Screening Questionnaire, the Juvenile Health Appraisal, and the Juvenile Readmission Health Appraisal include questions about suicide risk factors, substance use, trauma etc. If there are concerns regarding immediate safety, CFMG will place the youth on Suicide Watch, the youth will be closely monitored by Probation, and CFMG will initiate a more in depth mental health assessment. If there are concerns regarding mental health that are not imminent, a referral to the STAT-Team is generated.

Referrals for a STAT-Team evaluation can be generated by any individual with concerns about a youth, both in the institutions (Probation, CFMG, Education staff, etc.) and outside the institution (family, outpatient mental health providers, etc.)

2. Number of minors with psychiatric diagnoses?

In FY 13-14 the STAT Team served a total of 1,630 unduplicated clients in the 5 detention facilities. Some of the youth transfer within facilities and obtain STAT services in multiple locations. In FY 13-14, the vast majority of STAT Team clients (76.5%) had one or more identified psychiatric diagnoses; the remaining (usually those who were seen very briefly) had not been formally diagnosed.

3. Number of minors on psychotropic meds?

On 3/31/15, there were 134 youth prescribed psychotropic meds in all detention facilities; this was 28% of the total population of 470. Data by detention facility:

	Youth Prescribed Medication	Total Population	Percentage
Camp Barrett	18	63	29%

On 3/31/15, an additional 37 youth were not prescribed medication but were receiving psychiatric oversight. In FY 13-14, an average of 133 youth were prescribed psychotropic medications per month; this resulted in an average of 26% of the total population in the detention facilities per month.

In FY 13-14 a total of 746 unduplicated clients received a Medication Support service from the STAT Team which constitute 49% of the total youth served in that time frame. A psychiatric encounter may or may not lead to psychotropic medications being administered during the youth's stay in the detention facility.

4. Number of minors in individual therapy?

In FY 13-14 a total of 1441 youth, or 88.4% of the 1630 youth who received services, received an individual therapy encounter with a STAT-Team member. Individual therapy encounters vary depending on the needs of the youth and the facility where the youth resides; at KMJDF it is often short term and focused on relief of distress and symptomology, while at EMJDF and the camps it is often more in-depth and longer term because the youth are in the facilities for longer periods of time and it is possible for clinicians to provide ongoing psychotherapy.

On 3/31/15, the following are the numbers of clients at the different sites who were being provided ongoing individual therapy:

	Receiving Individual Therapy	Total Population	Percentage
Camp Barrett	37	63	59%

5. Number of minors in group therapy?

In FY 13/14, there were 157 group therapy sessions provided. Of the 1,630 unduplicated youth served that year, 381 (23.4%) received one or more group therapy services provided by STAT-Team.

At Camp Barrett the psychologist evaluates programing and has currently determined that due to the number of groups being provided by other organizations (substance abuse, anger management, etc.) that STAT Team resources are best focused on providing individual psychotherapy to the youth. Providing a positive male role model and a safe, private venue for youth to explore a variety of issues is an effective modality to influence change in an older population of males. A psychotherapy process group environment may damper youth from sharing personal information that might be used by peers in the group for negative purposes.

6. How often are therapy clients served per week?

The frequency of therapy is determined by clinical need. Many youth who are arrested and brought to KMJDF have immediate distress, and will be seen by a STAT-Team clinician who assesses the youth and provides the needed therapeutic interventions. Youth are offered continued services and instructed how to request services, and some decline additional mental health services; this is the case at all the institutions. Youth who have a mental illness and/or have significant behavioral dyscontrol will be seen on an ongoing basis, frequently weekly and sometimes several times a week. This occurs at both detention facilities (KMJDF, EMJDF) in addition to Girls Rehabilitation Facility, Camp Barrett, and the Juvenile Ranch Facility.

Youth who are experiencing serious difficulties in the institution, have serious mental illness, and/or may be at risk of self-harm or harm to others are provided Individualized Special Protocols. These are intervention protocols developed collaboratively that delineate specific interventions to be implemented by Probation, STAT Team, and medical clinic staff. The protocols are reviewed weekly, updated as needed, and discontinued when the youth stabilizes.

7. Number of LCSW, LMFT, or Ph.D.'s providing BH services?

See attached schedule for specific staffing assignments per institution.

The STAT Team is managed by two (2) Licensed Clinical Social Workers (LCSW) employed as Behavioral Health Program Managers. Primary staffing are as follows:

Staff assigned to Camp Barrett is 1 full-time psychologist.

There are 6 Psychiatrists, working both full- and part-time, who provide consultation, medication assessments and ongoing medication management services at the 5 facilities.

8. Number of unlicensed staff providing BH services?

In addition to the licensed staff outlined in response to #7, there are 7 pre-doctoral interns providing services at the 5 juvenile detention facilities. Six of the pre-doctoral interns work an average of 40 hours per week. The seventh intern provides services solely at the JRF on a part time basis. Services total 6.5 full-time equivalents (FTE). All are under the supervision of a STAT Team licensed psychologist. Please see attached schedule for specific staffing assignments per institution.

9. Number of minors with psychiatric diagnoses served in aftercare programs?

On 3/31/15, there were 29 youth being seen in the community by a STAT-Team clinician as part of the transitional services program. All of the youth have a psychiatric diagnosis.

Institution	Number of youth in aftercare program through STAT-Team on		
	3/31/15		
Camp Barrett	0		

K.2 Behavioral Health Emergency Referral Process

1. Number of referrals of minors with suicidal ideation?

When there is any suspicion (a verbalization or other indication) that a youth has suicidal ideation, the youth is placed on Suicide Watch (SW).

Youth at Camp Barrett who are suicidal are placed on Suicide Watch and transferred to EMJDF; thus, there are no Suicide Watch referrals to the STAT psychologist at Camp Barrett.

2. How long before a JFS/STAT member calls the institution to respond to suicidal ideation?

When probation staff or other staff member identifies a youth who has or may have suicidal ideation, the youth is placed on Suicide Watch and is under the close supervision of probation to maintain safety. When the STAT-Team is on-site, a face-to-face evaluation is immediately facilitated. After hours, an on-call STAT-Team psychiatrist is contacted to review the circumstances and determine if an immediate face-to-face evaluation is indicated. This can occur via a transfer to the Emergency Screening Unit or through the on-call psychiatrist. Only licensed staff evaluate youth on Suicide Watch.

3. What percentage of those calls result in JFS/STAT member physically seeing the youth?

All youth placed on Suicide Watch are physically seen by a licensed STAT-Team clinician unless the youth had imminent needs and was transferred to the Emergency Screening Unit. STAT-Team and Probation policies are that only a licensed STAT-Team clinician can discontinue Suicide Watch.

4. Is Behavioral Health Staff familiar with Probation's policies and procedures regarding Administrative Segregation and Room Confinement of mentally ill minors or minors with suicidal ideation?

Yes

5. Is Behavioral Health Staff familiar with Probation's policies and procedures regarding Administrative Segregation and Room Confinement of mentally ill minors or minors with suicidal ideation? Yes

6. How long before a JFS/STAT member sees the youth?

Referrals are triaged with intent to provide services as soon as possible but not to exceed the established protocol.

Urgent Behavioral Health Care:

Child will be seen as soon as possible and within 24 hours by a STAT-Team Clinician. Examples of Urgent referrals include, but are not limited to, the following:

- Imminent dangerousness with symptoms of mental illness.
- Homicidal or suicidal ideation/behavior.

Urgent Medical Care:

Child will be seen by a STAT psychiatrist or psychiatric nurse as soon as possible but no later than twenty-four (24) hours. Examples of medically urgent referrals include, but are not limited to, the following:

• Admission to Juvenile Hall on medications that should not be discontinued suddenly.

Priority Care:

Child will be seen as soon as possible but within one (1) week. Examples of Priority cases include, but are not limited to, the following:

• Youth with a history of having been prescribed psychotropic medication who has recently been non-compliant with medication will be seen within one (1) week if there is a history of rapid decompensation when without medication.

Routine Care:

Child will be seen as soon as possible and as time permits. Examples of Routine cases include, but are not limited to, the following:

- Mild psychiatric symptoms.
- 7. What are the specific criteria used to determine if "eyes on" happens (what factors determine that they physically see the minor)?

See item 6.

8. What percentage of those calls result in a medication being prescribed and how long before a psychiatrist comes in to review the medication impact?

When a youth is prescribed a psychotropic medication by at STAT-Team psychiatrist, the prescribing doctor determines, based on the specific medication and other factors, how soon s/he will see the youth again for medication monitoring. Follow-up is typically between one and four weeks. Data on medication utilization is captured in item K.1, 3.

9. What percentage of those calls result in Emergency Screening Unit (ESU) contact?

In FY 13-14, there were 7 youth transported to ESU for assessment which constitutes 0.43% of youth served by the STAT-Team. Some youth were transported on more than one occasion resulting in 11 total incidents where a youth was transported to ESU for assessment subsequent to an assessment by STAT-Team.

10. What percentage of those ESU contacts result in hospitalization or other transfer?

See item 11.

a) If "other" what is the "other" transfer?

See item 11.

- 11. What percentage of those ESU contacts result in "stabilization"?
 - a) Where does "stabilization" occur?
 - b) What percentage of "stabilizations" are not adequate?

All youth transported to ESU receive crisis intervention and crisis stabilization services. Crisis stabilization includes a therapeutic assessment completed by a team of child and adolescent psychiatrists and licensed mental health professionals. The goals of crisis stabilization are to avert hospitalization or re-hospitalization, provide normative environments with a high assurance of safety and security for crisis intervention, stabilize individuals in psychiatric crisis, and mobilize the resources of the community support system, family members, and others for ongoing maintenance, and rehabilitation.

Eighty-two percent (9 out of 11) of ESU contacts resulted in psychiatric hospitalization. The remaining eighteen percent (2 of 11) were returned to the juvenile detention facility after having received crisis stabilization services which allowed for stabilization and prevented the need for psychiatric hospitalization.

12. How long does JFS/STAT team follow each youth with suicidal ideation and what determines the number of continued contacts?

Youth who are on Suicide Watch are seen daily by a STAT-Team clinician except on Sundays when a psychiatrist is available via on call status. Youth who were previously on Suicide Watch are seen as clinically indicated. Consideration is given to a youth's history, level of risk, and other factors.

K.3 Coordination of Care

1. Is Behavioral Health aware of the non-school programming available to youth in detention?

Yes. STAT-Team clinicians are aware of the non-school programming that is available to youth in the juvenile detention facilities. There are a variety of programs offered by community based agencies and volunteers to youth in detention.

a) Does BHS work with Probation to ensure that any such programming is appropriate for youth in detention, given the fact that many such youth have experienced trauma?

Yes. The STAT-Team, in conjunction with Probation, have regularly scheduled Multi-Disciplinary Teams which identify the mental health needs of the youth in detention and are a conduit for making recommendations regarding what programming may be appropriate for a given youth. MDTs have been in operation at the Girl's Rehabilitation Facility (GRF) and the Juvenile Ranch Facility (JRF) for some time. KMJDF commenced these MDTs on 4/15/15 and start dates are pending for MDTs at EMJDF and Camp Barrett.

b) If not, who makes this determination?

N/A

c) Does BHS ensure that program providers have appropriate training in the areas of trauma and cultural sensitivity?

Yes. STAT-Team members receive routine training in trauma informed care and cultural sensitivity. Any program provider that is under contract with Behavioral Health Services (BHS) have training requirements in these areas that must be satisfied as part of their

contractual agreement with BHS. Some examples of these trainings include: Gender Responsive Services for Men and Boys; Trauma Informed Care; Family Stress; Lesbian, Gay, Bi-sexual and Transgendered Communities; Various trainings regarding diversity in ethnic communities, such as African Americans, Latino's, the Pan Asian Communities, and Somali and Iraqi Refugee issues.

d) If not, who does?

N/A

2. Does BHS or any other agency, evaluate the programming provided to make sure that such programming is appropriate, is available to all youth, and is the best use of the youth's time?

Yes. BHS is available on a consultation basis and works collaboratively with the probation team. In addition to the STAT-Team, Probation has clinical expertise on their team.

3. How often does BH staff review CIR's for each facility?

STAT Team and BHS are not involved in reviewing CIR's that are internal to the Probation Department or any other provider at the Juvenile facilities.

a) What is the format for this review and what actions are taken based on the information in CIR's?

N/A

4. If a minor enters custody with a mental health history, how is this information shared with all departments including BH, Education, Probation, and Nursing?

During the intake process youth are screened by Probation, through the use of the MAYSI-2, and by CFMG. Any youth with a reported mental health history or current medications identified by Probation and/or CFMG are referred to the STAT-Team for triage, evaluation and continued care. The STAT Team utilizes an electronic health record (Anasazi) where mental health history is captured for individuals served through the public behavioral health system through the County. The Multi-Disciplinary Teams are utilized for cross system information sharing to best serve minors.

STAT-Team Sche	dules				
Name	Main Site	Davs	Hours	Office#	Cell Phone#
AW, LCSW	KM	Monday & Thursday	08:00 am - 02:00 pm		
		Wednesday	08:00 am - 03:0		
CN, Ph.D.	JRF/Campo	Monday, Tuesday, Wednesday &	07:00 am - 05:3		
CE, LCSW	Juvenile Prob.	Monday thru Friday	Varied	- F	
CL, LCSW	KM	Monday thru Friday	08:00am- 05:00 j	om	
CU, LMFT	KM	Tuesday, Wednesday, Thursday &	07:00 am - 05:30		
	EM	Tuesday	08:00am- 12:00		
DS, LCSW	KM	Monday thru Friday	08:00 am - 04:30		
20, 200	EM KM	Wednesday	08:00 am - 07:00		
EA, MD		Monday, Friday & Saturday	08:00 am - 07:00		
ED, LMFT	EM	Monday	08:30 am - 05:00		
,		Tuesday	08:00 am - 05:30		
		Wednesday & Thursday	07:00 am - 02:30		
		Friday	07:00 am - 02:30 pm		
GO, Ph.D.	EM	Monday, Tues, Wed, Thurs, & Friday	08:00 am - 04:30		
FE, LCSW	Camino del Rio	Monday thru Friday	Varied		
12, 2001	Camp Barrett	Monday, Tuesday & Friday	07:30 am - 06:00	nm	
HS, Ph.D. KM		Thursday	07:30 am - 06:00		
	EM KM	Friday Saturday Monday Monday	12:30 pm- 10:00		
		Wednesday	03:00 pm - 09:00		
		weunesuay	09:00 am - 12:00		
			03:00 pm - 09:00		
JG, MD			03:00 pm - 09:00 04:00 pm - 10:00		
	КМ	Tuesday, Wednesday & Thursday	08:00 am - 04:30		
KS, LMFT		Fridav	08:00 am - 04:00		
NS, LIMFI	EM	Monday	02:00 pm - 07:30		
		,			
		Tuesday	08:00 am - 05:30		
KS <i>,</i> Ph.D.		Friday Manday	08:00 am - 02:30		
		Monday	07:30 am - 02:30		
		Tuesday & Thursday	07:30 am - 03:00		
LH, Ph.D.		Wednesday	07:30am- 01:30		
		Friday	08:00 am - 12:00		
	KM	Tuesday & Friday	09:30 am - 08:00		
MM, LMFT	EM	Wednesday & Thursday	09:30 am - 08:00		
MP, LMFT	EM	Monday thru Friday	08:30 am - 05:00	pm	

ML, MD	KM	Wednesday	08:00 am - 06:00 pm
	ESU	Tuesday & Thursday	08:00 am - 06:00 pm
	KM	Monday & Friday	09:00 am - 01:30 pm
		Tuesday & Wednesday	09:00 am - 05:30 pm
MS. Ph.D.	North County	Thursday	08:30 am - 03:00 pm
MT, MD	KM & GRF	Monday & Tuesday	08:00 am - 06:30 pm
	EM	Tuesday	09:00 am - 07:30 pm
RK, MD	КМ	Thursday & Friday	09:00 am - 07:30 pm
RS, Psy.D.	KM	Monday thru Friday	07:30 am - 04:30 pm
	КМ	Monday, Wednesday, Friday	10:00 am - 06:30 pm
SB, Ph.D.		Tuesday & Thursday	08:30 am - 05:00 pm
TS,RN	EM	Monday, Tuesday, Thursday & Friday	08:30 am - 07:00 pm
TR, Ph.D.	GRF	Monday, Tues, Wed, Thursday & Friday	08:00 am – 05:00 pm
VP, RN	КМ	Monday, Tuesday, Wednesday, &	07:00 am – 05:30 pm

2014-2015 Intern Site Schedule Days & Hours 4/17/2015

Name	Monday	Tuesday	Wednesday	Thursday	Friday
OG	КМ	КМ	КМ	KM	KM
	7:30am-4:00pm≠	7:30am-4:00pm≠	7:00am-3:30pm≠	7:30am-4:00pm≠	7:30am-4:00pm≠
KG	Campo	Campo	Campo	Campo	Off
	10 hrs/var. sched	10 hrs/var. sched	10 hrs/var. sched	10 hrs/var. sched	
ЭН	EM	KM	EM	KM	KM
	8:30am-5:00pm*	8:00am-5:00pm	8:30am-5:00pm*	8:00am-5:00pm	8:00am-5:00pm
ZK	Campo	KM (for Group)	Campo	Campo	Off
	9:00am-7:00pm	9:00am-11:00am	10 hrs/var. sched	10 hrs/var. sched	
нм	Campo	Campo (KM Group)	Campo	Campo	Off
	9:00am-7:00pm	9:00am-7:00pm	9:00am-7:00pm	8:30am-7:00pm	
AS	EM	КМ	EM	KM	KM
	8:30am-5:00pm*	8:00am-5:00pm	8:30am-5:00pm*	8:00am-5:00pm*	8:00am-5:00pm
кт	Barrett	EM (KM for Group)	EM	EM	Barrett
	9:00am-5:00pm	9:00am-4:30pm	8:30am-5:00pm *	8:30am-5:00pm*	9:00am-5:00pm

* Planning to stay later if licensed staff is present

≠ Coming in early is contingent on presence of licensed staff