

**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:**

<b>Facility Name:</b>  <b>KEARNY MESA JUVENILE DETENTION FACILITY</b>	
<b>Facility Address:</b>  2801 Meadow Lark Drive San Diego, CA 92123	<b>Date of Inspection:</b>  April 15, 2015
	<b>JJC Chair:</b> Kathleen Edwards
	<b>JJC Admin. Officer:</b> Scott Brown <b>JJC Admin. Assistant:</b> Amber Scott
	<b>Chief of Probation:</b> Mack Jenkins
	<b>Presiding Judge of the Juvenile Court:</b>  Hon. Carolyn M. Caietti
<b>Facility Administrator:</b>  Alex Zermeno, Division Chief	<b>Telephone:</b>  (858) 694-4501
<b>Detention Facility Contact:</b>  Alex Zermeno, Division Chief	<b>Telephone:</b>  (858) 694-4501

**B. Recommendations:**

Follow-up on 2013 Recommendations:

1. Elimination or reduction in use of OC Spray. KM has made significant progress in reduction of use of OC spray. Please refer to annual statistics.
2. Increase in Anger Management offerings. Anger Management continues at 2013 levels.
3. Saturday School. Currently SDCOE has no funding or staffing to provide Saturday School.

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

1. Suicide Attempts: There were 22 documented attempted suicides. Although census at KM has decreased by approximately 18%, suicide attempts are up 10%. JJC recognizes that Suicide Prevention and Administrative Separation policies are currently being revised. A study of these 22 incidents, including activities preceding attempt, time of day, day of week, STAT involvement, and outcome needs to be done to add foundation to staffing, therapy, and programming changes.
2. Forensic Mental Health Unit. Consideration needs to be given to adding a unit to house mentally unstable/suicidal minors. It would need 24-hour staffing by STAT staff.

3. Security Cameras: Although the number of security cameras has increased there is still need for a new system with additional cameras to improve visibility and quality of recordings.
4. Elimination of work program (CTE) during school hours for any student who is credit deficient.
5. Full-time maintenance staff to repair poor condition of declining building.
6. Replacement of this aging facility on a unit by unit basis.
7. Increased mental health funding to allow on-site STAT staffing after hours, on weekends and holidays.

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

1. Eliminate current practice of requiring and/or permitting students to engage in work unrelated to school or academic pursuits during school hours.
2. Train school staff regarding "child find" requirements pursuant to the IDEA (the requirement that all children suspected of having a disability that interferes with his/her access to the general education curriculum be assessed in all areas of suspected disability.)
3. Train school staff regarding how to identify whether a student may have a disability that impedes his/her ability to access the general education curriculum.
4. Implement a system for communicating referrals for special education evaluations to the school the student will enroll in upon exiting KM, if a referral has been initiated.
5. Train school staff regarding student's rights to Educationally Related Mental Health Services, when required.
6. Train school staff regarding referrals for Educationally Related Mental Health Services Evaluations.
7. Implement a system for communicating referrals for Educationally Related Mental Health Services Evaluations to the school the student will enroll in upon exiting KM, if a referral has been initiated.

The 2015 Juvenile Justice Commission recommends that Behavioral Health:

1. Kearny Mesa has a high number of suicide attempts. Behavioral Health staffing, however, occurs only during business hours Monday through Friday. Although there is provision for on-call staffing, it needs to be recognized that the Monday through Friday hours are mostly taken up with education. This is not the highest stress time for minors.
2. A mental health unit/program needs to be developed to meet the needs of these high risk mentally ill minors. Mental Health professionals need to staff this unit alongside Probation staff specially trained to work with the mentally ill.
3. Coordinated treatment team planning for mentally ill detained youth needs to be held at least weekly with Probation, education and mental health staff present.
4. Transition plans to the community need to include follow-up individual and family therapy. A very small number of minors with mental illness currently receive mental health services once they return home.
5. Oversight needs to occur to monitor the appropriateness and prevalence of prescription of psychotropic medications to this population.

**C. General Comments:**

Kearny Mesa is an aging facility which is in need of replacement. That said, staff has made every attempt to make it less prison-like. Layout makes security camera reach difficult. As population drops, high risk acuity increases. Programmatic changes including increased staffing by STAT team need to be considered.

**D. Population & Staffing Information:**

**Average Daily Population:**

	Adult Male	Adult Female	Juvenile Male	Juvenile Female	Total
Facility Capacity	0	0	279	80	359
Facility Average Daily Population	0	0	149(2013) 125(2014)	66 (2013) 59 (2014)	215 (2013) 184 (2014)

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: Several staff are fluent in Spanish,  
and Contract Interpreters are employed as needed.

**Probation Staffing Ratios:**

Awake: 1 / 10

Asleep: 1 / 30

<b>Probation Staffing:</b> <i>(As of date of inspection)</i>	# Filled	# Open
Division Chief (Formerly Director)	1	0
Supervisors	12	1
DPOs	0	0
CDPOs	155	2 (CDPO2) 2 (CDPO1)
Admin/Support	16	0
Other (Corr. Counselor, Storekeepers, Laundry)	4	0

**E. CSA/Other Inspections:**

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

<u>Agency</u>	<u>Date</u>
City of San Diego Fire Rescue Dept.	10/28/2014
Grand Jury	10/17/2014
CA Medical Association	6/05/2013
Title 15 (Environmental Health Evaluation)	9/29/2014
Title 15 (Nutritional Evaluation)	11/19/2014
Title 15 (Medical/Mental Health Evaluation)	9/29/2014

Date of last Fire drill: 1-19-2015

**F. Serious Incidents in Facility During the Calendar Years:**

2013:

Indicate the number of:

- Suicides:   0
- Attempted suicides:   20
- Deaths from other causes:   0
- Escapes:   0
- Attempted escapes:   1
- Serious assaults on detainees:   38
- Serious assaults on staff:   17
- Other serious incidents:   16
- Serious incidents above for which there is a written record:   All

2014:

Indicate the number of:

- Suicides:   0
- Attempted suicides:   22
- Deaths from other causes:   0
- Escapes:   0
- Attempted escapes:   0
- Serious assaults on detainees:   42
- Serious assaults on staff:   6
- Other serious incidents:   16
- 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:   924
  - Attorneys:   0
  - Family Members:   0
  - Medical:   0
  - Abuse:   0

2014:

- Court Orders Affecting Facility (Please have a Copy, if Available):  Yes  No
- Pending Litigation:  Yes  No
- Number of Written Complaints / Grievances Involving:
  - Residents:   721
  - Attorneys:   0
  - Family Members:   0
  - Medical:   0
  - Abuse:   0

**H. Visual Review of Facility:**

JJC Inspection Team Comments: The Kearny Mesa facility is certainly aging, but is clean and well-maintained. The outdoor areas are secure with ample opportunity for exercise and fresh air. Portions of the interior were being painted by volunteer detainees. The conditions are acceptable for the purpose.

**I. Review of Confinement Conditions:**

JJC Inspection Team Comments: The confinement rooms provided for the detainees are clean and well maintained. They are of adequate size, and provide some measure of privacy, while allowing staff to monitor the youths. The rooms have been carefully appointed to prevent the detainees from doing harm to themselves. The problem of "tagging" the walls and door-windows is ongoing, and should not be expected to abate.

**SECTION A: ADMINISTRATION/MANAGEMENT**

**A.1 Policy Development and Monitoring**

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

Title: Facility Division Chief

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

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 3 paper copies & Online (Shared Drive)

Locations Division Chief's Office, Admin Office, Watch Office & Online (Shared Drive)

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?

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?

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?

Weekly or as needed

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**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: N/A

Locations: Every Youth is given a copy to have with them in their room.

**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?  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: Weekly

Are random reviews of security tapes conducted?  Yes  No

If yes, how often: Monthly

**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 the .....2013 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:

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**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: Work continues to clarify written CIR's related to administrative segregation and suicidal behavior. Also, there was some confusion about allegations of staff misconduct reported on minor's grievances vs. official CIR's.

**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: 82

Number of instances in 2014: 182

**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: 81

Number of instances in 2014: 67

**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: Safety Room: 6, Restraint Chair: 4

Number of instances in 2014: Safety Room: 0, Restraint Chair: 3

**B.11 Confinement**

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



Are there written policies in place to ensure that solitary confinement is used only as long as necessary?  N/A  Yes  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: N/A

Number of instances in 2014: N/A

**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? IBR & 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? Less than 10 %

**B.15 Supervision for Special Housing**

JJC Inspection Team Comments: There is no special housing at KM.

**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: Medical Emergencies, Hostage Situations, Bomb Threats, Explosions, & Floods
- Other: Violence in the Workplace, Africanized Honey Bees & Wildlife Emergency, and Nuclear Attacks.

## 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: Training is provided by the Sheriff's Dept. on an on-going basis: HACCP (Hazard, Analysis, Critical, Control, Point) Training

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 Department

Describe the types of work youth perform: Prepare meal trays, deliver food to the units, and clean up after meals in the kitchen (In accordance with HACCP Training)

### 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? \_\_\_\_\_

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

What approximate percent of calories are from the following:

Protein: 19 %

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: Safe Crisis Management, Embracing Diversity/Encouraging Respect, & Sexual Harassment, Integrated Behavioral Intervention Strategies (IBIS), and Prison Rape Elimination Act (PREA) Training.

### 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? Sheets: Weekly, Blankets: Monthly  
How often are youth given clean clothes? Daily

**E.6 Personal Hygiene/Showers**

How frequently must youth shower?  
Showers per week: 7  
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, Protestant, and any other services requested

Are religious services offered in a language other than English?  Yes  No  
If yes, list the languages in which services are offered: \_\_\_\_\_

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
- Family reunification planning
- Financial literacy education
- Gang awareness/Prevention/Intervention
- Health and wellness education
- Parenting education
- Sexual health education
- Social/interpersonal skills
- Substance abuse counseling
- Survivors of abuse/maltreatment/violence counseling
- Victim awareness
- Vocational training
- Other: Prostitution
- Other: Mediation

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

Are youth given opportunities for physical recreation/exercise?  Yes  No  
If yes, how many hours per day? Weekdays: 3 hrs per day  
Weekends/Non-School days: 5 hrs per day

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? Weekdays: 1, Weekends: 3

**F.6 Access to Legal Services**

Are youth permitted to have reasonable contact with their attorneys?  Yes  No

Has an attorney in 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? Thursdays: 6:30pm-8:30pm, Sunday: 9am-11am

Who may visit youth? Check all that apply:

Parents/Legal guardians

Adult siblings

Minor siblings

Other: Court ordered, if cleared, Special circumstances, and Bi-weekly child visits

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? (Gum, Candy, Food)  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: Transportation, Child Care, visitation hours conflict with work hours, and lack of proper identification (ID)

**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**

<b>Medical Staffing:</b> <i>(At time of inspections)</i>	# Filled	# Open	Contractor (Y/N)
Physician	1	0	Yes
Physician's Assistant	1	0	N/A
Registered Nurse	5	0	Yes
Licensed Vocational Nurse	12	0	Yes
Nurse Practitioner	1	0	Yes
Emergency Medical Tech	0	0	N/A

**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?

Every minor is seen after a sick call slip is turned in accordance of triage of urgency. \_\_\_\_\_

Of a random sample of 50 sick call slips, how many were responded to and in how many hours?  
All were responded within 8 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: Experimental research is not allowed/applicable

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? Within eight hours

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

On average, how long does it take for clinic staff respond to a request for an inhaler? Several minutes

**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? Clinic staff or Children's Hospital

Did the facility detain any minors determined to be under the influence of an intoxicating substance?  N/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 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**

<b>School Staffing:</b> <i>(At time of inspection)</i>	#Filled	# Open	SDCOE/JCCS? (Y/N)
Credentialed Teachers Total	15	2	Yes
Credential Special Education Teachers Total	4	0	Yes
Teachers' Aides	11	0	Yes
Paid Tutors	0	0	N/A
Volunteer Tutors	0	0	N/A
Other (Substitute Teachers)	3	0	Yes

**H.1 School Capacity/Attendance**

How many youth are attending school? 171

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: 16 years old

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)? 60
- 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: Delay in receiving records, and lack of Parental response
- 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: GED Prep program for for boys and girls 17 years old and behind in credit; note that GED will be replaced by HISET (High School Equivalency Test in March 2015

#### **H.8 Independent Study**

- Are independent study options available?  Yes  No

#### **H.9 Relationship with Other Stakeholders**

JJC Inspection Team Comments: SDCOE works collaboratively with local school districts, Probation, Behavioral Health and families to coordinate education of detained minors.

### **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? Yearly SCM
- Appropriate relationships/boundaries with youth. If yes, how often? Unit Meetings, SCM
- Appropriate disciplinary techniques. If yes, how often? Yearly
- Confidentiality. If yes, how often? Yearly
- Conflict management. If yes, how often? Yearly
- CPR/First Aid. If yes, how often? Every 2 Years
- Emergency response. If yes, how often? Yearly
- Ethical decision-making. If yes, how often? ISOPS/CORE & Ethics Training Every 2 years
- Inclusion methods for youth with disabilities or special needs.  
If yes, how often? As needed (ISOPS/CORE)
- Reporting requirements for abuse, neglect, or maltreatment that occurs in the facility.  
If yes, how often? As needed (ISOPS/CORE)
- Reporting recruitments for abuse, neglect, or maltreatment that occurred outside the facility. If yes, how often? Every 2 years
- Sexual harassment. If yes, how often? Every 2 Years; PREA: Monthly
- Signs of abuse or neglect. If yes, how often? Every 2 years
- Use of force. If yes, how often? DTAC (Twice per year)
- Use of restraints. If yes, how often? Every 6 months (DTAC)
- Other: \_\_\_\_\_

**I.3 Staff Misconduct**

JJC Inspection Team Comments: 2014 data incorporated "allegations" of staff misconduct garnered from detainee grievances. This needs to be corrected to reflect actual allegations reported on CIR's. This data is exaggerated as a result of inclusion of detainee grievance data.

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?

- |   |   |
|---|---|
| <u>2013:</u>  | <u>2014:</u>  |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                       |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Minors in custody     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Minors in custody     |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Minors out of custody | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 stated concerns.

## **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 5<sup>th</sup> 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
KMJDF	60	185	32%

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
KMJDF	77	185	42%

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 Kearny Mesa juvenile hall, "open" groups are held on three different units, and all youth on the units are included in the groups. The number of youth in the groups varies according to the population on the units, but there are usually 15 to 20 participants. In these "open" groups, new youth who come into the unit are included in the groups. The groups are focused on management of anger and other emotions, self-soothing/mindfulness, skill building, and a variety of other topics.

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 KMJDF include:

- 2 full-time LCSW clinicians,
- 3 full-time Marriage and Family Therapy (MFT) clinicians,
- 4 full-time Psychologists,



1 full-time Psychiatric Nurse.

\*There is a vacant psychologist position assigned to KMJDF that has been filled with an anticipated start date of 4/21/15.

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

There is a vacant psychologist position assigned to KMJDF that has been filled with an anticipated start date of 4/21/15.

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
Kearny Mesa	9

**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).

From 7/1/2014 through 3/31/2015, Kearny Mesa STAT-Team received 189 referrals for new episodes of Suicide Watch; there are often several Suicide Watch referrals for one youth and one episode of suicidality, therefore 189 is not the total number of 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 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 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	08:30 am - 05:00 pm		
		Tuesday	08:00 am - 05:30 pm		
		Wednesday & Thursday	07:00 am - 02:30 pm		
		Friday	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		
	Camp Barrett	Monday, Tuesday & Friday	07:30 am - 06:00 pm		
HS, Ph.D.	KM	Thursday	07:30 am - 06:00 pm		
	EM KM	Friday Saturday Monday Monday	12:30 pm- 10:00 pm		
		Wednesday	03:00 pm - 09:00 pm		
JG, MD			09:00 am - 12:00 pm		
			03:00 pm - 09:00 pm		
			04:00 pm - 10:00 pm		
	KM	Tuesday, Wednesday & Thursday	08:00 am - 04:30 pm		
KS, LMFT		Friday	08:00 am - 02:00 pm		
	EM	Monday	02:00 pm - 07:30 pm		
		Tuesday	08:00 am - 05:30 pm		
KS, Ph.D.		Friday	08:00 am - 02:30 pm		
		Monday	07:30 am - 02:30 pm		
		Tuesday & Thursday	07:30 am - 03:00 pm		
LH, Ph.D.		Wednesday	07:30am- 01:30 pm		
		Friday	08:00 am - 12:00pm		
	KM	Tuesday & Friday	09:30 am - 08:00 pm		
MM, LMFT	EM	Wednesday & Thursday	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 Tuesday & Wednesday	09:00 am - 01:30 pm 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	KM	Thursday & Friday	09:00 am - 07:30 pm		
RS, Psy.D.	KM	Monday thru Friday	07:30 am - 04:30 pm		
	KM	Monday, Wednesday, Friday Tuesday & Thursday	10:00 am - 06:30 pm 08:30 am - 05:00 pm		
SB, Ph.D.					
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	KM	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	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