

**San Diego County 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. Detention Facility Information:

Facility Name:	
EAST MESA JUVENILE DETENTION FACILITY	
Facility Address: 446 Alta Road, Suite 6100 San Diego, CA 92154	Date of Inspection: April 20, 2015
	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: Larry Mease, Division Chief	Telephone: (619) 671-4400
Detention Facility Contact: Larry Mease, Division Chief	Telephone: Alternate (619) 671-4400

B. Recommendations

Follow-up on 2013 recommendations:

1. Mental Health data indicates that 27% of youth at EM were on psychotropic meds in 2014. This indicates a need for continued vigilance regarding necessity and efficacy of this high percentage of youth on psychotropic meds.
2. Rifle range: Adjoining EM is the rifle range used by Sheriff, Police, FBI and other law enforcement agencies. It is unlikely that this facility would make a change in hours of operation.
3. Changes in physical plant to create more of a rehabilitative atmosphere. The EM facility was built as a prison, although it was to serve juveniles in detention. It is not conducive to a rehabilitative atmosphere. We encourage Probation to add art work, murals, etc. to soften the prison atmosphere wherever possible.

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

1. Increase funding for mental health services for detained youth. The detained population has a mental illness prevalence of up to 75% as supported by accepted research. The staffing level and programming support needs to reflect an appropriate response to this level of mental illness.
2. Continue to decrease use of OC Spray. It is recognized that a high risk, mentally ill population is housed at East Mesa. De-escalation training needs to be emphasized in addition to continued reduction in use of OC Spray.
3. As new multi-use facility is built, consideration needs to be given to increase staffing levels. Part of the EM population being in a separate location requires additional staffing. The activities, which will occur in this multi-use space, will require greater supervision and staff vigilance.
4. Continued collaboration with education staff. As the SDCOE staff moves toward Common Core Curriculum, students will be required to do more group work and research topics using common search engines. A balance needs to be attained between safety and increased educational independence. The current internet safety features in place only address improper use of internet after the fact. It may help to have a member of the Assistive Technology staff from SDCOE tour the EM facility, listen to needs and concerns, and address novel ways to assure both safety and educational independence. It may be useful to incorporate Smart Board Technology, which allows one group to research online topics and the monitor of this research to be in real time. Smart Boards are currently used in most high schools and in all universities.
5. Work with Behavioral Health Staff to complete, train, and implement new policies on suicide prevention and administrative separation.
6. Although there are many security cameras available throughout EM, there are still some blind spots where additional cameras would be useful. Additionally, the mainframe which powers these cameras is outdated and in need of replacement.
7. Continue to work with SDCOE to eliminate time out of the mandated minutes of educational programming each day for minors still in high school. Perhaps the CTE or graduated high school students could perform work during school time with full-time students performing work after school hours and on weekends.

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

1. There are instances where fights occur in the classrooms. Consider installing surveillance cameras, increasing staffing, and/or implementing other security measures in the classroom.
2. As EM is moving toward a project-based learning model, ensure that all equipment (i.e. chairs and tables) used in classrooms adhere to safety while maintaining an interactive, collaborative, and collegial environment.
3. Continue providing bilingual assistance to youth as needed.
4. Ensure that youth are not losing educational time to participate in kitchen duties and/or non-school programming.

The 2015 Juvenile Justice Commission recommends that Behavioral Health:

1. As appropriate, consider allowing the Stabilization, Transition, Assessment, and Treatment Team (STAT Team) or Behavioral Health Staff to review Critical Incident Reports to determine any actions to be taken to ensure comprehensive care for youth.
2. As of March 31, 2015, approximately 27% of youth are prescribed psychotropic meds. The Commission recommends that medical staff continue to monitor youth on meds for supported need for these medications as well as potential side effects.

3. Continue collaboration with medical clinical staff, STAT Team, and Probation to ensure appropriate implementation of Individualized Special Protocols. After discontinuation, careful monitoring of the youth is needed to ensure stability and reduce the risk of self-harm.
4. At EM, the psychologist provides weekly group therapy to 8-10 males with a history of more serious offenses and disciplinary issues. The group focuses on stress reduction, relaxation, mindfulness, coping skills, and building positive relationships. Where possible, increase the frequency of group therapy and allow all youth to participate.
5. Encourage STAT Team clinicians to continue working with community-based agencies and volunteers offering non-school programming to ensure coordinated care. This includes: a) ensuring that all staff are trained in trauma informed and cultural competence; b) developing opportunities for youth to build positive relationships prior to discharge and reintegration to the community and/or adulthood; and c) emphasizing safety, healing, and recovery.
6. Minors detained at camps who are suicidal or exhibit other serious mental health problems are sent to EM. Consider addition of a forensic mental health unit with full-time STAT coverage to accommodate the needs of these fragile youth.

C. General Comments:

East Mesa is a relatively new juvenile detention facility, which was built in the design of an adult prison. There are inherent challenges in attempts to make this facility into a juvenile rehabilitation site. There is an extremely high at-risk population at this facility, which makes it a challenge to maintain order at times. Although staffing should increase with upcoming PREA requirements, Probation needs to consider increased staffing during unstructured time in day rooms. This seems to be the location of most gang fights. Additionally, the mental health acuity of these detainees is high. Additional STAT staffing after school, during evening hours and on weekends is critical to improved rehabilitation outcomes and basic safety.

D. Population & Staffing Information:

Average Daily Population:

	Adult Male	Adult Female	Juvenile Male	Juvenile Female	Total
Facility Capacity	0	0	290	0	290
Facility Average Daily Population	2	0	154	0	156

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? Yes No

List the languages spoken by Probation staff members: Spanish

Probation Staffing Ratios:

Awake: 1 / 10

Asleep: 1 / 30

Probation Staffing:	# Filled	# Open
Director	0	1
Supervisors	10	0
DPOs	0	0
CDPOs	30	6
Admin/Support	10	0
Other	3	0

E. CSA/Other Inspections:

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

<u>Agency</u>	<u>Date</u>
JJC	2013
BSCC	2014
CMA/IMA	2013
Fire Inspection	2013
Food Inspection	2014
Title 15 Inspection	2013-2014
Grand Jury	2013-2014

Date of last Fire drill: 12/20/14 at 10:18 am, unit Charlie

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: 0
- Serious assaults on detainees: 58
- Serious assaults on staff: 17
- Other serious incidents: 70
- Serious incidents above for which there is a written record: ALL

2014:

Indicate the number of:

- Suicides: 0
- Attempted suicides: 1
- Deaths from other causes: 0
- Escapes: 0
- Attempted escapes: 0
- Serious assaults on detainees: 50
- Serious assaults on staff: 14
- Other serious incidents: 53
- Serious incidents above for which there is a written record: ALL

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

2013:

- Court Orders Affecting Facility (Please have a Copy, if Available): Yes No
- Pending Litigation: Yes No
- Number of Written Complaints / Grievances Involving:
 - Residents: 227
 - Attorneys: 0
 - Family Members: 0
 - Medical: 6
 - Abuse: 1

2014:

- Court Orders Affecting Facility (Please have a Copy, if Available): Yes No
- Pending Litigation: Yes No
- Number of Written Complaints / Grievances Involving:
 - Residents: 231
 - Attorneys: 0
 - Family Members: 0
 - Medical: 8
 - Abuse: 0

H. Visual Review of Facility:

JJC Inspection Team Comments: Facility is in excellent condition. All areas were clean and organized.

I. Review of Confinement Conditions:

JJC Inspection Team Comments: The inspection team conducted an extensive review of confinement unit. It can hold up to twenty minors in single cells off a central command area. Minors attend school on the unit. Inspectors visited the classroom and spoke to students. Students were being rewarded for good behavior during intersession with substitute teachers. The reward consisted of a movie and snacks. The movie was halted when we entered. Students were able to articulate what usually occurs in this class. It was a combined English class. All students were receiving the same instruction regardless of grade level.

We reviewed the unit point system. Minors compete only against themselves to earn points. Every few weeks there is a special recreation night with special food. Minors earn the privilege to attend this night with good behavior across the school, programming, and recreation settings. Recreation night occurs even if only one minor is eligible to attend.

Cells are single and sparse. They are clean and well maintained.

Minors attend outdoor recreation for 2 or 3 hours per day. Meals are served on the unit.

SECTION A: ADMINISTRATION/MANAGEMENT

A.1 Policy Development and Monitoring

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

Title: Senior Probation Officer, Division Chief

How often are policies and procedures reviewed for accuracy and consistency with daily practices? Ongoing and annually

- Are policy and procedure manuals available on site? Yes No
- Does the manual include the title, and contact information of the staff member to whom one can report a grievance or complaint? Yes No
- Does the manual include the title, and contact information of the staff member to whom one can propose a change to a policy? Yes No

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

Number Approximately 20

Locations Administration, units, electronically

- 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

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

If yes, how often: Weekly or as needed

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

Daily briefing, weekly meetings and monthly Institution Issues Committee meeting

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?

Weekly or as needed

How often does the administrator in charge meet with contracted programming representatives to discuss operations and services?

Weekly or as needed

How often does the administrator in charge meet with school/education staff members to discuss operations and services?

As needed

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: 2

Locations: IBR, Central Control, every unit has rule books

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 a youth with a disability (physical, developmental, emotional, psychological, intellectual, etc.) in the 2013 Calendar Year? Yes No

..... in the 2014 Calendar Year? Yes No

SECTION B: SECURITY AND CONTROL

B.1 Post Orders

Do probation staff members have access to a detailed copy of their job description? Yes No

Do probation staff members have performance reviewed annually? 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 basis? Yes No

Are these logs stored electronically? Yes No

If logs are stored electronically, is there sufficient technical support to ensure that the electronic files that contain these logs are not compromised, corrupted, or deleted? N/A Yes No

B.3 Security Features

Does the facility have ample security features (i.e. cameras, locks, alarms, etc.)? Yes No

B.4 Security Inspections

Does the administrator in charge ever visually inspect the facility for security-related concerns? Yes No

If yes, how often: daily perimeter, monthly safety & sanitation, school weekly

Are random reviews of security tapes conducted? N/A Yes No

If yes, how often: randomly and as needed

B.5 Control of Contraband

Has a weapon been found in the possession of a youth in the facility during the 2013 Calendar Year? Yes No
..... during the 2014 Calendar Year? Yes No

Has a controlled substance (i.e. alcohol, tobacco, illegal drugs, or prescription drugs for which the youth in possession does not have a prescription) been found in possession of a youth during the2013 Calendar Year? Yes No
.....2014 Calendar year? Yes No

Describe if there have been a high number of incidents related to a specific type of contraband: Placing their medication in their cheek

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

JJC Inspection Team Comments: No comments.

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? 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: 12 or as needed (Use of Force Committee)

Number of instances in 2014: 12 or as needed (Use of Force Committee)

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 as long as necessary? Yes No

Is each instance of OC spray documented? Yes No

If yes, are these documents reviewed by the administrator in charge? N/A Yes No

Number of instances in 2013: 184 (16 non-fights & 168 fights)

Number of instances in 2014: 115 (2 non-fights & 113 fights)

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

If yes, are these documents reviewed by the administrator in charge? 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 incident? Yes No

Number of instances in 2013: 0

Number of instances in 2014: 1

B.11 Confinement

Are there written policies in place to ensure that solitary confinement is used only when necessary? Yes No

Are there written policies in place to ensure that solitary confinement is used only as long as necessary? Yes No

Is each instance of solitary confinement documented? Yes No

If yes, are these documents reviewed by the administrator in charge? N/A Yes No

Number of instances in 2013: 0

Number of instances in 2014: 0

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? outside IBR and outside staff entrance

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 percent of grievances/appeals related to disciplines are resolved in favor the youth? 16 %

B.15 Supervision for Special Housing

JJC Inspection Team Comments: No comments.

B.16 Contingency/Emergency Plans

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

- Contagious disease outbreak (Tuberculosis, Flu, etc.)
- Earthquake
- Fire
- Power outage/failure
- Unit disturbance
- Other: African Honey Bee, Explosions, Bomb Threats, Evacuations
- Other: Terrorism

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: PREA (Prison Rape Elimination Act)

Do youth work in the kitchen? Yes No

If yes above, have they been trained? N/A 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? 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? Sheriff

Describe the types of work youth perform: Prep food, wash trays, push carts, assemble cold trays, sweep and mop

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? Approximately 2600-2800 calories

Are weaker youths protected from having food taken from them? Yes No

What approximate percent of calories are from the following:

Protein: 12 %

Carbohydrate: 57 %

Fat: 24 %

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? Yes No

Are youth provided opportunities to communicate with staff verbally? Yes No

Are communication aids (translators, hearing aids, etc.) provided when necessary? Yes 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? Yes No

List types of diversity training attended by Probation staff members: Embracing Diversity, Ethics, Safe Crisis Management, IBIS, PREA

D.3 Grievances

Is there a formal grievance policy? Yes No

Are written grievances reviewed daily? Yes No

Are grievances tracked in some manner that would permit facility leaders to observe trends in grievance report? Yes 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? 0

If yes, how many parents have submitted grievances in 2014? 0

SECTION E: SAFETY AND SANITATION

E.1 Fire Safety

Do facility leaders have specific concerns about fire safety? Yes 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

Does the facility appear clean and sanitary? Yes No

Does the facility appear appropriately ventilated? Yes No

On the day of inspection, did the facility's temperature seem appropriate for the season and weather? Yes No

E.5 Clothing and Bedding

Are additional blankets available on request? Yes No

How often is bedding laundered? weekly

How often are youth given clean clothes? daily

E.6 Personal Hygiene/Showers

How frequently must youth shower?

Showers per week: 7 times a week

Minutes per shower: 5 minutes

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? 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: Catholic Services, Protestant, other religions are also requested and after being cleared they come in individually

Are religious services offered in a language other than English? Yes No

If yes, list the languages in which services are offered: Upon request

Are youth offered religious or faith-based counseling services? Yes No

Are youth permitted to keep religious texts in their sleeping rooms? Yes No

F.3 Work Assignments

Are sentenced youth in the facility permitted to work or perform chores on a *voluntary* basis? Yes No

Are unsentenced youth in the facility permitted to work or perform chores on a *voluntary* basis? N/A Yes No

Are sentenced youth in the facility *required* to work or perform chores? Yes No

Are unsentenced youth in the facility *required* 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
- Conflict resolution skills
- Diversity/Tolerance/Human relations
- Domestic/Relationship violence education

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? M-F 3 pm to 8 pm, Sun 9 am to 11:15 am

Who may visit youth? Check all that apply:

- Parents/Legal guardians
- Adult siblings. If the court orders it
- Minor siblings
- Other: Court order individuals ex: pastors, mentors. Or PO approved

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: fearful of immigration, lack of transportation and no desire. For those with transportation issues or fearful of immigration, EMJDF has started SKYPE for visits

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

SECTION G: HEALTH CARE

Medical Staffing: <i>(At time of inspections)</i>	# Filled	# Open	Contractor (Y/N)
Physician	7	0	Y
Physician's Assistant	1	0	Y
Registered Nurse	8	0	Y
Licensed Vocational Nurse	12	0	Y
Nurse Practitioner	0	0	Y
Emergency Medical Tech	0	0	Y

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
- 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.

- 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? Yes No

Is there a procedure in place for youth to request dental services? Yes No

Is there a procedure in place for youth to request mental services? Yes No

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

Of a random sample of 50 sick call slips, how many were responded to and in how many hours?
All are responded within 24 hours

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 research?
Check all that apply:

- 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

G.5 Response to Medical, Mental, and Dental Health needs

Does the facility have adequate staff to respond to the medical needs of the youth in the facility? Yes No

Does the facility have adequate staff to respond to the mental health needs of the youth in the facility? Yes No

Does the facility have adequate medical equipment to respond to the medical needs of the youth in the facility? Yes No

Does the facility have adequate clinic space and treatment rooms to respond to the medical needs of the youth in the facility? Yes No

On average, how long does it take for clinic staff to respond to a sick call slip? Less than 8 hours

On average, how long does it take for clinic staff to respond to an emergency? Less than 5 minutes

On average, how long does it take for clinic staff respond to a request for an inhaler? 5 to 10 minutes, unless it is an emergency

G.6 Suicide Prevention

Is there a written suicide prevention plan in place? Yes No

Have there been any instances in the 2013 calendar year where the 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? N/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? Youth are rejected at booking and would be sent to the ER or get medically cleared (ER attending physician).

Did the facility detain any minors determined to be under the influence of an intoxicating substance? N/A 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 written plan was not followed in response to a youth on a hunger strike? Yes No
- Have there been any instances in the 2014 calendar year where the written plan was not followed in response to a youth on a hunger strike? Yes No

G.9 Death

- 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 written plan was not followed in response to the death of a youth? Yes No
- Have there been any instances in the 2014 calendar year where the written plan was not followed in response to the death of a youth? 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

SECTION H: EDUCATION

School Staffing:	#Filled	# Open	SDCOE/JCCS? (Y/N)
Credentialed Teachers Total	10		Y
Credential Special Education Teachers Total	3		
Teachers' Aides	9		
Paid Tutors	N/A		
Volunteer Tutors	N/A		
Other: Certified Counselors	2		
Attendance Clerk, Admissions & Records, Registrar, Student Transition Specialist, Special Ed Aides (2), Principal	7		

H.1 School Capacity/Attendance

How many youth are attending school? All

Estimate the average grade level of youth participating in school in the facility: 10

Estimate the average age of youth participating in school in the facility: 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

H.3 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? N/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? N/A Yes No

Has a youth been denied participation in one of these programs in the 2013 calendar year? N/A Yes No

Has a youth been denied participation in one of these programs in the 2014 calendar year? N/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)? 43

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: _____

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: TRACE program, Work Readiness Program, CTE/ROP

H.8 Independent Study

Are independent study options available? Yes No

H.9 Relationship with Other Stakeholders

JJC Inspection Team Comments: No comments.

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? Bi-annually

Appropriate relationships/boundaries with youth. If yes, how often? yearly

Appropriate disciplinary techniques. If yes, how often? every 2 years

Confidentiality. If yes, how often? 1 time

- Conflict management. If yes, how often? yearly
- CPR/First Aid. If yes, how often? Every 2 years
- Emergency response. If yes, how often? yearly (manual sign off)
- Ethical decision-making. If yes, how often? every 2 years
- Inclusion methods for youth with disabilities or special needs.
 If yes, how often? _____
- Reporting requirements for abuse, neglect, or maltreatment that occurs in the facility.
 If yes, how often? every 2 years
- Reporting recruitments for abuse, neglect, or maltreatment that occurred outside the facility. If yes, how often? upon hire
- Sexual harassment. If yes, how often? every 2 years
- Signs of abuse or neglect. If yes, how often? yearly
- Use of force. If yes, how often? yearly
- Use of restraints. If yes, how often? yearly
- Other: _____

I.3 Staff Misconduct

Are there written policies for addressing staff misconduct? Yes No

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

2013:

- Yes No
- Yes No Minors in custody
- Yes No Minors out of custody

2014:

- Yes No
- Yes No Minors in custody
- Yes No Minors out of custody

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

2013:

- Yes No
- Yes No Minors in custody
- Yes No Minors out of custody

2014:

- Yes No
- Yes No Minors in custody
- Yes No Minors out of custody

Have there been any allegations during the calendar year of a staff member verbally threatening a youth?

2013:

- Yes No
- Yes No Minors in custody
- Yes No Minors out of custody

2014:

- Yes No
- Yes No Minors in custody
- Yes No Minors out of custody

Have there been any allegations during the calendar year of a staff member touching a youth in any inappropriate way?

2013:

- Yes No
 Yes No Minors in custody
 Yes No Minors out of custody

2014:

- Yes No
 Yes No Minors in custody
 Yes No Minors out of custody

Have there been any allegations during the calendar year of a staff member commenting on the physical appearance of a youth in a manner that is outside the scope of the staff member's job duties?

2013:

- Yes No
 Yes No Minors in custody
 Yes No Minors out of custody

2014:

- Yes No
 Yes No Minors in custody
 Yes No Minors out of custody

Have there been any allegations during the calendar year of a staff member entering a youth's sleeping room for any reason that was outside the scope of the staff member's job duties?

2013:

- Yes No
 Yes No Minors in custody
 Yes No Minors out of custody

2014:

- Yes No
 Yes No Minors in custody
 Yes No Minors out of custody

SECTION J: BUDGET AND FISCAL CONCERNS

JJC Inspection Team Comments: No comments.

SECTION K: BEHAVIORAL HEALTH

K.1 Behavioral Health Service Provision

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-to-face 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 Re-admission 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
EMJDF	44	165	27%

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
EMJDF	57	165	35%

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 EMJDF, the psychologist previously provided a weekly group that consisted of 8-12 males identified from the general population with a history of more serious offenses and disciplinary issues. The group met weekly with a focus on stress reduction, relaxation skills, mindfulness coping skills, reduction of aggression and positive social interactions. Methods employed included yoga, guided imagery, relaxation techniques and exercises to improve positive social interactions. Need for groups continue to be evaluated and coordinated with Probation.

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 EMJDF includes:

- 3 full-time MFT clinicians,
- 2 full-time Psychologists,
- 1 full-time Psychiatric Nurse.

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
East Mesa	4

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).

Data on Suicide Watch referrals at EMJDF for FY 13/14 indicates there were 38 youth placed on Suicide Watch; similar to KMJDF, there are often several Suicide Watch referrals for one youth and one episode of suicidality, therefore 38 is not be the total number youth with a Suicide Watch referrals.

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 a 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 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.

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 Schedules

Name	Main Site	Days	Hours	Office#	Cell Phone#
AW, LCSW	KM	Monday & Thursday Wednesday	08:00 am - 02:00 pm 08:00 am - 03:00 pm		
CN, Ph.D.	JRF/Campo	Monday, Tuesday, Wednesday &	07:00 am - 05:30 pm		
CE, LCSW	Juvenile Prob.	Monday thru Friday	Varied		
CL, LCSW	KM	Monday thru Friday	08:00am- 05:00 pm		
CU, LMFT	KM	Tuesday, Wednesday, Thursday &	07:00 am - 05:30 pm		
	EM	Tuesday	08:00am- 12:00 pm		
DS, LCSW	KM	Monday thru Friday	08:00 am - 04:30 pm		
	EM KM	Wednesday	08:00 am - 07:00 pm		
EA, MD		Monday, Friday & Saturday	08:00 am - 07:00 pm		
ED, LMFT	EM	Monday Tuesday Wednesday & Thursday Friday	08:30 am - 05:00 pm 08:00 am - 05:30 pm 07:00 am - 02:30 pm 07:00 am - 04:30 pm		
GO, Ph.D.	EM	Monday, Tues, Wed, Thurs, & Friday	08:00 am - 04:30pm		
FE, LCSW	Camino del Rio	Monday thru Friday	Varied		
HS, Ph.D.	Camp Barrett KM	Monday, Tuesday & Friday Thursday	07:30 am - 06:00 pm 07:30 am - 06:00 pm		
	EM KM	Friday Saturday Monday Monday Wednesday	12:30 pm- 10:00 pm 03:00 pm - 09:00 pm 09:00 am - 12:00 pm 03:00 pm - 09:00 pm 04:00 pm - 10:00 pm		
JG, MD					
KS, LMFT	KM	Tuesday, Wednesday & Thursday Friday	08:00 am - 04:30 pm 08:00 am - 02:00 pm		
	EM	Monday Tuesday Friday	02:00 pm - 07:30 pm 08:00 am - 05:30 pm 08:00 am - 02:30 pm		
KS, Ph.D.		Monday Tuesday & Thursday Wednesday Friday	07:30 am - 02:30 pm 07:30 am - 03:00 pm 07:30am- 01:30 pm 08:00 am - 12:00pm		
LH, Ph.D.					
MM, LMFT	KM EM	Tuesday & Friday Wednesday & Thursday	09:30 am - 08:00 pm 09:30 am - 08:00 pm		
MP, LMFT	EM	Monday thru Friday	08:30 am - 05:00 pm		
ML, MD	KM ESU	Wednesday Tuesday & Thursday	08:00 am - 06:00 pm 08:00 am - 06:00 pm		

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

Supplemental Questions for Behavioral Health

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

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

* Planning to stay later if licensed staff is present

≠ Coming in early is contingent on presence of licensed staff