

**San Diego County Juvenile Justice Commission
Inspection Worksheet**

Data from Calendar Year 2022

EAST MESA JUVENILE DETENTION FACILITY	
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The San Diego County Juvenile Justice Commission is a state-mandated, court-appointed citizens' commission. Its purpose is to inquire into the administration of juvenile court law in San Diego County, to provide leadership for citizen action and to promote an effective juvenile justice system operated in an environment of credibility, dignity, fairness, and respect for the youth of San Diego County.

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I. Executive Summary

A. Assessment

1. During the JJC onsite inspection the JJC Inspection Team assessed the following:
2. Is the facility clean and sanitary? Yes
3. Is the facility appropriately ventilated? Yes
4. Is the facility's temperature appropriate for the season and weather? Yes

B. Commission Comments and Recommendations

1. Follow Up from 2022 Recommendations:
 - a. Probation to include all collaborative agencies that are or can be affected when renewing or revising contracts.
 - i. Probation Response: The Probation department will consider collaborative agency impacts and seek to obtain information, guidance, and support from those agencies as appropriate and allowable within the procurement process.
 - b. Behavioral Health Services (BHS) and the medical clinic continue to use two separate electronic file systems for medical records, but staff from those areas should be given full access to both systems.
 - i. Probation Response: The Public Safety Group and the Probation Department in collaboration with Health and Human Services have addressed the use of two separate Electronic Health Record Systems. As of March 7, 2023, the Health Services Administrator has submitted a list of medical staff positions who are to be given access to the Behavioral Health Electronic Health Records System. Currently, all Psychiatrists have access to both record systems. A request from Behavioral Health STAT team has not been received to expand the access to the youth's medical record beyond the Psychiatrists.
 - c. Probation and San Diego County Office of Education (SDCOE) should ensure CTE courses are offered at EMJDF.
 - i. Probation Response: In January of 2022, East Mesa began the process of changing populations with the newly developed Youth Transition Campus (YTC). East Mesa's post-adjudicated youths were transferred to the YTC for continued programming (HOPE) including CTE. All pre-adjudicated students were then brought to East Mesa for intake and potential release. This resulted in an increase in the transiency rate. With the changing of populations, the CTE programs (Culinary, Building and Construction, and Horticulture) moved to the YTC so students could continue their CTE pathway. Moving forward, SDCOE and Probation department are in talks to bring CTE programs back to the facility to serve the new Youth Development Academy population. We are looking to start with certificate programs such as food handlers, CPR, First Aid, music production, OSHA Safety. We are also working with Southwestern College to get access to online CTE courses. In the Winter of 2023, many of our pre-adjudicated enrollment will be transferred to the "YTC New Build" and the East Mesa facility will mainly house Youth Development Academy (YDA formerly DJJ Youth). The plan is to develop a robust CTE program partnering with South Bay Community Services SBCS and potentially San Diego Adult Education.

- d. Probation should evaluate the staffing issue, determine why staff are not remaining and address the issues immediately.
 - i. Probation Response: Beginning in March 2022, for the first time in the history of the Department, there has been an ongoing continuous Correctional Deputy Probation Officer (CDPO) recruitment. CDPO orientations have been occurring the first week of every month. The Department has bolstered the background unit by offering positions to not only retirees but to outside law enforcement agencies. Recruitment efforts are currently in place to occur monthly. The department will continue to seek opportunities for fiscal planning for a dedicated recruitment budget.

C. Summary of Inspection:

1. The Juvenile Justice Commission (JJC) conducted its yearly inspection on 04/27/2023 at East Mesa Juvenile Detention Facility (EMJDF). EMJDF is a secure detention facility located in the Otay Mesa area. It is the primary booking facility for all juvenile detentions in San Diego County. EMJDF has pre-adjudicated youth, and those awaiting placement or transfer to a local commitment program. Signed into law in 2020 Senate Bill 823 (SB823) directs the closure of the Division of Juvenile Justice; returning this population to local counties. In response to SB823 the Probation Department in San Diego County developed its own Secure Youth Treatment Facility; the Youth Development Academy (YDA); housed at EMJDF.
2. Prior to the onsite inspection Probation was asked to complete a worksheet detailing information requested by the JJC (attached to this report). During the onsite portion of the inspection JJC members met with representatives from Probation, Education, Mental Health and Medical. The representatives had an opportunity to explain, clarify and discuss various policies and procedures to JJC members for a better understanding of the facility. After review of the worksheet and questions answered by the representatives, the JJC toured the facility. Included in the tour was medical services and the YDA program where JJC members had informal discussions with several youth in the program.
3. Program:
 - a. In speaking with youth and staff it was clear the Probation Department had yet to fully develop program the Youth Development Academy (YDA) even though SB823 was signed into law in 2020. Probation did begin remodeling two units to accommodate the returning population, but youth reported there is not any programming. However, in review of the program calendar and talking with Probation staff, programs are offered to the youth in the YDA units. The programs include college on-line courses, Project Aware, Prison Rape Elimination Act (PREA), Life Skills, Self-Care, Victim Impact, Men of Honor, Cognitive Behavioral Therapy, Music Program through David Harp and Substance Abuse. The facility also has a number of evidence-based programs that other youth attend including but not limited to A New Direction, Target, Wellness and Health Education, Youth Empowerment, Poetry and Painting, Hands on Art, American Sign Language, Cognitive and Dialectical Therapy, Seeking Safety, Voices, My Life My and substance abuse programs. Youth interviewed relayed programs, services and activities are based on “one-size fits all” rather than what is appropriate for age. The youth would like to see more age-appropriate activities/services.

- b. Youth also relayed “they control our own plans”. They said they didn’t like or appreciate that their day is scheduled to be a certain way and would like to have some freedom over their time regarding basic things like when they can eat, workout and be outside their rooms.
4. Sanitation
 - a. During the inspection a youth stated, “It’s unsanitary because they don’t let us flush often and it’s gross when someone’s stuff is just sitting there for a while.” This was in reference to toilet use. However, in speaking with facility staff the toilets are not on a timer. There is occasion when the water to the toilets is turned off. This is done when there is a unit search to ensure contraband is not flushed down the toilet which could cause plumbing issues and when a youth is trying to flood their room using the toilet.
5. Use of Force
 - a. There were 104 incidents where OC spray was used. One was an accidental discharge when staff obtained the OC canister. The other incidents involved youth. The circumstances included youth on youth assault, inciting a riot, threats to staff, lunging towards staff with a bulk of incidents being fights between youth. The number of violent incidents involving OC are still concerning to the Juvenile Justice Commission, especially when recognizing the staff Mandt training and lack of programming for youth. The Mandt system helps develop a culture that provides for emotional, physiological, and physical safety for everyone involved. The number of OC incidents should be decreasing, not remaining steady.
 - b. In this year’s worksheet Probation was asked how many times leg and waist restraints were used. The number provided was 564. When asked why so high the response was there were many out of building transports that require restraints for safety reasons. As to how many times handcuffs were used the response was 1161 and was due to violent incidents. Violent incidents include youth on youth assault, youth on officer assault, youth on teacher assault, Chief Counselors, fights, near fights and threats.
6. Staff Training
 - a. Each agency has specific training requirements based upon credentials, licensing and Board State of Corrections Standards for Probation staff. What is a common thread is trauma informed training. What is found lacking is Autism training for Probation staff. In past inspections it was stated they receive the training when available. Behavior Health would assist by providing the training, but the training was not consistently offered. This year during conversation it was learned there were no trainings in autism in 2022. As youth can be on a wide spectrum of autism and how to interact with autistic youth is of importance this training should be more consistent and required of all Probation staff. Probation continues to train their staff using the Mandt system. Not all Probation staff have completed the training, but the goal is to have all staff trained by the end of the calendar year. In order to change the culture, there needs to be in place a system of accountability to ensure staff understand the training and are applying the techniques learned in the training. A training with no accountability system in place does not change culture.
 - b. Each agency requires cultural competency trainings but have varying frequency requirements. The County of San Diego has eight different Diversity & Inclusion

trainings that include equity, diversity and inclusion, cultural competency, generations in the workplace, promoting an inclusive work environment and serving diverse customers. Two are on-line and the remaining are in a classroom setting. It is good to have the overall training however the trainings do not appear focused on the youth in the facilities. Cultural competency trainings should be based on the facility population ethnic and cultural backgrounds. For additional Probation trainings refer to the worksheet attached to this report (VI Administration and Management, section F).

- c. In speaking with youth one youth stated “They don’t care they are just here to get paid.” This is in reference to the treatment they receive at the facility. They mentioned officers being mean and not caring about their needs. An example shared was officers could ask them how they’re doing. The Mandt training focuses on interactions with youth which covers asking youth how they are doing from time to time and during times where issues could come up. Such times can include letters from home/friends, phone calls, visits with family, lack of visits and court hearings.

7. Meals

- a. As to food services youth receive meals that are prepared on site and are based on the specific nutritional requirements set by the State of California. A dietician is involved in creating the menus. Under Title 15 “Recommended daily caloric allowances for both females and males is a minimum of 2500 calories not to exceed 3000. Calorie increases with the exception of medical diet may occur as collaboratively determined by the facility manager, dietician, food services manager and physician,” The youths interviewed said the meal serving is standard to all youth regardless of the weight, height or Body Mass Index. According to one youth, he stated they are served the same amount of food as younger kids, but he and his friends work out a lot. The meal serving is not enough and they are still hungry. One of the suggestions made by them was to increase the canteen availability and to change the policy regarding how to purchase food or things in the canteen. They stated that it is point system vs money. One of the examples given was the cost of “cup a noodle” wherein you have to earn 20 points. And per the youth, he stated that sometimes we don’t earn that much and the “Canteen is only open on Monday”. They are suggesting increasing the available days for the Canteen and if they can purchase food in the commissary with money vs the point system. The staff are aware of the youth meal concerns and stated they are looking into making revisions. Currently EMJDF serves a 2900 calorie diet (three meals) and three snacks per day, so any increase will require concurrence from the above-named parties. Facility management are optimistic this will be done quickly.
- b. According to staff the meals are served in the living unit dayroom where a youth interviewed stated meals are served in their rooms. Youth should be provided an opportunity to eat meals in a community setting unless an emergency exists.

8. Education

- a. In review of education some areas were discussed and highlighted by the inspection team. The school reported the average reading level upon entry is the sixth grade and 60% of the youth are not at their reading level. To accommodate and ensure learning the school uses various methods of instruction such as talk-to-text, Google Apps, small group instruction, group projects and use of other technologies. It was also noted the

Competency Based Training courses are written in the 6th grade level. Upon entry the education staff request and review school records to determine where the student is at educationally and to determine if additional credits are needed. To assist with deficiencies the school provides educational packets to youth that can be completed after school hours. In VIII Education/Support Services in the Highlights section O, the school reported “We advocate for students to have their voices heard and want them to have agency over their education”; however, youth interviews reported not having their voices heard and not having agency over their education. They reported their education is inadequate to their grade level. As youth were interviewed in YDA this is an older population with different needs. Although these comments are from youth in the YDA program it is noted in previous interviews with youth the same and similar concerns existed. Another youth reported he does not get enough “study time.” Another youth stated he wants education that he can use to grow and be successful when “on the outside.”

- b. Determination of IEP/504 Plans are made within 24-72 hours depending on the day of the week the youths enter the facility. Determination is identified using the Special Ed Info System.
- c. The school continues to provide on-line college course to students who wish to earn college credits. A majority of the courses are “General” classes, and the students would like to be provided other college courses such as Building Resume, Trade Comms and other Career classes that will teach them skills that will be beneficial for them once they get out. According to one of the individuals, as he is leaving in few months, it will be helpful to have skills for a potential job.
- d. The school does offer a few Career and Technical Education (CTE) courses to some of the students. Courses included Graphic Arts, Computer Science (coding). In August 2023 Cal Fire will be assisting with a Fire Camp course. A week after the inspection the school was going to present this program to the youth in the facility.
- e. A student focus group was held regarding student educational programs after the onsite inspection. It was reported “Students are extremely eager to obtain certificates and transferable skills. Options students gave included Music, Photography and Video Editing, Electronics, Welding, HVAC, Plumbing, Building and Maintenance/Woodworking, Culinary, Coding and Certification, Graphic Design, Barbering, Landscaping, Auto Mechanics and Body Shop, Solar, Entrepreneur Opportunities and Computer/Tech/Coding certifications. Education and Probation are identifying means to be able to offer these courses.

9. Medical

- a. We visited the Medical Department and met with the staff. Many of the staff have been in the facility for a long time. Registered Nurse telehealth is used in the facility and are looking to increase its use. They have all policies and procedures in place, but one concern addressed was the staffing issue. According to the worksheet IX Medical Care Services section C3, there are one to four medical staff on each shift. There is a four-hour gap where only one medical staff is available from 6AM-10AM. This is a time when youth are waking up, morning medications are dispensed, and youth are beginning their daily activities. There was concern with having only one medical staff on a shift. This concern has been addressed in the past wherein an insufficient number of staff can

impede medical treatment of youth, especially should a medical emergency exist when only one staff is on duty. Another concern that comes to mind is when Probation has closed and opened facilities the nursing staff are moved between facilities. This can be a good budget strategy as long as it does not jeopardize the medical services for youth in the facility. With the opening of the newest facility planned later this year additional medical staff will be needed. To take from EMJDF to provide medical services to a new facility can compromise the medical services and treatment of youth in EMJDF. In interviews, youth did mention they would like to use dental floss and are not allowed. When facility staff were asked if it was possible to allow dental floss use, they followed up at a later date. They stated the dental floss has been ordered and a draft policy update is in progress to support implementation.

10. Mental Health

- a. Mental Health Services continued to be provided by Behavior Health STAT. Service time for youth depend on acuity, program committed to, motivation to accept treatment and their overall needs. Youth are all assigned a clinician and seen at a minimum of once per week. Clinicians are also stationed in the living units allowing for daily interactions with youth.
- b. When asked to list the specific diagnosis and types of psychiatric medications prescribed, behavioral health provided information that the STAT psychiatrists evaluate the youth and identify their complex needs, clarify their multiple diagnoses and recommend treatments appropriate to manage symptoms that disrupt their ability to function with their family and peers, in school and in society. Psychiatric diagnoses most commonly seen in the detention facilities include PTSD and other anxiety disorders, depression and other mood disorders, disruptive behavior disorders like ADHD, and substance use disorders. Less frequently, psychotic disorders, bipolar disorders, and autism spectrum disorders can also be seen. Youth diagnosed with a disorder may or may not be prescribed depending on their psychiatric evaluation (Refer to worksheet X Behavioral Health Care Services, section B1).
- c. When discussing various statistics, it was noted STAT does not track the number of youths presenting with suicidal ideation or the number of youths who have attempted suicide. Instead, what data is available is the number of youths on Suicide Prevention Protocol (SPP). Youth placed on SPP have behaviors concerning safety. In order to review trends and have effective evidence-based practices in place these numbers should be tracked.
- d. During the tour two units were remodeled specifically for the YDA population. When looking at the toilet area there is a privacy wall next to the toilet. Directly above the toilet was a vent. Although the holes are small it was a concern pointed out to Probation as a potential issue for possible aid in suicide. This area should be reviewed for possible suicide prevention.
- e. Interviews with youth did not identify any concerns regarding their mental health.

11. Family Grievances

- a. In review of the worksheet provided to the JJC prior to the onsite under heading M. Grievances, section 7, asks how many grievances were filed by residents, attorneys, family members, medical and how many involved abuses. It is noted 160 resident

grievances were received. There were none regarding abuse or from attorneys. There were two from medical and two from family members. Of the two family member complaints one involved heating, ventilation and air-conditioning and the other meals and cleanliness of rooms. After the onsite a number of families provided information to the JJC and had many complaints. There is a fear of retaliation, so they wanted anonymity. The complaints involved the following areas:

1. Families are not well informed of the various programs. They would like to know in particular about the “Foxtrot program” and how youth are selected. It feels as though youth are randomly selected.
 2. The abuse by the guards. Recently a number of families have said there have been incidents where correctional staff are beating up detainees.
 3. Change in visiting procedures:
 - i. Visits are scheduled and when they arrive, they are told none were scheduled even when confirmation was made the morning of the visit.
 - ii. Delays when visits are scheduled. Reasoning told is because of a shortage of staff.
 - iii. Visitation used to be six days a week now they understand it to be four.
 - iv. Some family members and friends visit and conduct Bible Study with the youth. This has been on-going for a long period of time and recently when they came to visit, they were not let in.
 4. Youth have unit changes.
 5. Use of restraints.
 6. The youth have mail delays and/or never receive their mail.
 7. No programs for youth.
 8. One parent’s youth experienced excessive force when put in his cell, was physically abused by officers and told he should go to county (referring to County Jail) and learn some manners.
 9. Youth losing weight as they are not getting enough food.
 - i. Claim get two meals a day. JJC asked follow up questions and it appears youth are saying they get breakfast and their lunch and dinner arrive at the same time in the evening.
 10. Some families have tried to talk to the watch commander but when requested the watch commander does not come out to talk with them.
 11. Due to staff shortages officers are frustrated and take it out on their children.
 12. Parent/guardian talked to a supervisor requesting information about their child and the supervisor would not give any information.
 13. Two complaints involved medical needs; one the medical need was not immediately addressed and the other was the parents not being notified of their child’s injuries.
- b. During the onsite inspection the JJC inspection team had questions in some of the areas families and youth shared. Families have a variety of mechanisms to make a complaint, but they fear their child will suffer retaliation. Families are not well informed in how to make a complaint and it is not clear if Probation has a policy or practice in protecting those who do speak up except in their Prison Rape Elimination Act (PREA) policy which emphasized sexual misconduct. It would be beneficial to have a protection from retaliation policy if any report is made, not just PREA Reports. Having a pamphlet for parents that includes information on reporting mechanisms and protections would be

beneficial. Other Probation departments have a family handbook that is informative to parents/guardians and includes how to make a report (compliant), including anonymously. If and when changes in practice are made that involves the parent/guardian there should be a way for parents to get this information besides when they visit. Many do not have the ability to visit so they do not get information.

- c. Also of concern is that 88% of the population is Black or Brown. In looking at the numbers provided in the worksheet there were a total of 827 bookings in Calendar Year 2022. 231 were Black and 476 were Hispanic. That is 27% and 58% respectively and 73% overall for the Calendar Year 2022. Racial disparity of the justice system remains an ongoing concern.

D. 2023 Recommendations:

The Juvenile Justice Commission Recommends:

Probation:

1. Investigate the areas mentioned in the Family Grievance section of this report and provide the JJC with its findings and resolutions.
2. Provide important information to parents and guardians, through a Family Handbook.
 - a. Publicly distribute external agency information (phone numbers, addresses, emails) to parents/guardians if they wish to make a complaint.
3. Open communication with families and facility management.
4. Provide youth with written and anonymous feedback forms for youth to document their recommendations/concerns.
5. Improve training of staff in the area of autism.
6. Administer cultural competency trainings based on facility's youth ethnic and cultural backgrounds.
7. Consider shadowing staff performing their duties to ensure compliance with code of conduct and standards with youth's safety as priority.
8. Ensure youth are safe by re-evaluating the use of the vent-type above the toilet area in youth rooms.
9. Ensure age-appropriate activities/services so there is not "one-size fits all" activities and services.
10. Probation should follow through on changes to calorie intake based on youth needs.
11. Probation ensure youth are provided every opportunity possible to eat in common area.

Education:

1. San Diego County of Education (SDCOE) modify educational curriculum according to individual's grade level proficiency and provide additional resources to those below standard grade level.
2. SDCOE ensure the youth input is taken seriously and that youth are the agency over their education.
3. SDCOE continue to explore and add CTE courses identified by youth.
4. SDCOE consider offering more self-help classes including finances, long-term planning, goal setting, time-management, communications, etc.,

5. SDCOE continue to encourage student feedback and recommendations.

Medical:

1. Hire additional medical staff to ensure youth medical needs are met, especially, to cover gap time from 6:00AM-10:00AM.
2. Ensure there are at least two medical staff on duty during youth waking hours.

Mental Health:

1. Behavior Health ensure a tracking mechanism is in place for why youth are placed on SSP to identify trends, programs and other useful tools needed to support youth in the facility.

II. General Administration

A. Population and Staffing Information

1. Average Daily Detainee Population

	Adult Male	Adult Female	Adult Trans Male	Adult Trans Female	Adult Non-Binary/Gender Variant/Non-Conforming	Total
Facility Capacity	N/A	N/A	N/A	N/A	N/A	N/A
Facility Average Daily Population	N/A	N/A	N/A	N/A	N/A	N/A

	Juvenile Male	Juvenile Female	Juvenile Trans Male	Juvenile Trans Female	Juvenile Non-Binary Gender Variant/Non-Conforming	Total
Facility Capacity	240	50	240	50	290	290
Facility Average Daily Population	82	16	N/A	N/A	N/A	99

	Adult	Juvenile	Total
Facility Capacity	N/A	290	290
Facility Average Daily Population	N/A	99	99

2. Race of Total Bookings

Race	Male	Female	Non-binary	LGBTQ+	Total
African American	146	85	N/A	N/A	N/A
American Indian or Alaska Native	3	0	N/A	N/A	N/A
Asian	3	0	N/A	N/A	N/A
Filipino	3	0	N/A	N/A	N/A
Hispanic or Latino	398	78	N/A	N/A	N/A
Pacific Islander	2	0	N/A	N/A	N/A
White	71	24	N/A	N/A	N/A
Two or more races	11	3	N/A	N/A	N/A

3. Has the facility exceeded capacity since the last inspection? No
4. Did the facility house youth under California Welfare & Institutions Code Section 601 (status offenders)? No
 - a. If yes, are youth adjudicated pursuant to WIC 601 separated from youth adjudicated pursuant to WIC 602 (delinquent youth)? Yes/No
5. List the languages spoken by Probation staff who are certified to speak the language and the number of staff certified:

Certified Language	Number of Staff
Spanish	23

6. Probation Staffing Ratios

Awake: 1 / 8 Asleep: 1 / 16

Probation Positions:

Probation Staffing (As of December 31 of Previous Calendar Year)	# Filled	# Open
Division Chief	2	0
Supervisors	14	1
Senior Probation Officers	4	1
Correctional Deputy Probation Officer	124	36
Admin/Support	12	6
Other (Storekeeper & Laundry Worker)	4	0

Probation Staff Identification Breakdown:

Race	Male	Female	Non-binary	LGBTQ+	Total
African American	5	6	0	0	11
American Indian or Alaska Native	1	0	0	0	1
Asian	7	3	0	0	10
Filipino	N/A	N/A	0	0	N/A
Hispanic or Latino	49	42	0	0	91
Pacific Islander	3	2	0	0	5
White	19	7	0	0	26
Two or more races	0	0	0	0	0

B. Population Trends

1. Youth Identity Breakdown

Race	Male	Female	Non-binary	LGBTQ+	Total
African American	146	85	N/A	N/A	N/A
American Indian or Alaska Native	3	0	N/A	N/A	N/A
Asian	3	0	N/A	N/A	N/A
Filipino	3	0	N/A	N/A	N/A
Hispanic or Latino	398	78	N/A	N/A	N/A
Pacific Islander	2	0	N/A	N/A	N/A
White	71	24	N/A	N/A	N/A
Two or more races	11	3	N/A	N/A	N/A

2. How many youths were diverted from custody during the intake process? 342
3. Where were the youths diverted to? ATD “Alternative to detention” Polinsky center, ESU, or Parents.
4. How many youths brought to the facility were under the age of 12? 0
5. How many youth under the age of 12 were detained? 0

C. Admissions and Orientation

1. In the last calendar year has this facility been determined to be an inappropriate facility for a youth with a disability (physical, developmental, emotional, psychological, intellectual, etc.)? No
 - a. If yes, what was the issue? N/A
2. Are youth informed as to rules and procedures of the facility in a developmentally appropriate manner? If yes, how are they informed? Explain the process to ensure youth understand. During the intake process, youth receive the EMJDF handbook (Spanish if needed). It is a comprehensive age-appropriate breakdown of the policies and procedures of the facility. Additionally, it includes other relevant information to assist youth in preventing and reporting any discrepancies in their treatment. This orientation is provided verbally and in writing, with an interpreter, if necessary, for all youth including those who are limited English proficient or otherwise disabled. Youth are instructed to read the “cover” and “OC” command and demonstrate.
3. What forms of written materials are provided to the youth regarding rules and procedures? A Pamphlet is given to the youth that reviews rules/ procedures and PREA
4. In what languages, other than English, are the rules and procedures provided? Spanish
5. Where are rules and procedures posted in the facility? Information is posted in Intake Booking and Release, Central Control and all Housing Units.
6. Please complete the below chart regarding Massachusetts Youth Screening Instrument (MAYSI-II) and Columbia Suicide Severity Rating Scale (C-SSRS) assessment:

	MAYSI-II	C-SSRS
When is the assessment administered?	Upon Entry	Upon entry
Who administers the assessment?	Clarissa Juarez	PREA Officer
What training have staff attended to administer the assessment?	Previous PREA Officer	Previous PREA Officer
How are the results disseminated to medical?	N/A; If youth meet Threshold, email is sent to DPO Riberna Doringo advising her of the screening results.	N/A; If youth meet threshold, email is sent to SPO Jorge Aguilar and assigned DPO.
How are the results disseminated to mental health?	Contact Stat Team	PREA officer will make a phone call, a STAT referral submitted, and email sent.

D. Personal Property and Money

1. Is personal property and money recorded, stored, and returned upon release? Yes
2. Do youth acknowledge in writing that the listing of the youth’s property is accurate and complete? Yes
3. Please list the types of personal property that may be kept in sleeping rooms: letters, books, DVDs, photos, magazines, composition books, stress ball, and cards

E. LGBTQ+ Admissions

1. How are LGBTQ+ youth identified upon admission to the facility? Intake Officers conduct a PREA Risk Assessment interview upon admission. The assessment tool includes questions which allow the youth to report whether they perceive themselves to be gay, lesbian, bisexual, transgender or gender nonconforming. Policy section 5.4.5.2 specifies: Staff should be aware that LGBTQI youth are in various stages of awareness and comfort with their sexual orientation and gender identity. Youth intake interviewers shall sensitively inquire about fears the youth may have of being harassed in the facility, but intake workers should not directly ask youth if they are LGBTQI. Some youth will disclose that they are LGBTQI. If a youth discloses their sexual orientation or gender identity, the intake officer should talk with the youth about it in an open and non-judgmental fashion and determine if the youth has particular concern or needs related to being LGBTQI.
2. Do you ask youth their gender identity and gender pronouns during intake? Yes
3. How do you accommodate youth who identify as non-binary, genderqueer, gender non-conforming, neither male nor female? Please refer to policy section 5.4. The facility maintains and promotes an environment that provides the highest quality of services to youth regardless of their actual or perceived sexual orientation or gender identity. Confined LGBTQI youth shall receive fair and equal treatment without bias and in a professional and confidential manner based on principles of sound professional practice. Facility employees will take all reasonable steps within its control to meet the diverse needs of all confined youth and provide an environment in which all individuals are treated with respect and dignity, regardless of sexual orientation or gender identity. Additionally, youths who disclose that they are transgender or non-binary are eligible to be housed in a unit that conforms to their gender identity or with which they are most comfortable.
4. What safety measures are in place to ensure that LGBTQ+ youth are safe and protected from harmful encounters? Please see policy section 5.4 for details on safe placement of LGBTQI youth within the facility. Youth are provided with a PREA brochure upon intake. They are reminded they can report harmful encounters, bullying, and/or sexual harassment incidents via private conversations with any staff member in the facility (officers, school staff, counselors, nurses, etc.). They may report incidents in writing, via private sick-calls slips, or in person. A Sexual Harassment script is read to all youth on a daily basis, which includes PREA Ombudsmen's contact information. Additionally, officers make PREA announcement every shift and conduct weekly PREA education program addressing the consequences for harmful encounters.
5. Describe the anti-bullying programs in the facility? EMJDF offers programs conducted by Project Aware and Youth Empowerment

F. Youth Records

1. Are youth records kept on site? Yes
2. Who can access those records and how are they accessed? Sworn personal and personnel who have successfully completed CORI class.
3. How are youth records protected from unauthorized disclosure? Those who have not completed CORI class are not given access to the Probation Case Management Services

G. Classification, Review, and Housing

1. Are youth assessed upon intake to determine appropriate classification? Yes
 - a. If yes, what criteria are used? Intake Booking and Release Classification form- Age, physical size, Gender, Physical disability, court ordered commitments, current charge, intellectual development.
2. How often are reclassification reviews conducted? As needed.

H. Access to Legal Services

1. Are youth permitted to contact their attorneys at any time? Yes
 - a. If no, why not? N/A
2. In the last calendar year has an attorney complained that they were not able to communicate with a youth/client? No
3. In the last calendar year has a parent complained that their child was denied access to his or her attorney? No
4. In the last calendar year, has a youth complained that they were denied access to his or her attorney? No

I. Telephone and Video Conferencing (i.e., Zoom) Access

1. Are youth and staff trained on telephone access? Yes
2. Are youth permitted to use the telephone/video conferencing (i.e., Skype) to contact:
 - a. Parents/guardians? Yes
 - b. Anyone other than parents/guardians and attorneys? Yes
 - i. If yes, whom: Grandparents, step-parents, siblings, own children, any significant adult role models as approved by Probation officers such as aunt, uncles, etc.
 - ii. If no, are youth permitted to use the telephone/video conferencing (Skype) to contact other close family members under special circumstances (such as upon the recommendation of a counselor or therapist)? Yes
3. Are telephone calls monitored? No
4. Are telephone calls recorded? No
 - a. If yes, who retains custody of the recordings, and who can access the recordings? N/A
5. In the last calendar year how many times have parents/guardians complained that their child was denied reasonable access to the telephone? 0

J. Family Visits

1. What are the visiting hours for this facility? Monday – Friday 2PM to 8PM and Sundays 8:30AM-5:30PM
2. Who may visit youth? Check all that apply:

<input checked="" type="checkbox"/>	Parents/Legal Guardians	<input checked="" type="checkbox"/>	Minor Siblings
<input type="checkbox"/>	Adult Siblings	<input checked="" type="checkbox"/>	Other: anyone approved by case work PO
3. Describe the space in the facility used for visitation? The visiting center has 7 contact rooms for parents and professional visits. In addition, EMJDF has 8 non-contact rooms which have a phone to be able to contact any authorized personnel, we have 2 rooms for court and 2 rooms for VTC's. We are also equipped to have 6 contact visits in the dayroom. During their visit, we provide games and cards for family engagement.
4. Are youth permitted to have private conversations with visitors? Yes

5. Do probation staff members supervise visits? Yes
6. In the last calendar year have there been any instances of a visitor bringing “hard” contraband into the facility? No
7. In the last calendar year how many instances occurred where a visitor threatened a youth or staff member? None
8. What transportation alternatives are available for family members who want to visit youth?
For youths that have been committed to the YDA program, the SBCS contract calls for assistance in providing transportation for parents in some circumstances.
 - a. If none are available, describe the efforts made to obtain transportation for families of youth? Additionally, we offer Skypes for parents that are unable to physically visit youth at EMJDF
9. What is the policy regarding visitation of youth by an undocumented parent or family member who may not have the identification ordinarily required to visit? We accept US and consulate ID. The Court, facility reception, or the Probation Officer may direct parents who do not have these forms of ID to the Juvenile Probation Center to have their photo taken for a temporary ID issued by the Probation Department.
 - a. How is this policy disseminated to the parent or family member? Visitation hours and rules are posted on the Probation website and a facility reception. Information is also provided at the Juvenile Court and by case carrying Probation Officers.

K. Mail and Email

1. Are youth permitted to receive mail? Yes
2. Are youth permitted to send mail? Yes
3. Is postage provided at no charge to youth? Yes
4. Is incoming mail screened? Yes
 - a. If yes, what policies apply to the screening of incoming mail? Please refer to policy section 6.6 for policy on how mail is screened. Officers scan all mail youth receive with the exception of attorney mail.
5. Does a staff member read mail addressed to a youth? No
6. Are youth permitted to send or receive email? No

L. Staff-Youth Communications

1. Are youth provided opportunities to communicate with staff in writing? Yes
2. Are youth provided opportunities to communicate with staff verbally? Yes
3. Are communication aids (translators, hearing aids, etc.) provided when necessary? Yes

M. Grievances

1. Is there a formal grievance policy? Yes
2. How often are written grievances reviewed and by whom? Grievances are reviewed when submitted by Supervisors and EMJDF Division Chief
3. Are grievances tracked so that facility leaders can identify trends from grievance reports?
Yes
 - a. If yes how? EMJDF spreadsheet
4. Is there a method for youth to express concerns about the facility or its staff to a Probation Department official who is not assigned to the facility? Yes

- a. If yes, please identify the means by which they can express their concerns: Youth or their family members can report concerns to any entity within the Probation Department or outside public entity. Staff accepts reports made verbally, in writing, anonymously and from third parties. Staff will document any report of misconduct. Youth have a variety of ways to report concerns about the facility, including reporting to outside agencies not a part of the probation department. Phone numbers and addresses to outside agencies are provided to youth during the intake process. The agencies provided are able to receive and immediately forward youth reports to agency officials, allowing the youth to remain anonymous upon request. Probation Case Work and Ombudsman
- 5. Are youth made aware that they can express concerns about their detention to their attorneys? Yes
 - a. If yes, how are they made aware? Phone Calls and Letters
- 6. How many written grievances were filed by youth in the calendar year (2022)? Were any trends observed, noted and addressed? 160: Daily Achievement System
- 7. Is there a formal grievance process available for parents? Yes
 - a. If yes, how many grievances were submitted by parents in the last calendar year? Were any trends observed, noted and addressed? 2, regarding Heating, Ventilation and air conditioning. The issue was escalated as a priority major maintenance project which is in progress right now.

Grievance Involving	Number of Occurrences
Residents	15
Attorneys	0
Family Members	0
Medical	5
Abuse	0

N. Clothing and Bedding

- 1. Describe the type of blanket(s) provided to youth. Harm reduction fitted sheet and blanket combo
 - a. Are harm reduction blankets provided to youth? Yes
- 2. Are additional blankets available on request? Yes
- 3. How often is bedding laundered? Once a week or daily if required by medical or youth
- 4. How often are youth given clean clothes? daily

O. Non-Hazardous Furnishings

- 1. Are mattresses and bedding fire-resistant and non-toxic? Yes

P. Personal Hygiene/Showers

- 1. Are youth permitted to shower? Yes
- 2. Showers per week: 7
- 3. Minutes per shower: 5
- 4. How do staff members balance privacy and safety concerns? Youth are allowed an opportunity to shower in an individual room or shower stall, except in exigent circumstances or when such viewing is incidental to routine room checks.

5. Please list the hygiene products available to youth and indicate with an asterisk (*) which products are ethnically appropriate: Soap, deodorant, toothpaste, shampoo, lotion, combs, picks*, Motions Shampoo*, Motions Hair and Scalp daily moisturizing hairdressing* Crème of nature-Argan Oil Shampoo and Conditioner*, PROCLAIM Hair & Scalp Conditioner*, Blue Magic-Bergamot Hair & Scalp Conditioner, Blue Magic Conditioner Hair Dressing.

Name of Evidence Based Program	Goals of Program	Duration of Program	Who Provides the Service	# of Participants	# of Repeat Participants	Explanation of How and What Follow-Up Data is Collected	# of Participants Who Met the Goals of the Program
A New Direction	The goal of the curriculum is to point out and challenge our thinking to change criminal and addictive behaviors to enjoy a better and fulfilling life	35 weeks	Probation Behavioral Health Treatment	8-12 youth	N/A	N/A	N/A
TARGET	TARGET: (Trauma Affect Regulation: Guide for Education and Therapy) has helped thousands of youth and adults to regain control of their lives by understanding how the brain reacts under stress and using this knowledge to develop the ability to stop and think before reacting	4 session group	Probation Behavior Health Treatment	8-12 youth	N/A	N/A	N/A
Wellness and Health Education	A core topic is selected each month. Women's Health topics are offered in female units at both facilities. Curricula from all classes are being reviewed and updated to incorporate San Diego County Health and Human Services' Live Well San Diego priorities, Title 15 health education standards, and to meet the education needs of our youth in detentions.	17 sessions	Rady's Children's Hospital	12-24 youth	N/A	N/a	N/A
Cognitive and Dialectical Therapy (CBT/DBT)	Various CBT/DBT Topics: Criminal Needs, DBT, Process, Psycho Education	6 months	Health and Human Services Agency: STAT clinicians, Behavioral Health Services	8-12 youth	N/A	N/A	N/A
Seeking Safety: A Treatment Manual for PTSD and SUD	Seeking Safety is a therapeutic program for youth suffering from trauma, substance abuse, and/or posttraumatic stress disorder. Substance Abuse Treatment: youth who participate consider their relationships to alcohol and other drugs and the impact these substances have upon PTSD. Participants	24 sessions	Probation Behavioral Health Treatment	8-12 youth	N/A	N/A	N/A

	develop plans to change their substance abuse behaviors and explore ways to maintain positive behavior changes as well as addressing safety needs due to PTSD and trauma						
VOICES: A program of Self-Discovery and Empowerment for Girls	This program was created to address the unique needs of adolescent girls and young women with modules about self and connecting with others to exploring healthy living and the journey ahead.	18 sessions	Probation Behavioral Health Treatment	8-12 youth	N/A	N/A	N/A
My Life My Choice/CSEC Program	Groups are designed so that girls feel comfortable connecting with the facilitators and forming a community amongst themselves. The curriculum is designed to change girls' perception of the commercial sex industry as well as to build self- esteem and personal empowerment	10 sessions	Health and Human Services Agency-STAT Clinicians-Behavioral Health Services	8-12 youth	N/A	N/A	N/A

III. Programs

A. Evidence-Based Practices/Programs

Evidence-based practices/services are usually tracked in terms of numbers of participants and number of successful completions. Evidence-based practices are approaches to prevention or treatment that can be documented as effective.

Evidence-based programs track data, not only on the number of participants and number of who completed the program, but also on participants attaining the outcomes associated with the program (i.e., found a job or entered a specific field as a result of being in the program). The US Department of Child Welfare defines evidence-based programs as using a defined curriculum or set of services that, when implemented with fidelity as a whole, can be validated.

1. Please list programs and/or services offered to youth at the facility either by probation staff, a contractor, or a volunteer. (Examples of such services are substance abuse counseling, financial literacy education, anger management classes, conflict resolution skills, book club and/or counseling, incentive building or team leader programs.) See table 3.

2. Evidence Based Practices

Name of Evidence-Based Practice	Type of Evidence-Based Practice	Duration of Program	Who Provides the Service	# of Participants	# of Repeat Participants	# of Participants Who Completed the Program
Enter text.	Enter text.	Enter text.	Enter text.	Enter text.	Enter text.	Enter text.

3. Evidence Based Programs

B. Religious Practices

1. Are youth religious services offered in the facility? Yes
 - a. If yes, list the religious/faith traditions for which services are offered: 1-Victory Outreach (1st of the month), 2- Catholic Services, 3- Rock Church Ministry, 4- Islamic Center of San Diego
2. Are religious services offered in a language other than English? Yes
 - a. If yes, list the languages in which services are offered: Spanish
3. Are youth offered religious or faith-based counseling services? Yes
4. Are youth permitted to keep religious texts in their sleeping rooms? Yes

C. Work Assignments

1. Are unsentenced youth in the facility permitted to work or perform chores on a voluntary basis? Yes
 - a. If yes, how are they compensated? If behavior permits, they will be given additional phone time or extra food items
2. Are unsentenced youth in the facility required to work or perform chores? Yes
3. Are sentenced youth in the facility permitted to work or perform chores on a voluntary basis? Yes

- a. If yes, how are they compensated? If behavior permits, they will be given additional phone time or extra food items
4. Are sentenced youth in the facility required to work or perform chores? Yes

D. Exercise and Out-of-Sleeping Room Opportunities

1. How many hours per day are youth given opportunities for physical recreation/exercise? 2
2. Is participation in physical recreation/exercise required? Yes
3. Please provide the written policy for handling youth who refuse to participate in physical recreation/exercise. Please see section 6.2.3.3: Youth who refuse to participate in mandatory programs shall receive an appropriate consequence. (Loss of privileges or daily achievement points
4. How many hours per day are youth given opportunities for other types of recreation outside of their sleep rooms (play games, watching movies, etc.)? A minimum of 3 hours during the week or a minimum of 5 hours on weekends and major holidays
5. How do Probation Officers ensure that homework is completed before free-time activities occur? N/A

E. Transition and Release

1. Are there established protocols for transitioning youth out of the facility and into the community? No
2. What information do youth receive on how they can seek help/resources when they are back in the in the community? For Pre-Disposition, youth are provided with a facility handbook that has information on the Probation Contacts. Hope youth were provided the Pre-Release Case Plan that had the contact info for the services agreed upon in the Pre-Release MDT meeting.
3. What is the youth's involvement in their case plan? Hope youth Participated in the creation of the Pre-Release Case Plan and attended the MDT Meeting.
4. Do facility correctional officers consult with the case carrying probation officer that will be assigned to the youth when they leave the facility to discuss transition-related concerns? No
5. Has the facility received any complaints from parents regarding the transition process? No
6. Has the facility received any complaints from attorneys regarding the transition process? No

IV. Security and Control

A. Security Features

1. Describe the security features used in the facility (i.e., cameras, locks, alarms, etc.)? EMJDF has cameras, Locked doors, Alarms “door open too long”, Panic Duress Button” Alarms, secured control rooms, steno system and secured recreational areas.

B. Security Inspections

1. In the last calendar year, how often did the administrator in charge visually inspect the facility for security-related concerns? Daily, weekly and monthly
2. Are reviews of security tapes conducted? Yes
 - a. If yes, how often and by whom? (“As needed” is not an acceptable answer) Whenever an incident occurs, random reviews several times a month, and random live viewing are all conducted by Supervisors and Division Chiefs. Central Control staff also monitor cameras 24/7.

C. Control of Contraband

1. In the last calendar year has a weapon been found in the possession of a youth in the facility?
Yes
2. Was the weapon found during intake or after the youth’s incarceration? No
3. In the last calendar year 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 in the facility? Yes
4. Was the controlled substance found during the intake process or after the youth’s incarceration? No
5. Describe the type and number of incidents related to non-prescribed controlled substances and illegal drugs in the youth’s possession in the facility: All contraband found on youth during the intake process is given to the arresting officer for possible charges.
6. In the past calendar year, has a weapon or control substance been found on a visitor during a screening process? No

D. Searches

1. How often do probation staff search sleep areas/rooms? A Minimum of 2x per week
2. Do probation staff members search the room in the presence of the youth? No
3. Is clean bedding or clothing kept separate from soiled bedding or clothes during this process? Yes

E. Discipline

1. Please provide the written policy for the disciplinary process. Policy Section 7.5 outlines the disciplinary options available to officers when dealing with youth misbehaviors, and further sets forth facility minor and major rule violations and the sanctions for violations of those rules. It also contains various provisions and restrictions such as only sworn probation officers assigned to IS may impose discipline on youth for the violation of institution rules of conduct. Unit Shift Leaders (Senior PO’s, CDPOII’s and CDPOI’s acting Shift Leaders) shall approve all discipline prior to imposition. The watch Commander or other Facility Supervisor shall review and validate all discipline whose duration exceeds four hours in

length. Section 7.6 outlines that all youth have the right to due process and to be treated fairly while detained. The application of fair treatment to all youth is fundamental to the development and maintenance of a sound detention and rehabilitation program. Minimum requirements of due process mandate that the youth be informed of the charges made, the right to have a fair and impartial hearing, the right to respond, the right to call witnesses, the establishment of time limits, notification of the findings at the hearing, and the right to seek administrative review.

2. What measures are taken to ensure that due process is preserved? Implementation of procedural safeguards that ensure youth of their due process rights is essential to the fair treatment and control of youth. Minimum requirements of due process mandate that the youth be informed of the charges made, the right to have a fair and impartial hearing, the right to respond, the right to call witnesses, the establishment of time limits, notification of the findings at the hearing, and the right to seek administrative review. The Rule Violation form makes clear the due process rights and timelines. Failure to conform to these requirements results in dismissal.
3. Please provide a copy of the form used during the disciplinary process.
4. How many grievances/appeals related to discipline were resolved in favor the youth? 18 grievances. 5 rule violations were resolved in favor of the youth.

F. Serious Incidents/Critical Incidents

Incident Type	Number of Occurrences
Suicides	0
Attempted suicides	10
Deaths from other causes	0
Escapes	0
Attempted escapes	1
Serious assaults on detainees	58
Serious assaults on staff	8
Other serious incidents	0
Serious incidents above for which there is a written record	All incidents have an accompanying written record.

1. Are there policies and procedures in place that describe the types of incidents and occurrences which must be documented on a daily basis? Yes
2. Please attach a copy of policies related to the above incidents.
3. Please provide a copy of documentation policy.

G. Use of Force

1. Are there written policies in place to ensure that force is used only when necessary? Yes
2. Are there written policies in place to ensure that force is used only as long as necessary? Yes
3. Please provide policies related to use of force.
4. Is each instance of a use of force documented in writing? Yes
 - a. If yes, are these documents reviewed by the administrator in charge? Yes
5. What level of review occurs when there is an instance of use of force? Check all that apply.

<input checked="" type="checkbox"/> Supervisor	<input type="checkbox"/> Assistant Chief
<input checked="" type="checkbox"/> Division Chief	<input type="checkbox"/> Chief
<input type="checkbox"/> Deputy Chief	<input checked="" type="checkbox"/> Committee
6. Number of instances regarding use of force in the last calendar year: 403

H. Use of Oleoresin Capsicum (OC or Pepper) Spray

1. Are there written policies in place to ensure that OC is used only when necessary? Yes
2. Are there written policies in place to ensure that OC is used only as long as necessary? Yes
3. Please provide policies related to OC.
4. Is each instance of a use of OC documented in writing? Yes
 - a. If yes, are these documents reviewed by the administrator in charge? Yes
5. What level of review occurs when there is an instance of use of OC? Check all that apply.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Supervisor | <input type="checkbox"/> Assistant Chief |
| <input checked="" type="checkbox"/> Division Chief | <input type="checkbox"/> Chief |
| <input type="checkbox"/> Deputy Chief | <input checked="" type="checkbox"/> Committee |

6. Number of instances regarding the use of OC Spray in the last calendar year: 104

I. Use of Restraints

1. Are there written policies in place to ensure that restraints are used only when necessary?
 Yes
2. Are there written policies in place to ensure that restraints are used only as long as necessary?
 Yes
3. Please provide policies related to restraints.
4. Please describe the types of restraints used. Legs, waist restraint and handcuffs
5. Please identify number of times restraints were used.

Type of Restraint	Number of Incidents
Leg and waist restraint	564
Hand cuffs	1161

6. Is each use of restraints documented in writing? Yes
 - a. If yes, are these documents reviewed by the administrator in charge? Yes
7. What level of review occurs when there is a use of restraints? Check all that apply.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Supervisor | <input type="checkbox"/> Assistant Chief |
| <input checked="" type="checkbox"/> Division Chief | <input type="checkbox"/> Chief |
| <input type="checkbox"/> Deputy Chief | <input checked="" type="checkbox"/> Committee |

8. Number of instances regarding use of restraints in the last calendar year: 1725

J. Room Confinement

1. Are there written policies in place to ensure that room confinement is used only when necessary?
 Yes
2. Are there written policies in place to ensure that room confinement is used only as long as necessary?
 Yes
3. Is each instance of room confinement documented in writing? Yes
 - a. If yes, are these documents reviewed by the administrator in charge? Yes
4. Number of instances of room confinement in the last calendar year: 1062

Reason of Room Confinement	Number of Incidents
Assault Youth on Youth	84
Assault Youth on Officer	4
Assault Youth on Teacher	1
Chief Counselor	431
Fights	429
Youth on Youth	76
Near Fight	3
Threats	34

5. Is Administrative Separation used at the facility? Yes
 - a. If used, are there written policies in place to ensure Administrative Separation is used only as long as necessary? Yes
6. Number of instances used: 13

Reason for Administrative Separation	Number of Incidents	Length of Administrative Separation (hours/days)
Assault on Staff	13	59 Days

7. Average length of time used for administrative separation: 4.53

V. Safety and Sanitation

A. Fire Safety

1. Please provided the fire safety plan for inside the facility and outside.

B. Control of Dangerous and/or Toxic Materials

1. Where are dangerous materials (toxins, biohazards, etc.) stored on site? Outside of the secure portion of the Facility, locked in the maintenance area, or within locked areas of the medical clinic
2. How are they stored? All substances, which are harmful or poisonous if swallowed, shall be stored in a locked storeroom or cabinet, which is designated for such storage by the Facility Division Chief. These substances shall be issued only in the amount necessary for immediate use, and the container shall be immediately put away and locked up after use. The use of these substances by youth must be closely supervised by staff at all times

C. Equipment Control

1. Is there a written policy to ensure the adequate control of keys? Yes
2. Is there a written policy to ensure the adequate control of tools? Yes
3. Is there a written policy to ensure the adequate control of culinary utensils and equipment?
Yes
4. Please provide the written polices for C.1-3 above.

D. Weapons Control

1. Are weapons of any types permitted in the facility? No
2. Is there a weapons locker on site? Yes
3. If yes, where is it located? The weapon lockers in the transportation office, outside the staff entrance located in the administrative area of the building, and outside the police entrance door.

E. Contingency and Emergency Plans

1. Provide the written plans in place for the following contingencies/emergencies.

- | | |
|--|--|
| <input checked="" type="checkbox"/> Bees | <input checked="" type="checkbox"/> Fire |
| <input checked="" type="checkbox"/> Bomb Threat | <input checked="" type="checkbox"/> Hostage Situation |
| <input checked="" type="checkbox"/> Contagious disease outbreak
(Tuberculosis, Flu, etc.) | <input checked="" type="checkbox"/> Power outage/failure |
| <input checked="" type="checkbox"/> Earthquake | <input checked="" type="checkbox"/> Unit disturbance |
| <input type="checkbox"/> Other: N/A | |

VI. Administration and Management

A. Post Orders

1. Do probation staff members have access to a detailed copy (Post Orders) of their job description? Yes
 - a. If yes, what is the date of the last Post Order update for each position?
Varies
2. Do probation staff members have performance reviewed annually? Yes

B. Policy Development and Monitoring

1. What is the title of the person primarily responsible for creating, updating, or modifying policies and procedures? Policy & Procedure Program Coordinator
2. Describe how often and when policies and procedures are reviewed for accuracy and consistency with daily practices? There is an ongoing process to revise the entire policy and procedure manual, and also on an as-needed basis due to changing laws or other observed need.
3. What is the formal process for policy review? Policy is identified for review and edited by Policy and Procedure Program Coordinator, followed by an identified Subject Matter Expert (SME) if needed. Policy and Procedure Program Coordinator will then coordinate collaboration between a SME and Associations (as/if needed). Once the Policy and Procedure Program Coordinator completes the draft, re-draft, and edits, they are sent to County Counsel for technical review, then to Executive for review and approval. Once corrections/edits are made, draft, re-draft and edits are sent to Department HR and County DHR/Labor Relations. The SPOA/POA is last to review, then Policy and Procedure Program Coordinator posts the approved policies to Share-Point.
4. Are policy and procedure manuals available onsite? Yes
5. Does the manual include the title, and contact information of the staff member to whom one can propose a change to a policy? No
 - a. If yes, list the number of manuals available: The manual is available electronically to all employees at all times via the County Intranet
6. Where are the manuals located? The Department's Intranet
7. Are probation staff members permitted to access these manuals? Yes
8. Are contractors familiarized with these manuals during contractor orientation? Yes
9. Are the youths' attorneys permitted access to these manuals via subpoena? Yes

C. Interpersonal Communication and Diversity Training

1. Do Probation staff participate in training regarding how to communicate with youth in a developmentally appropriate manner? Yes
2. List types of diversity training, content and format, attended by Probation staff members: LGBTQI, Embracing Diversity and Encouraging Respect, Identifying and Managing Bias, Using Restorative Practices to Build Community and Repair Harm, Moving Towards a More Trauma-Informed & Responsive Juvenile Justice System, Adolescent Brain Development and Behavior, 5 Day Challenge on Equity, Diversity and Inclusion.

D. Internal Inspections and Reviews

1. Does the administrator in charge ever conduct a walk-through/visual inspection of the entire facility? Yes
 - a. If yes, when, under what circumstance and how often: annually and as needed
2. How often does the administrator in charge meet with the following groups to discuss operations and services and how are they documented?
 - a. Probation Staff: Weekly and as needed
 - b. Medical Staff: Biweekly and as needed
 - c. Mental Health Staff: Weekly and as needed
 - d. Contracted Programming Representatives: Biweekly and as needed
 - e. School/Education Staff: Weekly and as needed
 - f. Volunteers: Biweekly and as needed

E. Staff Background and Reference Checks

1. Do staff members have an initial background check before they are hired? Yes
 - a. What type of background check is conducted? Policy is identified for review and edited by Policy and Procedure Program Coordinator, followed by an identified Subject Matter Expert (SME) if needed. Policy and Procedure Program Coordinator will then coordinate collaboration between a SME and Associations (as/if needed). Once the Policy and Procedure Program Coordinator completes the draft, re-draft, and edits, they are sent to County Counsel for technical review, then to Executive for review and approval. Once corrections/edits are made, draft, re-draft and edits are sent to Department HR and County DHR/Labor Relations. The SPOA/POA is last to review, then Policy and Procedure Program Coordinator posts the approved policies to Share-Point.
2. Do staff members have reference checks before they are hired? Yes
3. Do staff members meet with a psychologist before they are hired? Yes
4. Do staff members undergo drug testing before they are hired? Yes
5. Do staff members undergo periodic criminal history checks after they are employed? No
 - a. If yes, date of last periodic background check N/A
 - b. If no, what safeguards are in place to capture the criminal conduct of:
 - i. Probation Staff: Probation staff is required to self-report law enforcement contacts. The Department of Justice notifies the Probation Department of any arrest of probation staff as well as local law enforcement agencies contact the department when arresting a Probation Staff.
 - ii. School Personnel: SDCOE directly monitors their own employees
 - iii. Contracted Employees: The Department of Justice notifies the Probation Department of any arrest of contracted staff by virtue of Life scan subsequent to employment.
 - iv. Behavioral Health Staff: they directly monitor their own employees
 - v. Medical Staff: The Department of Justice notifies the Probation Department of any arrest of contracted staff by virtue of Livescan subsequent to employment.
 - vi. Volunteers: The Department of Justice notifies the Probation Department of any arrest of contracted staff by virtue of Livescan subsequent to employment.
6. Do staff members undergo drug testing after they are employed? Yes
 - a. If yes, is it random? Yes

F. Staff Training, Licensing, and Credentialing

1. Complete the chart:

Training Type	Does Staff Attend?	Date Last Offered	How Many Staff Attended in the calendar year?	Who Provided the Training?
Adolescent Development	Yes	1X	Online/In Person	STAT/Contract
Appropriate Relationships/ Boundaries with Youth	Yes	Quarterly	Online	Probation Department
Appropriate Disciplinary Techniques	Yes	Annually	In Person	Probation Department
Autism Training	Yes	When Available	In Person	Contract
Confidentiality	Yes	Biannually	Online	Probation Department
CPR/First Aid	Yes	Biannually	In Person	Contract
Cultural Competency				
Emergency Response	Yes	Biannually	In Person	Probation Department
Ethical Decision Making	Yes	Biannually	In Person	Probation Department
Identification and Treatment for Mentally Ill and/or Suicidal Youth	Yes	Biannually	In Person	STAT
Identification and Referral of Youth for Special Education Services	Yes	When Available	In Person	Probation/Contract
Inclusion Methods for Youth with Disabilities or Special Needs	Yes	When Available	In Person	STAT
LGBTI Training	Yes	1X	In Person	Probation Department
MANDT Training	Yes	1X	In Person	Contract
Reporting Requirements for Abuse, Neglect, or Maltreatment that Occurs in the Facility	Yes	Biannually	In Person	Probation Department
Reporting Requirements for Abuse, Neglect, or Maltreatment that Occurs Outside the Facility	Yes	Biannually	In Person	Probation Department
Sexual Harassment	Yes	Biannually	Online	Probation Department
Signs of Abuse or Neglect	Yes	Biannually	In Person	Wellpath
Suicide Prevention Training	Yes	1X	In Person	Probation Department/Contract
Trauma Informed Training	Yes	1X	In Person	Contract

Use of Force	Yes	Internal when available "Core"	In Person	Probation Department
Use of Restraints	Yes	Internal when Available "Core"	In Person	Probation Department
Other: N/A	Yes/No	N/A	Online/In Person	N/A

G. Staff Misconduct

1. Please provide the written policy for addressing staff misconduct.
2. Please provide the written policy that ensures youth are not bullied by staff.
3. In the past calendar year, what was the number of staff internally investigated? 9
 - a. How many were Substantiated? 2
 - b. How many were Unsubstantiated? 0
 - c. How many were Unfounded? 0
 - d. How many remain open? 7

4. In the past calendar year, have there been any allegations of the following:

Type of Misconduct by Staff Member	Occurred in Past Calendar Year?	To a Youth in Custody	To a Youth Out of Custody
Physically Assaulting Youth	No	No	No
Allegation of Sexual Assault of Youth	No	No	No
Sexually Assaulting Youth	No	No	No
Verbally Threatening Youth	No	No	No
Touching a Youth in an Inappropriate Way	No	No	No
Commenting on the Physical Appearance of Youth in a Manner Outside Scope of Staff Member's Job Duties	No	No	
Entering a Youth's Sleeping Room for Any Reason that was Outside the Scope of the Staff Member's Job Duties	No	No	

- a. If the answer is yes to any of the questions above, please provide written documentation of the incident, follow-up, and responsive action. N/A

VII. Budget and Fiscal Concerns

A. Budget

1. Facility budget for past fiscal year: 23,433,095
2. Facility budget for this fiscal year: 27,053,258

B. Changes in Funding

1. Please describe any impacts to the facility in the last calendar year that were caused by a loss of or change in funding or funding sources: The budget increases are primarily for salaries and benefits increases related to existing labor agreements and for one-time facilities projects.
 - a. Sworn staffing numbers by position: No impact
 - b. Administrative staff by position: No impact.
 - c. Behavioral Health staff by position: Added 3 positions to support YDA population.
 - d. Contracts by name:
Rehabilitative Programming - SBCS Corporation
 - e. Programs: we don't differentiate between contracts and programs.

VIII. Education/Support Services

A. Education Staffing:

1. Positions Filled or Open as of July 1, 2022

Staff Type	# Filled	# Open
Credentialed Teachers	11	1
Credentialed Special Education Teachers	2	0
(Special Ed) Teachers' Aides	3	1
Paid Tutors	0	0
Volunteer Tutors	0	0
Other (Classroom Assistants)	3	1

2. Average Daily Attendance

B. Capacity and Attendance

1. Number of classrooms in the facility? 19

2. For each classroom, please provide the following:

Classroom Capacity	Average Number of Students per Classroom	Number of Technological Devices per Classroom
Unit AA-15	12	15
Unit AB-15	12	15
Unit BA-15	12	15
Unit BB-15	12	15
Unit CA-15	12	15
Unit CB-15	12	15
Unit DA-15	12	15
Unit DB-15	12	15
Unit EA-15	12	15
Unit EB-15	12	15
Unit FA-15	NA	NA
Unit GA-15	12	15
Unit GB-15	12	15
Unit HA-15	NA	NA
Unit HB-15	NA	NA
Unit IA-15	NA	NA
Unit IB-15	NA	NA
Unit JA-15	12	15
Unit JB-15	12	15

C. Absences

Absences During the Calendar Year	#
How many students did not attend school for one or more days?	0

Total number of days of absences?	0
Total number of days of absence due to illness?	0
Total number of days of absence for disciplinary reasons?	0
Total number of days of absence for reasons other than illness or discipline?	0

1. When is absence from the classroom or expulsion used as a disciplinary tool? The SOAR
2. Please provide the written policy for using absence from the classroom or expulsion as a disciplinary tool.
3. What programs or situations would result in a student leaving the classroom during school hours? Students may miss time instructional time if the student has a family visitor, legal visitation, counseling, and/or a visit from their field probation officer.
4. Student Identity Breakdown

Ethnicity	Male	Female	Non-binary	LGBTQ+	Total
African American	22%	10	0	0	33
American Indian or Alaska Native	2%	0	0	0	3
Asian	1%	0	0	0	2
Filipino	0%	0	0	0	0
Hispanic or Latino	60%	6	0	0	90
Pacific Islander	0%	0	0	0	0
White	9%	4	0	0	13
Two or more races	6%	0	0	0	9

D. Supplies

1. Does each student have their own textbook for each subject? Does each student have their own technological device? Yes
 - a. If not, what is the ratio of students to textbook for each subject:

Course	# Textbooks	# Students
N/A	N/A	N/A

2. Are the textbooks the most recent version available in California? Yes
3. Who is responsible for making sure that textbooks are up to date?

Name	Title
Nathan Head	Principal

4. What school supplies are available to the students (pens, pencils, paper, etc.)? Students supplies include but are not limited to paper, pencils, Chrome books, art supplies (markers, paint brushes, colored pencils, et.al). math manipulatives (compasses, rulers, protractors, calculators, et, al., journals.
5. What school supplies are students allowed to take to their rooms? Students may take journals, textbooks and literature back to their rooms.
6. Who is responsible for making sure there are adequate school supplies?

Name	Title
Nathan Head	Principal

7. Are technological devices available to students in each classroom daily? Yes
8. Are students able to work on homework after the school day ends? Yes
 - a. If yes, how? Students are able to take any extra work or work that was not finished to their room after school hours.

E. High School Diploma and/ or Equivalency Certificate

1. On average, how soon after a student is admitted to the facility do school staff request previous school records? Less than 24 hours
2. Is SDCOE working to get partial credits earned in a facility recognized by a student’s home district? Yes
 - a. If yes, what is being done; if no, why not? Students receive a Personal Learning Plan (PLP) and a transition Plan upon admittance to our school. The plans are made in conjunction with the students, school counselor, and transition technicians. The education rights holder is also contacted during this process. After reviewing all information, the counselor creates the student’s schedule which is reflective of making sure that all partial credits are made whole.
3. What is the student’s average reading level upon entry: 6.0 Grade
4. Percentage of students not reading at grade level: 60%
5. What interventions are used for these students? Student arrives at East Mesa his or her reading scores are assessed by Ren Learning which measures math and reading. Teachers are able to access students’ results immediately after the assessment and will identified students performing below proficient, so our students are provided with differentiated instruction, accommodations, modifications and support that include but are not limited to: talk-to-text, Google Apps, small group instruction, group projects, use of other technologies, alternative formative and summative assessments, et, al. Our instructors also focus on the English Language Art and English Development Standards of speaking, writing, reading, and listening, which provide for student voice and choice while maintaining the expectation that all students will be able to participate in all classroom activities as per their grade level. Students enrolled in core subject standards are also provided with differentiated instruction, accommodations, modifications, and support that include but not limited to talk -to-text, Google Apps, small group project, use of other technologies, alternative formative and summative assessments

F. Special Programs

1. IEP, 504 Plan

Type of Plan	# Students with Pre-Existing	# Students Tested After Entry	# Students Who Receive After Entry	% of Students
504 Plan	0	0	0	0
IEP Plan	180	4	1	30%
IEP Plan with ERMHS1 Services	30	0	0	5%

¹ ERMHS – Educationally Related Mental Health Services

IEP Plan with BIPs ²	0	0	0	0
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2. Who determines if a student admitted to the facility has an IEP/504Plan?

Name	Title
Dulce Gonzalez	Special Education Aide (SEA)
	Please note for the chart below that some students may have more than one classifications, hence the number of student with disabilities will be a lower number than the number of student classified.

- How soon is this determination made after a student is admitted? Enter text.
- The JJC is seeking information regarding the disability classifications of each youth with an IEP. Please indicate how many youths with IEP's this year were classified under each of the following disability classifications:

IEP Classification	# with Classification	IEP Classification	# with Classification
Autism	0	Orthopedic Impairment	5
Blindness/Visually Impaired	0	Other Health Impairment	90
Deaf/Hearing Impaired	1	Specific Learning Disability	75
Emotional Disturbance	43	Speech and Language Impairment	21
Multiple Disabilities	80	Traumatic Brain Injury	3
Intellectual Disability	0		

- How are a student's 504 Plan records obtained? JCCS/ The San Diego SOAR Academy applies for records using written, scanned, faxed forms, and/or calling the district of record or the charter school's 504 liaison. Records may be obtained through the education rights holder, Probation Officers or the student's Social Worker.
- How are a student's IEP records obtained? JCCS/ The San Diego SOAR Academy utilizes the Special Education Information System (SEIS) that districts in San Diego using written, scanned, faxed forms, and/or calling the district of record or the charter school's special education liaison. Records may be obtained through the education rights holder, Probation Officers, or the student's Social Worker.
- How long does it typically take to obtain such records? If the student's district is a member of SEIS, we have immediate access to his or her records. If the Student attended a school that is not, it may take up to a week to receive student records. For further information, please contact Special Executive Director, Cara Schkoske at 858.290.5966
- For students with IEP/504 Plans, please provide the following:

Type of Service	Provided at Facility?	In a separate room?	Who provides?
ERMHS	Yes	Yes	School Psychologists, Mental Health Case workers, Behavior Intervention Specialist

² BSP – Behavior Support Plan; BIP – Behavior Intervention Plan

Counseling	Yes	Yes	School Psychologists, Mental Health Case workers, Behavior Intervention Specialist
Speech and Language Services	Yes	Yes	Speech and Language Therapist
Occupational Therapy	Yes	Yes	Occupational Therapist

9. If the answer to any of the above is no, why not? N/A

G. General Education Teachers

1. What training do general education teachers receive to help them identify students who should be assessed for special education services? All staff members receive professional learning in the identification of students who have disabilities/ special needs. The training is completed by SDCOE Innovations Department, school administrators, and monthly staff meetings. There are also additional opportunities per the SDCOE professional development calendar, in person or via Zoom and TEAMS.
2. What training do general education teachers have regarding effectively teaching students with:
 - a. a learning disability? In order to support students who have a specific learning disability, teachers provide differentiated instructions, use Co-teaching models; working with content specific coaches; monthly staff meetings; SDCOE professional development calendar, and weekly/daily bulletins. Training is completed in person as well as via Zoom or TEAMS.
 - b. an emotional disturbance? In order to support students who have ED as a qualifying condition, professional Learning opportunities include co-teaching and full inclusion models with a site Education Specialists, Behavior Specialists, Psychologist, Mental Health Clinicians monthly staff meetings, weekly/daily bulletins. Training is completed in person as well as via Zoom or TEAMS.
 - c. significant attention issues? In order to support student who experience ADD, ADHD, issues professional Learning opportunities include co-teaching and full inclusion models with a site Education Specialists, Behavior Specialist, Psychologist, Mental Health Clinicians monthly staff meetings, weekly/daily bulletins. Training is completed in person as well as via Zoom or TEAMS.

H. Credentialed Special Education Teachers

1. How many credentialed special education teachers are at the facility full-time? Two Educational Specialists.
2. Do credentialed special education teachers participate in lesson planning and curriculum development? Yes
 - a. If yes, how often do they meet with teachers? Daily, Weekly, and during Professional learning community (PLC) meetings that were held in person as well as via Zoom or TEAMS.
 - b. Do credentialed special education teachers instruct students in any classes? Yes

I. IEP Meetings

1. Are IEP meetings held whenever annual meetings for an eligible student are due? Yes
2. Are IEP meetings held when an eligible student arrives in the facility and attends school? Yes
3. Are IEP meetings held if a student is in the facility for more than thirty days? Yes

- a. If no, why not? N/A
4. Are parents notified of the meetings? Yes
 - a. If yes, how? The education's right holder is provided written notice, phone calls, electronic mailings, and through the Probation Office, if necessary.
5. Describe the most common obstacles to IEP compliance: The education right holder returning correspondence to the special education department for consent for evaluations of the student.

J. General Special Education Questions

1. Are staff trained to implement BIP's? Yes
2. What resources are available to accommodate students with special education needs? All classes are provided with an Education Specialist and or special education teacher's aide. The individual assigned to the classroom is dependent upon the needs and the IEPs for students enrolled at our school on any given day. All staff are provided with the list of accommodations, modifications, and supports for their students as per the IEP at a Glance.

K. Post-High School/ Equivalency Certificate

1. How many students are taking courses for college credit online? 56
2. At what college(s)? Palomar Community (CC), Mira Costa CC, San Diego City CC, Grossmont CC, Southwestern CC.
3. Are students given information and counseling regarding community college and four-year college options? Yes
4. Are students given information and counseling regarding financial aid options for college? Yes
5. Are students given resources to be successful in college? Yes
6. Are students in the facility given instruction to prepare for the military readiness testing? No unless a student specifically asks for information.
 - a. If yes, are they required to prepare for the test? No

L. Career Technical Education (CTE)

1. What Career Technical Education (CTE) programs are available in the facility? In 2022, all CTE programming went to YTC in March of 2022. When East Mesa became the intake and detention facility, the culinary, Building Trades, and Horticulture was moved to YTC. We currently offer ServSafe, Food Handler's, CPR and First Aid certification.
2. Do CTE opportunities have sufficient space and resources for the number of students who are interested in participating? No
 - a. If no, what plans does the facility have to provide adequate space and resources? The Probation department will need to answer this question.
3. Are programs scheduled so all students can participate in all programs? No
 - a. If no, how many students have been denied participation in one of these programs in the last calendar year and why were they denied? Programs were no longer offered due to them being moved to YTC.
4. What plans does the facility have to ensure all eligible youth can participate? SDCOE will continue to work with probation and Southwestern College to build a new CTE program.

M. Special Programs and Activities

1. What other special programs or activities take place at the facility? Combat Art; Arts for Learning; Project AWARE; the Beat within, Music Exploitation, Playwright's project, Dance Class, Cross Fit, Mid-City Community Arts, Barber Club, Guitar and Keyboarding class, Movement BE, David's Harp; and the movement through the ASSETS grant.

N. Independent Study

1. What independent study options are available? We do not have an independent study option for our students. Students who are detained to juvenile hall are not eligible for independent study per CA Education Code.

O. Highlights

1. Is there anything the commission should know that has not been addressed? Our school participates in PBIS as our behavior management system. Students earn daily points which translate into weekly incentives. We have a trauma informed approach when working with our students and our success is based on building strong relationships. Instead of using traditional school discipline, we use restorative practices. We know in many cases; the traditional school model has failed our students. We advocate for our students to have their voices heard and want them to have agency over their education.

IX. Medical Care Services

A. Medical Staff

Staff Type	# Staff	# Contractors	# Positions Open	Avg. Number of Hours per Week at Facility
Physician	0	3	0	10-15
Physician's Assistant	0	2	0	24
Registered Nurse	0	7	0	84
Licensed Vocational Nurse	0	4	0	84
Nurse Practitioner	0	0	0	0
Emergency Medical Tech	0	0	0	0

B. Health Screening

Type of Health Screening	Not Given	Given at Intake	Given within 14 Days	Who Administers?	What Test is Used?
Medical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RN	Medical Form
Dental	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RN	Dental Assessment
Vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RN	Vision Assessment
Behavioral Health/Psychological	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RN	Behavioral Health Assessment
Sexually transmitted infections	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RN/LVN	STI Assessment, Lab test ordered per clinical protocol
Pregnancy test (If females are held in facility)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RN/LVN	Urine HCG
Other: N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A

C. Medical and Dental Health Needs

1. What is the procedure for youth to request:
 - a. medical services/treatment? Sick Call Slip
 - b. dental services/treatment? Sick Call Slip
2. Are probation staff members permitted to refer youth for medical/dental treatment? Yes
3. How many health services staff are available to respond to the medical needs of the youth in the facility during each shift? 1-4 Staff
4. Is there a written policy to ensure the adequate control of medical equipment? Yes

5. How is emergency equipment transported to a medical emergency and by whom? Emergency equipment is transported by the RN via mobile emergency equipment bag.
6. What medical equipment is available to respond to the medical needs of the youth in the facility? All necessary medical, and dental equipment is available on site to provide primary and urgent care and to stabilize and transport in an emergency
7. Describe how “Med Pass” is conducted. Med Pass is conducted using pre pour. The medical services contractor is currently working to transition to live pour in 2023
8. If a medical emergency is called, how is the medication secured, where is it secured and by whom? Medication is secured in the locked medication cart or a locked room.
9. Are the youth’s medical needs addressed in private treatment rooms only? Yes
 - a. If yes, how many treatment rooms does the facility have? Approx. 3 in the clinic and one in each housing unit.
 - b. If no, where are the youth treated? N/A
10. On average, how long does it take for clinic staff to respond to:
 - a. an emergency? Within 0-5 Min
 - b. request for an inhaler? Within 0-5 Min

D. Sick Call Slips

1. Who makes the determination whether or not a youth is seen after a sick call slip is turned in? The sick call slips are triaged by a nurse or 65 physician assistant
2. How many times were youth not seen after submitting a sick call slip: All sick call slips are addressed either in person or via a message response to the youth.
3. Reasons why not seen: The issue was addressed without having to see the youth in the clinic.
4. What was the average response time? Within 24hrs

E. Personal/Family Healthcare Providers

1. Are youth permitted to see their personal or family healthcare providers? Yes
 - a. If yes, how is a visit arranged? The medical clinic staff schedule private health appointments and coordinate transportation with custody staff.
2. How many youths saw a personal healthcare provider during the calendar year? There were 233 external appointments in 2022.

F. Intoxicated and Overdosed Youth

1. Please provide the written procedure for handling youth under the influence of any intoxicating substances.
2. Are medical clearances obtained prior to booking any youth who displays outward signs of intoxication or is known or suspected to have ingested any substance that could result in a medical emergency? Yes
3. How many youths were medically cleared due to intoxication? 5
4. Who provides medical clearance for these youth? The hospital emergency department
5. Did the facility detain any youth determined to be under the influence of an intoxicating substance? No
 - a. If yes:
 - i. Was medical clearance obtained? N/A
 - ii. Were these detentions documented? N/A
 - iii. Were there documented safety checks at least once every 15 minutes? N/A

6. How are youth screened for a possible overdose? Youth are screened on intake for substance use and any youth showing signs or symptoms of intoxication are further screened by a RN using nursing protocols and clinical screening tools
7. What is the procedure if a youth is found to have overdosed? A medical emergency is called, the youth is assessed for signs of life, treatment is provided per policy and protocol.

G. Hunger Strikes

1. Please provide a copy of the facility plan in managing hunger strikes.
2. Explain any instances in the last calendar year where the written plan provided to the inspection team was not followed in response to a youth on a hunger strike: N/A

H. Suicidal Ideation

1. Please attach a copy of the written suicide prevention plan.
2. Please list all agencies who participated in developing this plan. Probation, Medical and Behavioral Health
3. In the last calendar year have there been any instances where the written plan was not followed in response to a youth at risk of suicide? No
 - a. If yes, why was the plan not followed? N/A
4. Number of referrals of youth with suicidal ideation during the last calendar year? 65
5. Are all youth with suicidal ideation put in a “suicide watch” room? No
 - a. If no, why not? This is trauma informed care practice and consistent with current suicide prevention plan best practices.

I. Death

1. Please provide a copy of the facility response plan when a death occurs.
2. Explain any instances in the last calendar year where the written plan provided to the inspection team was not followed in response to the death of a youth: N/A
3. State the number of youth that have died in custodial care in the calendar year: 0

J. Informed Consent/Involuntary Treatment

1. Is informed consent obtained, when appropriate, prior to the delivery of care? Yes
2. 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
3. Under what circumstance would a youth undergo an involuntary medical test or treatment? Involuntary medical and medical treatment are not used

K. Experimental Research

1. Are youth permitted to be subjects of any of the following types of research?

Research Type	Permitted?
Behavioral/Psychological	No
Biomedical	No
Cosmetic	No
Pharmaceutical	No

Other: N/A	No
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2. Is research pre-approved by any one in probation: N/A
3. Is research pre-approved by the court: N/A
4. Do youth consent to participation in research? N/A
5. Do parents' consent to participation in research? N/A
6. Describe any research studies in which youth in the facility participated in the last calendar year. N/A

L. Infectious Disease

1. Is there an infection control plan that aims to ensure that safety of youth, staff, and visitors? Yes
 - a. If yes, please provide a copy.

X. Behavioral Health Care Services

Information requested is facility specific and not a compilation of all facilities.

A. Behavioral Health Staffing:

Staff Type (At time of inspection)	# Filled	# Open	# Intern	# Staff	Avg. staff hours per week at facility
Psychiatrist	5	2	0	5	76.5
Psychologist	1	1	0	1	40
LMHC	9	1	0	9	320
Psychiatric Nurse	1	0	0	1	40
Post-doctoral Clinical Psychologist	2*	0	0	2	80
Unlicensed Mental Health Staff	2**	0	0	2	20
TOTAL	18	4	0	18	576.5

1. In what activities do Unlicensed Mental Health Staff engage? ** The STAT Team provides clinical training in Juvenile forensic psychology to pre-doctoral psychology students. The students interns assigned to STAT Team sites, provide assessment and individual therapy, and may provide group therapy. All clinical work by the intern is supervised by our licensed psychologist (s).
2. What trainings were staff required to complete in the last 12 months? D2BT certification, cultural Competency, Clinical Documentation training, sexual harassment training.
3. What languages are Mental Health Staff certified in other than English? Enter text.

Certified Language	Number of Staff
Spanish	5

4. What cultural competency training have mental health staff attended? 76
5. Behavioral Health Staff Identification Breakdown:

Race	Male	Female	Non-binary	LGBTQ+	Total
African American	2	0	0	0	2
American Indian or Alaska Native	0	0	0	0	0
Asian	0	3	0	0	3
Filipino	0	0	0	0	0
Hispanic or Latino	1	5	0	0	6
Pacific Islander	0	0	0	0	0
White	2	3	0	0	5
Two or more races	0	2	0	0	2

6. Additional Information regarding STAT Staff in the facility: Enter text.

B. Behavioral Health Statistics:

Month	Avg Daily Pop	Youth with Meds	Percentage
January 31, 2022	73	36	49
February 28, 2022	87	36	41

March 31, 2022	87	31	35
April 30, 2022	68	24	35
May 31, 2022	91	31	34
June 30, 2022	110	44	40
July 31, 2022	102	39	38
August 31, 2022	99	42	42
September 30, 2022	113	50	44
October 31, 2022	79	51	64
November 30, 2022	116	46	39
December 31, 2022	112	52	46
Average	95	40	42

1. List the specific diagnoses and types of psychotropic medications prescribed at this facility: STAT Team psychiatrists work to carefully evaluate the youth in the detention facilities, identify their complex needs, clarify their multiple diagnoses and recommend treatments appropriate to manage symptoms that disrupt their ability to function with their family and peers, in school and in society. Psychiatric diagnoses most commonly seen in the detention facilities include PTSD and other anxiety disorders, depression and other mood disorders, disruptive behavior disorders like ADHD, and substance use disorders. Less frequently, psychotic disorders, bipolar disorders, and autism spectrum disorders can also be seen. Youth diagnosed with attention deficit hyperactivity disorder may or may not be prescribed psychotropic medication, depending on the clinical needs of each individual youth. While stimulant medications are commonly used for youth with this diagnosis, a variety of other psychotropic medications may also be used (i.e., alpha-agonists, bupropion, atomoxetine, and others) depending on co-morbid diagnoses, prior experiences with stimulants, etc. The number of youth prescribed stimulants is not tracked. First line medication treatment for anxiety disorders are anti-depressant medications (SSRI medications). There are multiple psychotropic medications that also can be used to manage symptoms of anxiety (mood stabilizers, second generation antipsychotics, anticholinergic medications, and others). Selection of a medication again depends on co-morbid diagnoses, prior experiences with typically prescribed first-line agents, etc. Sleep disturbance is typically managed in the context of it being a symptom of a larger clinical disorder (e.g., depression); it is the larger clinical disorder that is the focus of treatment. Thus, agents used to manage sleep disturbance (certain anti-depressant medications, mood stabilizers, alpha-agonists, anticholinergic medications, second generation antipsychotic medications) are used with the intent to relieve suffering from the primary diagnosis, not to solely sedate a youth. Efforts are made to minimize the total number of psychotropic medications prescribed to any one youth. Treatment is informed by the California Guidelines for Psychotropic Medication for Foster Youth and the focus is on providing safe, effective care.

Specific Diagnoses	Psychotropic Medications
<u>Enter text.</u>	<u>Enter text.</u>

C. Behavioral Health Screening

1. How does mental health obtain MAYSI II information on youth? Depending on the results of the MAYSI II, probation will send a referral to the STAT team
2. If by referral how does mental health staff respond when provided the youth’s MAYSI II results? Once the STAT team receives a referral via MAYSI II outcomes, it is triaged per

STAT’s protocol outlined extensively below in Question #5 of the Behavioral Health Emergency Referral Process section, below

3. Describe how mental health staff use the MAYSI II information? Once probation has referred the youth to STAT based on results of the MAYSI II, STAT may use for further evaluation and assessment of a youth’s needs while in detention. This evaluation may result in developing a treatment plan that addresses needs such as mood stabilization, suicidal ideation or treatment of trauma
4. How does mental health obtain Columbia Suicide Severity Rating Scale (C-SSRS) information on youth? Probation refers a youth to STAT depending on responses provided on the C-SSRS
5. If by referral how does mental health staff respond when provided the youth’s C-SSRS results? Once the STAT team receives a referral via C-SSRS outcomes, it is triaged per STAT’s protocol outlined extensively below in Question #5 of the Behavioral Health Emergency Referral Process section, below
6. Describe how mental health staff use the C-SSRS information? Once probation has referred the youth to STAT based on results of the C-SSRS, STAT may use for further evaluation and assessment of a youth’s needs while in detention. This evaluation may result in developing a treatment plan that addresses needs such as suicidal ideation or self-harm behaviors.
7. What are the clinical credentials of person who does follow-up when the MAYSI II and C-SSRS information is shared with mental health? When information from MAYSI II and/or C-SSRS is shared with the STAT team via a referral, it is triaged by a licensed professional whether that be a psychiatric nurse or licensed clinician
8. Describe what other mental health screening tools are used? Wellpath conducts a face-to-face medical intake that has questions pertaining to mental health and substance use. Collateral information is gathered from the officer who detained the youth. In some cases, if the youth is acutely suicidal, under the influence of drugs or alcohol, or other serious health conditions are suspected, that youth can be denied entry into the facility and diverted to the Emergency Screening Unit or Rady’s Emergency Department. Otherwise, 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, Wellpath will place the youth on Suicide Prevention Protocol and notify STAT. The youth will be closely monitored by Probation, and the STAT Team will do 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 .

D. Therapeutic Services:

Month	Referrals Rec'd	Suicide Prevention	Clinician Visits	Groups	MD Visits	Court Med Evals
Jan	255	6	400	0	77	4-numbers combines with YTC
Feb	339	1	423	0	72	1
March	471	5	463	0	104	1

April	468	7	310	0	74	3
May	450	6	541	0	76	5
June	505	7	673	0	101	8
July	325	6	452	0	65	4
Aug	281	4	638	0	97	5
Sept	507	10	675	0	83	12
Oct	494	9	703	0	91	8
Nov	397	6	692	0	93	11
Dec	432	2	679	0	95	11
Total	4324	69	6649	0	1028	73

1. What is the procedure for youth to request mental health services? A youth in detention may request mental health services in several ways. They may self-refer by asking a probation officer to fill out a referral slip. They may also put in a sick call slip to Wellpath asking to be seen by a mental health staff. Probation may identify a youth who appears to be in some form of distress and refer the youth for mental health services. This would also apply to Wellpath staff. Any other provider at the facility (educational, clergy, contracted providers, current outpatient providers) may also refer a youth to the STAT Team. Family members can also call the STAT Team and ask for mental health services to be initiated
2. Is a youth who is receiving mental health services from a STAT member able to request a different clinician based on personal preference? Yes, however, this is based on clinical need and if clinically appropriate to transfer the youth to a different clinician
3. Do youth receiving mental health services from a STAT staff have an opportunity to provide feedback to BHS regarding the services they receive? Yes
 - a. If yes, what methods are available for them to critique the services? As in any client/therapist/psychiatrist’s relationship, feedback about the services provided is frequently sought out by the provider of the youth or their family if involved. This creates a space for proactive and open dialogue and to address treatment concerns early in the process. In addition, in the HOPE and YDA program they will receive the youth satisfaction survey to fill out which also allows for feedback.
4. How much direct contact time do youth have with staff providing therapeutic services? In general, the amount of direct service time varies for each youth depending on acuity, program they are committed to, motivation to accept treatment and there overall clinical presentation. Youth are all assigned a clinician and seen on a minimum once a week. However, as clinicians are on the units and actively involved in the milieu the youth has much more contact with the clinicians because clinical staff interface with youth in individual, group, and milieu settings daily
5. How often do clinicians meet with youth? STAT staff meet with youth as clinically indicated but no less than once per week. Youth with certain safety concerns or those identified as suicidal, for example, are met with more frequently.
6. How long is each meeting? The amount of direct service time can vary for each youth, each time they are met with and depends on the youth’s needs. Additionally, STAT clinical staff interface with youth in individual, group, and milieu settings which can further skew contact times.
7. What group sessions are provided by mental health staff?

Group Topic	Number of Youth	Length of Group	Times per Week
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Enter text.	Enter text.	Enter text.	Enter text.
Enter text.	Enter text.	Enter text.	Enter text.
Enter text.	Enter text.	Enter text.	Enter text.
Enter text.	Enter text.	Enter text.	Enter text.
Enter text.	Enter text.	Enter text.	Enter text.

8. Are probation staff members permitted to refer youth for mental health services? Yes
9. Please describe any other assessment(s) used to determine referring a youth to a therapeutic service: Referrals may come as the result of the MAYSI, Safety Assessments done by probation, health screens done by Wellpath, as a result from the PREA interview, or from assessments done by the court or attorney

E. Behavioral Health Emergency Referral Process

1. Number of referrals of youth with suicidal ideation during the last calendar year? The number of youth with suicidal ideation is not tracked at any of the facilities. The data that is available is the number of youths on “Suicide Prevention Protocol” (SPP) or what was formerly called Suicide Watch. That data is in the tables in Section D. Not all youth on SPP status have verbalized suicidal thoughts, those youth with behaviors concerning for safety may also be placed on SPP status. While various parties can raise concern about a youth so that Probation will place the youth on SPP status, only a licensed clinician with the STAT team can remove a youth from SPP status. For the subset of youth who experience suicidal thoughts as a chronic (sometimes daily) experience, STAT team clinicians provide clinical care to the youth, coordinate safety planning, and support others involved in their care (i.e., through multidisciplinary team meetings).
2. Number of youth who have attempted suicide during the last calendar year? The number of youth who have attempted suicide is not tracked specifically. Like that of youth with suicidal ideation, the data that is available is the number of youth on SPP (referenced above).
3. On average during off hours, how long does it take a mental health staff to respond to the institution when receiving a call regarding suicidal ideation? A face-to-face evaluation is immediately facilitated through a STAT Team member during programming hours, which is seven days a week, approximately 12 hours per day. 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 by the on-call psychiatrist, or via a transfer to the Emergency Screening Unit if clinically indicated. Only licensed mental health staff members evaluate youth on Suicide Prevention Protocol.
4. What percentage of those calls result in face-to-face contact with the youth? One hundred percent of all referrals for suicidal ideation are seen by a STAT clinician. All youth placed on Suicide Prevention Protocol are physically seen by a licensed STAT-Team clinician unless the youth has imminent needs that cannot be met in the detention facility. In that situation the youth would be transferred to the Emergency Screening Unit. STAT-Team and Probation policies state only a licensed STAT-Team clinician can discontinue Suicide Prevention Protocol.
5. During off hours how long before a mental health team member sees the youth in person? Urgent Behavioral Health Care: Youth will continue to be under the close supervision of probation staff (per Probation Policies) for safety and 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: Youth 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: Youth 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: Youth 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.

6. Please list the specific criteria used to determine if a youth is seen in person? All youth with suicidal ideation are seen by the STAT team. Please see question #5 above for the triage process and criteria.
7. During working hours how long before a mental health team member sees the youth in person? Please see question #5 for triage process, criteria and timelines
8. Are all youth with suicidal ideation put in a “suicide prevention” room? No
 - a. If no, why not? Not all youth with suicidal ideation are put in a “suicide watch” room. While all such youth will have additional precautions in place, efforts are made to keep them integrated in the unit milieu and with their peers. Literature specific to suicide practices in juvenile detention facilities note it is more therapeutic for youth to remain engaged with their peers and to make use of the social support provided by the community if they can safely do so; being placed in a “suicide watch” room can be isolating, depressing, and stigmatizing
9. What happens if a youth does not meet the criteria to be seen in person? All youth reporting suicidal ideation meet the criteria to be seen in person. All youth referred for STAT-Team services are triaged for services; no youth are excluded from being seen in person
10. What percentage of those calls result in a medication being prescribed? The percentage of youth experiencing suicidal ideation who are ultimately prescribed medication is not available. Typically, medication is not the first-line of treatment for someone experiencing suicidal ideation. A referral for a psychiatric appointment will almost always be made, but many factors come into play such as length of stay in the detention facility, or circumstances motivating the suicidal ideation
11. On average, how long before a psychiatrist reviews the medication impact? For youth prescribed psychiatric medication, scheduled follow-up appointments vary depending upon clinical need but typically occur within 1-2 weeks when medication is first started and occur within 30 days for youth who are stable on their medication. Should issues arise with medication prescribed, a referral can be made by the youth, probation, or the medical provider, and earlier follow up would be coordinated.
12. What percentage of those calls result in Emergency Screening Unit (ESU) contact? Youth who are on SPP are referred to ESU or the hospital when the youth’s needs exceed the resources and security available in the juvenile detention facilities. This is an infrequent occurrence given the availability of physicians (psychiatrists and pediatricians), nurses, clinicians, and probation staff. STAT Team, Probation, and the medical clinic work together, when it is clinically indicated, to develop special protocols to provide multi-

disciplinary support for youth whose needs exceed traditionally offered levels of service. In situations where there are grave concerns for safety, Suicide Prevention Protocol status may be bypassed, and the youth may be transported directly to the ESU or to the emergency department.

13. What percentage of those ESU contacts result in hospitalization or other transfer? Because of the availability of STAT Team services, support from Probation to ensure safety, and the ability to develop a multidisciplinary treatment plan, youth in the detention facilities are rarely referred for hospitalization in a psychiatric facility. Youth are referred to ESU or to the emergency department only when these coordinated efforts have not met their needs, or in the case of concern for imminent safety. In those cases, efforts to coordinate hospitalization are made with BHS, ESU and hospital administration so that the process occurs in an efficient manner. Data tracking hospitalization rates for youth at ESU who had been referred from a detention facility are not specifically tracked
14. What does the “other” transfer entail? If there is a medical emergency, a youth could be transported to a hospital to receive medical attention.
15. What emergency screening agency is used? Emergency screening can take place at any hospital with an emergency department; however, the most commonly used agencies are ESU and Rady’s Children’s emergency department
16. What percentage of those ESU contacts result in “stabilization”? All youth transported to ESU receive 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. ESU diverts approximately 75% of all youth evaluated from psychiatric hospitalization
17. Where does “stabilization” occur? ESU stabilization services are offered at the ESU site at 4309 Third Avenue, San Diego Ca 92103.
18. What percentage of “stabilizations” are not adequate? This information is not specifically tracked. ESU diverts approximately 75% of all youth evaluated from psychiatric hospitalization.
19. How long does JFS/STAT team follow each youth with suicidal ideation? There is no predetermined length of time that a clinician would continue to follow-up with such youth. Frequency of sessions, number of contacts, and length of time of services are all determined by clinical need and youth requests. If a youth is on SPP, that youth will continuously be evaluated so long as he or she is on SPP. If the youth is on “close watch”, that youth will be seen at least twice per week, and typically more frequently depending on need and youth request
20. What determines the number of continued contacts? Clinical need determines the number, frequency and type of continued contacts

F. Coordination of Care

1. Does BHS staff coordinate services with the non-school programming available to youth in detention? Yes

- a. If yes, how? The 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. These organizations are sometimes invited to STAT-Team staff meetings so information about them can be disseminated to our team members
2. How 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? BHS is available for consultation and collaboration to Probation as programming is developed. Examples of this collaboration include development of suicide prevention policies and procedures, participating in work groups to develop the behavior modification system, and coordination of provision of services for youth in and out of custody through the BHS Bridgeways contract. For individual youth, the STAT-Team, in conjunction with Probation, have regularly scheduled Multi-Disciplinary Team meetings 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.
3. How does BHS ensure that program providers have appropriate training in the areas of trauma and cultural sensitivity? The STAT Team and other BHS contracted providers are all required to deliver services in a culturally sensitive and trauma informed manner. Providers are required to train their staff on an annual basis in these areas and BHS monitors annually to ensure compliance.
4. How 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? BHS monitors/evaluates their contracted providers (SDYS – BridgeWays program) as well as the services provided by our STAT program to ensure contract obligations and standards of care are met. This is done through Quarterly Status Reports, annual site visits, annual medical record reviews and monthly/weekly meetings with program manager
5. Describe BHS involvement in reviewing Incident Reports (IRs) for each facility? Probation does not involve BHS in reviewing Incident reports.
6. What is the format for this review by BHS and what actions by BHS are taken based on the information in IR's? N/A
7. How does BHS use incident reports for youth treatment? Enter text.
8. If a youth enters custody with a mental health history, how does BHS receive this information? BHS reviews both Cerner and Probations PCMS system to determine youths Mental Health History
9. Is BHS staff familiar with Probation's policies and procedures regarding Administrative Separation and Room Confinement of mentally ill youth or youth with suicidal ideation?
Yes
10. What information is shared by BHS, if any, with the following:
 - a. SDCOE? Clinically appropriate information that may be impacting a youth's learning or educational experience may be shared with SDCOE while still complying with HIPAA standards of confidentiality This information may be shared in settings such as MDTs, daily huddles or placement discussion meetings
 - b. Probation? Clinically appropriate information such as treatment needs or serious safety concerns while still complying with HIPAA standards of confidentiality may be shared with probation in settings such as MDTs, daily huddles or placement discussion meetings.

- c. Onsite medical clinic staff? Clinically appropriate information such as current psychiatric medication may be shared with onsite medical clinic staff while still complying with HIPAA standards of confidentiality
- d. Other N/A

XI. Food Services

A. Sanitation and Meal Service

1. Are kitchen staff trained regarding sanitation and food handling procedures? Yes
2. Other than training provided at time of hire, what training have kitchen staff received?
Food Handlers Certification – renewal yearly
3. Do youth work in the kitchen? No
 - a. If yes, have they been trained? N/A
 - b. Are youth able to get their food handler's certificate? Yes
 - c. How many youth got their food handler's certificate in the last calendar year? 0
4. Describe the types of work youth perform in the kitchen: Youth do not work in the kitchen
5. Are youth permitted to converse during meals? Yes
6. Are youth permitted to converse with youth seated at a different table? Yes
 - a. If no, why not? N/A
7. How are meals served? 3 Meals and 3 snacks
8. How many minutes are youth permitted to eat their meals? 20 mins each meal and 10 mins per snack
9. Who/what agency maintains the kitchen area? Summit Food Service

B. Adequate and Varied Meals

1. Are youth protected from having food taken from them? Yes
2. Where is the weekly menu posted? The menu is posted in the Kitchen cabinet
3. Who is involved in creating the menu? A register Dietician
4. How many calories per day does a youth who eats all of the standard meals provided consume? 2,900
5. What approximate percent of calories are from the following:
Protein: 40% Carbohydrate: 30% Fat: Less 30%

C. Special Diets

1. How are necessary medical diets accommodated We have special menus or menus is changed based on Medical Restriction.
2. In the last calendar year was the facility unable to accommodate a special diet based on medical reasons? No
 - a. If yes, why was the medical diet not accommodated? N/A
3. Can special diets be accommodated when based on a youth's religious practices or beliefs? No
4. In the last calendar year was the facility unable to accommodate a special diet based on a youth's religious practices or beliefs? No
 - a. If yes, why was the special diet not accommodated? N/A