

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

Data from Calendar Year 2022

*Instructions for facility director/administrator in charge: Please complete the following worksheet as completely as you are able by **April 17, 2023** and submit electronically to the JJC Administrative Assistant at Commission.JuvenileJustice@sdcourt.ca.gov. Any concerns related to this worksheet should be directed to the JJC Administrative Assistant and may be forwarded to the JJC Chair or the inspection team assigned to your facility.*

YOUTH TRANSITION CAMPUS	
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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.

TABLE OF CONTENTS

I. Executive Summary	5
A. Assessment.....	5
B. Commission Comments and Recommendations.....	5
C. Summary of Inspection:	6
D. YYYY Recommendations: To be completed by the JJC.....	10
II. General Administration	12
A. Population and Staffing Information.....	12
B. Population Trends	13
C. Admissions and Orientation.....	14
D. Personal Property and Money	15
E. LGBTQ+ Admissions	15
F. Youth Records.....	15
G. Classification, Review, and Housing	16
H. Access to Legal Services.....	16
I. Telephone and Video Conferencing (i.e., Zoom) Access	16
J. Family Visits	17
K. Mail and Email.....	17
L. Staff-Youth Communications	18
M. Grievances.....	18
N. Clothing and Bedding	19
O. Non-Hazardous Furnishings	19
P. Personal Hygiene/Showers	19
III. Programs	20
A. Evidence-Based Practices/Programs.....	20
B. Religious Practices.....	23
C. Work Assignments.....	23
D. Exercise and Out-of-Sleeping Room Opportunities	23
E. Transition and Release	23
IV. Security and Control.....	25
A. Security Features.....	25
B. Security Inspections	25
C. Control of Contraband	25

D. Searches	25
E. Discipline	26
F. Serious Incidents/Critical Incidents	27
G. Use of Force	27
H. Use of Oleoresin Capsicum (OC or Pepper) Spray.....	27
I. Use of Restraints	28
J. Room Confinement	28
V. Safety and Sanitation	30
A. Fire Safety	30
B. Control of Dangerous and/or Toxic Materials	30
C. Equipment Control.....	30
D. Weapons Control.....	30
E. Contingency and Emergency Plans.....	30
VI. Administration and Management.....	31
A. Post Orders.....	31
B. Policy Development and Monitoring.....	31
C. Interpersonal Communication and Diversity Training	31
D. Internal Inspections and Reviews	32
E. Staff Background and Reference Checks.....	32
F. Staff Training, Licensing, and Credentialing.....	33
G. Staff Misconduct	34
VII. Budget and Fiscal Concerns	36
A. Budget	36
B. Changes in Funding	36
VIII. Education/Support Services	37
A. Education Staffing:	37
B. Capacity and Attendance	37
C. Absences	37
D. Supplies.....	38
E. High School Diploma and/ or Equivalency Certificate	39
F. Special Programs.....	39
G. General Education Teachers	41
H. Credentialed Special Education Teachers.....	41
I. IEP Meetings.....	41

J. General Special Education Questions	42
K. Post-High School/ Equivalency Certificate	42
L. Career Technical Education (CTE).....	42
M. Special Programs and Activities	43
N. Independent Study.....	43
O. Highlights.....	43
IX. Medical Care Services.....	44
A. Medical Staff.....	44
B. Health Screening	44
C. Medical and Dental Health Needs	44
D. Sick Call Slips.....	45
E. Personal/Family Healthcare Providers.....	45
F. Intoxicated and Overdosed Youth.....	45
G. Hunger Strikes.....	46
H. Suicidal Ideation	46
I. Death	46
J. Informed Consent/Involuntary Treatment	46
K. Experimental Research	47
L. Infectious Disease	47
X. Behavioral Health Care Services	48
A. Behavioral Health Staffing:	48
B. Behavioral Health Statistics:	49
C. Behavioral Health Screening	50
D. Therapeutic Services:.....	51
E. Behavioral Health Emergency Referral Process	52
F. Coordination of Care.....	55
XI. Food Services	57
A. Sanitation and Meal Service	57
B. Adequate and Varied Meals.....	57
C. Special Diets	57

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 2021 Recommendations and Responses from Probation:
2. The Juvenile Justice Commission Recommends that:
 - a. Probation to ensure all staff are trained in MANDT in order to build positive relationships with youth.
 - i. Probation Response: The Probation Department began implementation to facility management in Institutional services in August 2022. In March 2023, all MANDT modules have been implemented for line officers. It is anticipated all line officers will have completed all sections of MANDT by the end of the 2023 calendar year.
 - ii. Follow up: Officers continue to be trained in MANDT. All new officers receive training while in JI-CORE.
 - b. Probation to implement additional programs to youth based on their individual needs.
 - i. Probation Response: The Probation Department has created a collaborative workgroup with Behavioral Health Services, the San Diego County Office Education (SDCOE) and current providers to develop and implement programs which are catered to address individual needs of the youth housed in our custody. In addition, probation will be releasing a new programming RFP by the end of March to add additional services to accommodate youth's individual needs and create a more seamless transition to the community.
 - ii. Follow up: The lived-experience has been hired by SDCOE and is available to youth [frequency]
 - c. Probation to implement programs for youth that focus on positive youth development, and social and community engagement.
 - i. Probation Response: The Probation Department has implemented programs geared toward positive youth development, and social and community engagement. Probation is partnering with South Bay Community Services (SBCS) to provide Life Skills groups, as well as collaborating with the Restorative Justice Mediation Program (RJMO) to assist in facilitating restorative mediation conversations between youth and caregivers. Probation has also partnered with Outdoor Outreach who assists with providing leadership opportunities for youth through physical education and off campus excursions.
 - d. Probation to continue to explore and implement programs for youth that include mentors. and individuals with lived experience.
 - i. Probation Response: Probation has partnered with Project AWARE and lived experience individuals to facilitate restorative community circles at the Youth Transition Campus. In addition, SBCS works collaboratively with the Restorative Justice Mediation Program (RJMO) to facilitate restorative mediation conversations between youth and caregivers at YTC.

- ii. FOLLOW UP:
- e. As Probation builds in the new behavior system, provide opportunities for youth to have leadership opportunities, so they can develop leadership skills.
 - i. Probation Response: Built within the Behavior Management System are levels in which youth have opportunities to achieve leadership positions. In these positions, youth will have opportunities to gain experience to assist in the development of their leadership skills and be a Team Leader who can work toward facilitating groups, etc.
- f. Probation allow youth to choose their YAC representative.
 - i. Probation Response: This is a collaborative effort with probation staff and youth working together to select representatives from the housing units to participate in YAC.

C. Summary of Inspection:

1. The Juvenile Justice Commission (Commission), administered by volunteer court-appointed citizens, inspected the operations of San Diego's new transitions facility, the Youth Transition Campus (YTC), operated by the San Diego County Probation Department. The inspection included a review of the pre-inspection worksheet submitted to the Commission (included in this report) and interviews with administrative staff, line staff, and community partners. Youth were also interviewed during this inspection to ensure an effective juvenile justice system operated in an environment of credibility, dignity, fairness, and respect for the youth of San Diego County.

YTC is designed to have an open feel similar to a school campus with large outdoor spaces, classroom-like housing units, and common areas. It has an elevated focus on being trauma-informed which is crucial to the rehabilitation of the youth entering the facility. Depending on the youth's plan during their stay, all those entering can partake in many pro-social, skill-building, career and technical education, and treatment services. In addition, new, innovative, and promising practices around building relationships and a sense of community are also a part of the new vision of the YTC, not just for youth but all those staffed to provide services. The inspection team first met with supervisors and key staff from the Probation Department, Behavioral Health Services (BHS), and San Diego County Office of Education (SDCOE). During this meeting, the inspection team reviewed the pre-inspection worksheet, asked questions and clarifications, and discussed how to mend the relationship between Probation and BHS that is creating an unhealthy culture in the new facility. Youth, staff, and community partners are noticing this friction between both parties on a daily basis. The following are other key topics addressed during the inspection meeting:

In discussing the Prison Rape Elimination Act (PREA) statement read to youth each morning, the inspection team was informed this is a sexual harassment statement. PREA addresses sexual harassment and sexual abuse (which includes sexual assault and rape). Information disseminated to youth should be inclusive and clear.

- a. In discussing staff training, in past years, staff received sporadic autism training. They do not currently have any training for staff regarding autism. The school identified at least two youths as having autism. Realizing there is a spectrum for autism and not always

noticeable, staff should have more training regarding autism, an understanding of how to interact with autistic youth, and what type of behaviors could influence a youth.

- b. Probation provides many written documents to youth. They are provided a handbook on rules and policies as well as Prison Rape Elimination Act (PREA) information.
- c. When asked what reading level the information is written at, an answer could not be provided. It was documented in the San Diego County Juvenile Justice Worksheet (attached to this report) the average reading level is fourth (4th) grade. A suggestion to work with the school to provide reading-level appropriate material to the youth and for youth to be introduced to an independent educational advocate was made by the inspection team. An educational advocate is someone with extensive knowledge, including legal knowledge in educational law, about special education programs, 504 plans, IEPs, and academic support that youth should be receiving from their current education provider.
- d. The inspection team learned that BHS clinicians are at the facility on weekdays only from 8 am to 8 pm. When asked why they were not at the facility on weekends, they relayed it was unnecessary as they do not get many referrals from Probation on the weekends. Probation relayed they have many incidents on the weekend where BHS assistance is needed. Through this conversation, it was noted that BHS and Probation have different interpretations of the MOU. From this, Probation and BHS could provide statistical information to support the need for weekend coverage.
- e. Collaborative networking between BHS and Probation on all aspects of meeting youth should be a focus. The two should work as one entity rather than two for the betterment of the youth. From discussion with Probation and BHS, there is a disconnect on the meaning of “crisis.” The two entities should have a clear understanding of the meaning and recognize Probation staff usually do not have the same training and education as mental health providers. Mental health, behavioral, and other conflicts or issues are not limited to weekdays, so these practices should be re-evaluated along with obtaining more information about weekend needs and coverage.
- f. The Juvenile Justice Commission Inspection Worksheet has a section for total bookings for the calendar year with a breakdown including race, male, female, non-binary, and LGBTIQ+. All were marked as zero (0). Information for these sections is identified during the intake process, with multiple assessments being conducted. This information should be collectable. Capturing this information is important in part for the safety and programming of youth in the facility.
- g. Probation shared they had a family night where the youth’s family attended a session and learned information about their child’s program and the facility. They can ask questions and share information. This session is for the family, and the youth does not attend. This allows family members to be open and share information without worry. As some parents have English as their second language or do not speak English, interpreters are provided at the session.
- h. In the discussion and incident report review, it was reported by Probation that BHS staff do not review the reports consistently. BHS reported not having access to the reports for a month or two until the reports have been completely vetted. Referrals are made to BHS

but have minimal information and, at times say, refer to incident reports. If BHS staff do not have immediate access to the incident report, at minimum, detailed information should be provided on the referral form.

2. When reviewing incident reports, it was noted that the Division Chief does not review them. Instead, the Administrative Supervisor reviews the reports for the Division Chief. The policy states: “All incident reports for use of force are submitted to the Division Chief for review.” In reviewing reports on behalf of the Division Chief, should a situation arise where progressive discipline is needed, corrective actions are identified, or adherence to policy and procedures is not being honored, the information would be relayed to the Division Chief via email or discussed in the Use of Force committee meeting per Probation staff. Practice includes “designee” for report review. Probation reported 73 oleoresin capsicum (OC) incidents for Calendar Year 2022. All 73 reports were reviewed. All uses of OC involved stopping violent incidents, mostly involving gang-on-gang fights (66 incidents). The remaining incidents included youth-on-staff assault and youth-on-youth assault. The Probation Department continues to provide de-escalation (MANDT) training to give officers confidence in their abilities to get young people to respond positively and non-aggressively under challenging circumstances. The Probation Department has committed to providing MANDT training to all officers by the end of the Calendar Year 2023. With this additional training and supervisors ensuring officer accountability in using these skills, OC spray should continue to decrease to the point of use only when imminent harm to youth or self is present. Probation has developed a review committee that reviews OC incidents. Reviews include the incident report and video.
3. When reviewing grievances, it was noticed that concerns surrounding racist or homophobic slurs were not resolved due to the youth retracting the grievance. Even though there may be reasons why the youth retracted a grievance, it is crucial to ensure that these slurs do not become the norm in this new facility. Investigations should move forward without involvement from the youth who first submitted the grievance. This will hold the operations of the YTC accountable for its mission of being an inclusive and trauma-informed facility. It is important to note that no parent grievances were submitted in 2022.
4. Commissioners also spoke with various youth during a tour of the facility. Concerns from the youth included programs, medical, mental health, and school. The following were topics discussed:
 - a. All youth relayed that the HOPE program is not what it is supposed to be. It started strong and then “fizzled out.” The program lacks day-to-day structure, and the program content itself is not as strong as programs when they were in Kearny Mesa Juvenile Detention Facility. In speaking with staff, YTC Probation is working on increasing programming but has been met with “red tape” challenges. During the previous inspection in 2022, the inspection team learned the female population was not included in the HOPE program, and Career Technical Education was limited. Although still not included in the HOPE program in writing, the inspection team was informed by BHS the female population receives gender-specific services. It was unclear during the inspection what those services included. The female population should be included in the written agreement

- between BHS and Probation to ensure both male and female youth have the same opportunities.
- b. According to the youth, the doctor was more involved at the beginning of YTC than now. In conversation, it was learned that the doctor is at East Mesa Juvenile Detention Facility three days a week and at YTC twice weekly. Medical staffing continues to be a concern regarding proper staffing. The nurses work 12-hour shifts. There is generally one nurse on site each shift. If emergencies occur with only one staff member, medication distribution (med pass) can be interrupted for an unknown period. Thus, youth who may need timely medication, will not receive it in a timely manner. It was noted that when the receiving facility was opened, a medical unit was not included. Medical from YTC will respond. This creates more concern without proper medical staffing.
 - c. As to BHS, a youth relayed there should be a second clinician assigned to the cottages. It was noted a single staff member is insufficient to deal with the problems that arise.
 - d. The youth reported the classes in school were not challenging and are concerned about not being able to keep up with their class level when released from YTC. They felt that the focus was more on completing worksheets rather than receiving instruction from the teachers. On a positive note, they shared an appreciation for being able to receive credits for classes. The school administrator stated youth are given extra work to gain missing credits.
 - e. In these discussions, it was discovered that some partners either do not come often enough or not at all. Consistent evaluation of partnerships is important to ensure the future of current partnerships and new ones.
 - f. Lastly, youth could identify the ombudsman as who to call if they wanted to complain about their treatment in YTC. They were also able to identify where they could find the ombudsman's telephone number.
5. Commissioners also spoke to various community partners during a tour of the facility. Concerns from partnered staff included limitations to programming and staffing. The following were topics discussed:
- a. Programs, like culinary services, the Café, and arts programs are growing and in high demand. The staff that the Commission spoke to unanimously agree that more staffing is needed and a connection to the "outside world" is crucial. A discussion of ideas was had, including collaborating with Starbucks, Coffee Bean, restaurants, art programs, and athletic clubs to connect youth as they transition out of the facility.
 - b. Activities and programs sometimes require the use of community spaces not offered in the facility and Probation needs to consider allowing partners to invite youth out of the facility under strict protocols and supervision. In a later conversation with Probation program staff, Behavioral Management Systems are in place to allow youth to leave the facility, but they also mentioned procedures need be reviewed and re-evaluated to ensure all partners are aware of policies and procedures.

D. 2023 Recommendations:

The Juvenile Justice Commission recommends the following:

Education

1. Probation and SDCOE work together to ensure all youth can read and understand written rules and procedures.
2. Ensure all written materials are written at the youth's reading level with most of the youth being at a 4th grade reading level.
3. Probation and SDCOE work together to ensure all youth and their caregivers and/or educational rights holders are provided workshops on educational rights.
4. Probation and SDCOE work together to ensure all youth and their caregivers and/or educational rights holders are connected to an independent educational advocate during or prior to the youth's transition back into the community.

Administration

1. Probation and Behavioral Health Services (BHS) management should work towards building a working relationship for the betterment of the youth at the facility. This can be accomplished through:
 - a. Regular on-site leadership meetings between the entities using restorative practices. Ensure meetings are documented and tracked.
 - b. Regular on-site relationship building activities between Probation and BHS staff using restorative practices. Ensure activities are documented and tracked.
 - c. Officers referring youth to BHS provide a more detailed referral than, "See report," because reports are often not available to clinicians for days if not longer. BHS's ability to triage and treat youth in a timely manner will increase with additional information.
2. Probation to ensure all parents and caregivers and/or educational rights holders are aware of the parental grievance process, document, and track.
3. Probation to ensure all information disseminated to youth regarding the PREA standards is inclusive of all forms of sexual misconduct (sexual harassment and sexual abuse) and clearly relayed to the youth.
4. To meet the needs of the youth, the staff should receive training regarding autism.
5. Capture information to accurately reflect LGBTQ+ youth in population numbers.
6. Probation to update policy review protocol or ensure practice meets policy.
7. Establish a Steering Committee who can review outdated policies and procedures that are no longer relevant since the opening of the new facility and the mission and values it now operates on. The facility might be new and beautiful but will crumble under outdated policies and procedures.
8. Create specific policies and procedures to ensure all grievances of slurs are addressed in a group setting.
9. Provide group facilitators with restorative practices training to address specific topics in each housing unit, for example, the use of discriminatory language. Ensure workshops are documented and tracked.
10. Officer onboarding and ongoing workshops by the LGBT Center, Trans Support Services, etc., to ensure an inclusive staff and culture in all units.

11. Regarding the Family Information Night, Probation should ensure translators are in attendance.
12. Invitations to the event should be printed in multiple languages and should clearly indicate that translators will be present at the event.

Professional Services (Mental Health)

1. To meet the needs of the youth, the facility should be staffed with a minimum of two nurses during youth waking hours or at minimum adding a licensed vocational nurse to assist the registered nurse.
2. To meet the needs of the youth, Behavioral Health should provide a therapist on-site during the weekends.

Programs

1. Ensure female youth continue to receive similar programming as the services male youth receive in the HOPE program.
2. Collaborate with more community partners and corporations to ensure youth who are exiting the facility are connected with more resources that represent their strengths and passions. This can be accomplished through:
 - a. Meeting with organizations or corporations who are looking to support the community especially our most vulnerable populations, for example Starbucks, local sports teams, Lloyds Barber, Snapdragon, SDSU, Padres, restaurant groups, etc.
3. Review and re-evaluate the policies and procedures of the Community Resource Directory, including the language used in the Memorandum of Agreement to increase and diversify Probation's community partnerships.
4. Review and re-evaluate the policies and procedures of the Behavioral Management Systems regarding youth leaving the facility on program activities and ensure all partners are aware of the procedures to schedule and re-schedule activities.

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	0	0	0	0	0	0
Facility Average Daily Population	0	0	0	0	0	0

	Juvenile Male	Juvenile Female	Juvenile Trans Male	Juvenile Trans Female	Juvenile Non-Binary Gender Variant/Non-Conforming	Total
Facility Capacity	84	12	0	0	0	96
Facility Average Daily Population	62	7	0	0	0	69

	Adult	Juvenile	Total
Facility Capacity	0	96	96
Facility Average Daily Population	0	69	69

2. Race of Total Bookings

Race	Male	Female	Non-binary	LGBTQ+	Total
African American	55	17	0	0	72
American Indian or Alaska Native	2	0	0	0	2
Asian	2	0	0	0	2
Filipino	2	0	0	0	2
Hispanic or Latino	189	018	0	0	207
Pacific Islander	1	0	0	0	1
White	23	1	0	0	24
Two or more races	6	0	0	0	6

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

Arabic	1
Italian	1
N/A	N/A
N/A	N/A

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	13	0
Senior Probation Officers	6	1
Correctional Deputy Probation Officer	112	20
Admin/Support	14	0
Other (Storekeeper & Laundry Worker)	3	0

Probation Staff Identification Breakdown:

Race	Male	Female	Non-binary	LGBTQ+	Total
African American	12	6	0	0	18
American Indian or Alaska Native	0	0	0	0	0
Asian	1	0	0	0	1
Filipino	13	5	0	0	18
Hispanic or Latino	29	38	0	0	67
Pacific Islander	0	0	0	0	0
White	14	23	0	0	37
Two or more races	4	3	0	0	7

B. Population Trends

1. Youth Identity Breakdown

Race	Male	Female	Non-binary	LGBTQ+	Total
African American	55	17	0	0	72
American Indian or Alaska Native	2	0	0	0	2
Asian	2	0	0	0	2
Filipino	2	0	0	0	2
Hispanic or Latino	189	18	0	0	207
Pacific Islander	1	0	0	0	1
White	23	1	0	0	24
Two or more races	6	0	0	0	6

2. How many youths were diverted from custody during the intake process? None
3. Where were the youths diverted to? None
4. How many youths brought to the facility were under the age of 12? None
5. How many youth under the age of 12 were detained? None

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. Upon intake, youth are oriented to the facility by the facility Intake Officers. This consists of officers providing the youth with an orientation sheet with information regarding facility operations, rules, programming and other topics. Youth then sign that they have reviewed and understand the rules and procedures. If a youth acknowledges that they do not understand or officers see the youth appearing to struggle with the concept of reading the form, officers will read the rules and procedures to the youth.
3. What forms of written materials are provided to the youth regarding rules and procedures? Youth are provided with facility rule books in either English or Spanish. They are also given information regarding PREA, facility operations, medication and medical attention, as well as safety guidelines while housed in the facility.
4. In what languages, other than English, are the rules and procedures provided? Spanish
5. Where are rules and procedures posted in the facility? In the living areas, Central Control and intake area.
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?	N/A	Upon intake
Who administers the assessment?	N/A	Probation Staff
What training have staff attended to administer the assessment?	N/A	On the job training.
How are the results disseminated to medical?	N/A	The form is scanned into the Probation Case Management System and concerning points are discussed verbally with medical staff/BHS
How are the results disseminated to mental health?	N/A	The form is scanned into the Probation Case Management System and concerning points are discussed verbally with BHS/STAT referral submitted.

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: Youth may keep personal letters, books, magazines, cards, diary books, stress balls and pictures. Under special circumstances we allow the youth to have a stuffed animal, stress balls or personal blanket

E. LGBTQ+ Admissions

1. How are LGBTQ+ youth identified upon admission to the facility? If a youth is admitted into the facility, based on an officer's training and experience, as well as the youth's appearance, officers may ask the youth, "What gender do you identify as?" A private PREA Risk assessment and interview would be conducted as well. The assessment tool includes questions which give the opportunity for the youth to report if they perceive themselves as gay, lesbian, bisexual, transgender, or gender nonconforming. Policy Section 5.4.5.2 specifies staff should be cognizant 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 have 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 nonconforming, neither male nor female? The Youth Transition Campus has yet to encounter a youth that is nonbinary, genderqueer, nonconforming or neither male nor female. The information regarding how the youth would be accommodated is covered with staff during departmental LGBTQI training. All staff are held to the standard of engaging youth in a courteous, respectful, and nondiscriminatory manner.
4. What safety measures are in place to ensure that LGBTQ+ youth are safe and protected from harmful encounters? There are policy and procedures in place to ensure the safety and security of all youth within our custodial setting regardless of sexual orientation. Youth are provided with a PREA brochure upon intake and are reminded they can report harmful encounters, bullying and or sexual harassment verbally, in writing or via a sick call slip or other documented forms. A sexual harassment script is read to all youth on a daily basis that which includes the PREA Ombudsmen's contact information, officers make daily PREA announcements and conduct weekly PREA programming. Please refer to policy section 5.4.5.3 for details on safe placement of LGBTQI youth within the facility.
5. Describe the anti-bullying programs in the facility? The facility reviews the PREA script daily which relates to anti-bullying and officers have zero tolerance for bullying. Youth also participate in weekly PREA programming.

F. Youth Records

1. Are youth records kept on site? Yes

2. Who can access those records and how are they accessed? Probation case records are stored electronically in the Probation Case Management System and accessed by those who have completed CORI training. Contract staff such as Behavioral Health and Wellpath have limited access to the Probation Case Management System. Hard copies of records such as Rule Violations, Incident Reports and Administrative Separation Documents are stored in locked cabinets in the administration area of the facility.
3. How are youth records protected from unauthorized disclosure? Non-sworn staff have limited access to the Probation Case Management System. They are only permitted to view what they need and have a right to know. Only staff who have completed CORI shall have access.

G. Classification, Review, and Housing

1. Are youth assessed upon intake to determine appropriate classification? Yes
 - a. If yes, what criteria are used? Youth are classified based on age, gender association, current charges, level of sophistication, physical size, court commitment, physical disabilities and intellectual and developments concerns.
2. How often are reclassification reviews conducted? Reclassification of a youth is done as needed, based on status changes.

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: Youth may contact their assigned Probation Officer, approved friends and family members, counselors, therapist and positive role models/mentor.
 - 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)? N/A
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? During the last calendar year, there have been no documented complaints citing such information.

J. Family Visits

1. What are the visiting hours for this facility? Visiting hours for the facility are Monday through Friday from 8:00am to 8:30pm. Saturday, Sunday and holidays from 8:00am to 5:00pm. Holiday
2. Who may visit youth? Check all that apply:

<input checked="" type="checkbox"/>	Parents/Legal Guardians	<input checked="" type="checkbox"/>	Minor Siblings
<input checked="" type="checkbox"/>	Adult Siblings	<input checked="" type="checkbox"/>	Other: with prior approval and supervision, youth may have baby visits; anyone approved by case work Probation Officer.
3. Describe the space in the facility used for visitation? The Youth Transition Campus has a Visiting Center with an overall occupancy rating of 137. There is an open dayroom area with seating, a large room for baby visits and 11 locked rooms for in person and virtual visits. There is also one no contact visitation room.
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? There have been no instances of such during the last calendar year.
8. What transportation alternatives are available for family members who want to visit youth?
There is public transportation available via the Metropolitan Transit System.
 - a. If none are available, describe the efforts made to obtain transportation for families of youth? N/A
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? Policy Section 6.5.4 provides insight into this matter. The following procedure has been implemented at the site to assist: The Court, facility reception or the Probation Officer may direct parents to the Juvenile Probation Center where they receptionist can assist with creating a temporary ID for the individual and enter that information into the Probation Case Management System to assist with visitation.
 - a. How is this policy disseminated to the parent or family member? Rules and visiting hours are posted at the facility and on the Probation Department Home page. Information is also disseminated by the case carrying Probation Officer.

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? Policy Section 6.6 Correspondence and Mail Policy

- 5. Does a staff member read mail addressed to a youth? No
- 6. Are youth permitted to send or receive email? Yes

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 upon submission, which can be daily. They are reviewed by shift leaders, supervisors and the Division Chief.
- 3. Are grievances tracked so that facility leaders can identify trends from grievance reports? Yes
 - a. If yes how? Upon the completion of the review process, grievances are stored based on what the grievance was written in relation to.
- 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 within the Probation Department or to public entities. 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 can 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? They are made aware via their attorney and word of mouth from the officers upon intake.
- 6. How many written grievances were filed by youth in the calendar year?: 114
- 7. Were any trends observed, noted and addressed? Many of the grievances surrounded suspected treatment and quality of food. All grievances are reviewed and evaluated by the Division Chief or designee.
- 8. 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? None

Grievance Involving	Number of Occurrences
Residents	0
Attorneys	0
Family Members	0
Medical	0

Abuse	0
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N. Clothing and Bedding

1. Describe the type of blanket(s) provided to youth. The youth are provided with harm reduction blanket/fitted sheet, which are thick layered blankets that prevent youth from easily ripping into smaller pieces
 - a. Are harm reduction blankets provided to youth? Yes
2. Are additional blankets available on request? Yes
3. How often is bedding laundered? Bedding is laundered weekly or as requested.
4. How often are youth given clean clothes? Youth are provided clean clothing daily and have the opportunity to wash their own clothes in cottage washers and dryers. Washing in the cottages is based on a weekly schedule.

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: Youth are provided with the opportunity to shower daily
3. Minutes per shower: 5 minutes per session
4. How do staff members balance privacy and safety concerns? Youth are given the opportunity to shower in an individual room/shower stall, except with exigent circumstances or when viewing is incidental. Shower doors are frosted with limited visibility with the exception of the bottom portion of the door.
5. Please list the hygiene products available to youth and indicate with an asterisk (*) which products are ethnically appropriate: Youth are provided with an array of personal hygiene products ranging from Dove body washes/shampoos and conditioners, Axe/Old Spice and Dove deodorant, Colgate and Crest Toothpaste, Foot powder, Aragon Oil/Shampoo/Conditioner*, Carol's Daughter shampoo* and Cantu Shampoo*; various lotions, different combs and various facial lotions and beauty products based on points achieved.

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.)

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
DBT, Mindfulness based therapy tf-cbt Motivational Interviewing	Individual Therapy	As needed per Case plan	BHS	N/A	N/A	N/A
DBT and Structural Family Therapy	Family Therapy	As needed per case plan	BHS	N/A	N/A	N/A
Psychiatric Care	Medication Management	As needed per case plan	BHS	N/A	N/A	N/A
CBT/Trauma Informed Therapy	High Risk Substance Use Group	As needed per case plan	ADPS	N/A	N/A	N/A
DBT	Group Therapy	6 months	BHS	N/A	N/A	N/A
Gender Responsive Programming	Group	As needed per case plan	ADPS/Intern/BHS	N/A	N/A	N/A
Restorative Practices	N/A	8-Weeks	Project Ware	N/A	N/A	N/A

Animal Therapy	N/A	1 time per month	Love on a leash	N/A	N/A	N/A
Physical Health	N/A	1 time per month (Rady's) 2 times per month (Outdoor Outreach)	Rady's Wellness Team and Outdoor Outreach	N/A	N/A	N/A
Creative Expressions	N/A	Weekly	David's Harp & Mid City Community Music	N/A	N/A	N/A

3. Evidence Based Programs

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
DBT Skills Manual for Adolescents	Team emotional regulation, recognize internal states, focus attention, tolerate distress and develop/sustain	24 Sessions	BHS	N/A	N/A	N/A	N/A
My Life My Choice	Address issues with commercial sexual exploitation; how to identify exploiter, recruitment tactics, trust, substances abuse, self-esteem, sexual health, building healthy relationships and resources	10 Sessions	BHS	N/A	N/A	N/A	N/A
A New Direction	Cognitive Behavioral Therapy curriculum that treats addiction in	As needed and ongoing	ADPS	N/A	N/A	N/A	N/A

	the justice involved clients and is proven to reduce recidivism						
Seeking Safety	Address trauma and addiction to create safety with a focus on four areas of cognitive, behavioral, interpersonal and case management	25 Sessions	ADPS	N/A	N/A	N/A	N/A
Voices	Advocates a strength-based approach and uses a variety of therapeutic approaches including psycho-educational cognitive behavioral, mindfulness, body oriented and expressive arts	As needed and ongoing	ADPS	N/A	N/A	N/A	N/A
Project Aware	Develop emotional literacy and skills to improve social skills.	8 Sessions	Project Aware	N/A	N/A	N/A	N/A
David's Harp	Teach youth composure and engineer music while weaving in teamwork, communication and accountability	7 Sessions	David's Harp Foundation	N/A	N/A	N/A	N/A
Mid-City Community Music	Provide healing centered and culturally responsive arts instruction	Varied based on need	Mid-City Community Music	N/A	N/A	N/A	N/A
Life Skills	Teach Financial concepts work readiness, higher education, and daily living skills	TBD	SBCS	N/A	N/A	N/A	N/A

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: Christian and Catholic Services, other religious / faith traditions at the request of the youth
2. Are religious services offered in a language other than English? No
 - a. If yes, list the languages in which services are offered: *Not regularly offered in other languages; however, if requested arrangements will be made
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? N/A
 - a. If yes, how are they compensated? N/A
2. Are unsentenced youth in the facility required to work or perform chores? N/A
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? SDCOE has partnered with the Department of Rehabilitation to put together a work program where identified youth are paid a stipend to perform work around the campus.
4. Are sentenced youth in the facility required to work or perform chores? No

D. Exercise and Out-of-Sleeping Room Opportunities

1. How many hours per day are youth given opportunities for physical recreation/exercise? Two hours a day.
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. Policy Section 6.2.3.3 Required Participation notes the following: Participation in scheduled recreational programs is required for all youth who are eligible. Officers are prohibited from using recreation or exercise for the purpose of disciplining or punishing a youth. Youth who refuse to participate in mandatory programs will not achieve points for the program.
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.)? An average of three hours during the week and five hours on the weekends.
5. How do Probation Officers ensure that homework is completed before free-time activities occur? Homework, when provided by our educational partners, is not monitored by officers. Free-time activities are mandated and are not restricted if a youth does not complete their homework.

E. Transition and Release

1. Are there established protocols for transitioning youth out of the facility and into the community? Yes
2. What information do youth receive on how they can seek help/resources when they are back in the in the community? Youth who are in committed Court programs partake in exit meetings with their casework Probation Officer and various other collaborative staff. Youth who are not in committed programs have developed case plans written and shared with the

youth by the case work Probation Officer to assist with their transition back into the community.

3. What is the youth's involvement in their case plan? Within the Youth Transition Campus, the case plan is developed in coordination with input from both the youth and the parent. Officers developing the case plan, ask an array of questions to the youth regarding what they would like to accomplish during their commitment and throughout their case plan.
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?
Yes
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.)? Yes, The Youth Transition Campus has over 100 cameras that monitor activity in and around the campus. Access to with the facility is key controlled via monitoring through Central Control. The facility has access to video playback through CCTV. There are also “Duress Alarms located through the facility and communication systems.

B. Security Inspections

1. In the last calendar year, how often did the administrator in charge visually inspect the facility for security-related concerns? The facility administrator or Division Chief walks the facility and observes activities within the cottages and grounds on a daily basis, weekly and monthly. This may occur as frequently as one to two times a day when available.
2. Are reviews of security tapes conducted? Yes
 - a. If yes, how often and by whom? (“As needed” is not an acceptable answer) Review of CCTV is done by Supervising Probation Officers is part of the daily requirements of the Supervising Probation Officers. Supervisors are required to review activities that led to incident reports, quality assurance and random safety welfare checks each month. Th Division Chiefs have CCTV capabilities within their offices and are able to access information via live stream or playback. Review is done multiple times a day, at varying times.

C. Control of Contraband

1. In the last calendar year has a weapon been found in the possession of a youth in the facility?
No
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? No
4. Was the controlled substance found during the intake process of 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: There were two incidents where investigations were conducted due to the youth grinding their soap into a powdered substance or drying out their toothpaste and storing the white substance in their room. There have been no instances of illegal substances entering the facility at YTC.
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? Five rooms in each cottage are randomly searched on a daily basis. Cottage searches are conducted weekly and facility searches are conducted on a monthly basis.
2. Do probation staff members search the room in the presence of the youth? Yes

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
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? 13

F. Serious Incidents/Critical Incidents

Incident Type	Number of Occurrences
Suicides	0
Attempted suicides	1
Deaths from other causes	0
Escapes	0
Attempted escapes	0
Serious assaults on detainees	2
Serious assaults on staff	2
Other serious incidents	0
Serious incidents above for which there is a written record	0

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 checked="" type="checkbox"/> Deputy Chief	<input checked="" type="checkbox"/> Committee
6. Number of instances regarding use of force in the last calendar year: 180

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

Deputy Chief Committee

6. Number of instances regarding the use of OC Spray in the last calendar year: 73

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. Restraints utilized consist of handcuffs, leg restraints and waist chains.
5. Please identify number of times restraints were used.

Type of Restraint	Number of Incidents
Handcuffs	174
Leg Restraints	2
Waist restraints	6

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 checked="" type="checkbox"/> Deputy Chief	<input checked="" type="checkbox"/> Committee
8. Number of instances regarding use of restraints in the last calendar year: 182

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: 241

Reason of Room Confinement	Number of Incidents
Safety and Security	77
Fights/Chief Counselors	119
Assaults	21
Attempted Assaults	3
Threats to Safety	21

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: 6

Reason for Administrative Separation	Number of Incidents	Length of Administrative Separation (hours/days)
Assault on youth or staff	4	142.5 hours

7. Average length of time used for administrative separation: 23.8 hours

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 Facility
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? Outside of the intake, booking and receiving unit, along the wall in a gated probation parking lot

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? January 2022
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? Connie Tabor, Policy & Procedure Program Coordinator|& Sherry Brideau, Administrative Analyst
2. Describe how often and when policies and procedures are reviewed for accuracy and consistency with daily practices? As warranted
3. What is the formal process for policy review? All policies go through a review committee process. The policy and procedure unit manages all policy/procedure development. Upon selecting a policy that needs to be updated or drafted from scratch, the PNP unit reviews the document to determine an appropriate Subject Matter Expert (SME). After requesting the SME's support, the member's expertise and operational knowledge is applied to verify the accuracy, relevance, and validity of the policy content. After the SME approval, the PNP unit conducts an Equity, Diversity, and Inclusion review. Next the policy transitions to the County Counsel for legal review. The Executive Team member-designated Deputy Chief according to the Division the policy falls under, reviews the policy. Labor and the Association reviews the policy. Chief and Assistant Chief review the policy. If the policy is amended significantly, the document cycles back through the review process. If changes are minimum, the document is reviewed by the SME and County Counsel. Once the Chief approves, the PNP unit finalizes, uploads, and distributes the policy through our Lexipol KMS system. Officers are given 30 calendar days to acknowledge the policies.
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: N/A
6. Where are the manuals located? Policies are stored online via the department Intranet and viewable by all staff.
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: Addressing the needs of Transitional Aged Youth (TAY), Crisis Intervention Training, Diversity, Addressing the needs of Transitional Aged Youth (TAY), Crisis Intervention Training, Diversity, Gender and Identity trainings, Kids who Kill, LGBTQI, Our Red Flag Employee, Military Veterans in Crisis, Racial Profiling, Redefining Use of Force Paradigms

through De-Escalation, Restorative Justice in Probation, Special Needs and probation/Corrections and Trauma Resilience Adolescent Brain Development and Behavior Management: Promoting Positive Youth Development within Juvenile Justice Settings (SDSU class) Identifying and Managing Bias (SDSU class) Moving Towards a More Trauma-Informed and Responsive Juvenile Justice System (SDSU class) Using Restorative Justice Practices to Build Community and Repair Harm (SDSU class) Redefining My Role in the Juvenile Justice System: Culturally Responsive Practice to Address Racial and Ethnic Disparities (SDSU class) Teaming with Youth and Families in the Juvenile Justice System (SDSU class). Gender and Identity trainings, Kids who Kiss, LGBTQI, Our Red Flag Employee, Military Veterans in Crisis, Racial Profiling, Redefining Use of Force Paradigms through De-Escalation, Restorative Justice in Probation , Special Needs and probation/Corrections and Trauma Resilience Adolescent Brain Development and Behavior Management: Promoting Positive Youth Development within Juvenile Justice Settings (SDSU class) Identifying and Managing Bias (SDSU class) Moving Towards a More Trauma-Informed and Responsive Juvenile Justice System (SDSU class) Using Restorative Justice Practices to Build Community and Repair Harm (SDSU class) Redefining My Role in the Juvenile Justice System: Culturally Responsive Practice to Address Racial and Ethnic Disparities (SDSU class) Teaming with Youth and Families in the Juvenile Justice System (SDSU class)

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: The Division Chief(s) conducts daily walks about the facility on random basis to included, during meals, shift change, briefing and follow-ups on emergency situations. The Division Chief(s) have closed circuit television systems in their office for which facility operations can be monitored 24 hours a day and seven days, or as desired. .
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: The Division Chief(s) meet with line staff during morning briefings which are documented in daily briefing notes. There are quarterly All-Hands meetings which are documented via sign in sheets.
 - b. Medical Staff: Bi-weekly during Institutional Leadership meetings which are documented in meeting minutes or as needed.
 - c. Mental Health Staff: Bi-weekly during Institutional Leadership meetings which are documented in meeting minutes or as needed.
 - d. Contracted Programming Representatives: Bi-weekly during Institutional Leadership meetings which are documented in meeting minutes or as needed.
 - e. School/Education Staff: Bi-weekly during Institutional Leadership meetings which are documented in meeting minutes or as needed.
 - f. Volunteers: As needed/monthly

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? Commensurate for law enforcement officers, credit checks, personal history, professional and personal references, fingerprinted
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: The department's Internal Affairs Division receives notification anytime an officer is arrested or fingerprinted
 - 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 live scan subsequent to post employment.
 - iv. Behavioral Health Staff: BHS monitors their own staff
 - v. Medical Staff: The Department of Justice notifies the Probation Department of any arrest of contracted staff by virtue of live scan subsequent to post employment
 - vi. Volunteers: The Department of Justice notifies the Probation Department of any arrest of contracted staff by virtue of live scan subsequent to post 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	20	STAT/Contracted out
Appropriate Relationships/ Boundaries with Youth	Yes	Quarterly	28	Probation Department
Appropriate Disciplinary Techniques	Yes	Annually	61	Probation Department
Autism Training	No	Not applicable	Not applicable	Not applicable
Confidentiality	Yes	Bi-Annually	43	Probation
CPR/First Aid	Yes	Bi-Annually	89	GMEC
Cultural Competency				
Emergency Response	Yes	Bi-Annually	154	Probation Department/SDSU
Ethical Decision Making	Yes	Bi-Annually	47	Probation Department
Identification and Treatment for Mentally Ill and/or Suicidal Youth	Yes	N/A	62	Probation Department

Identification and Referral of Youth for Special Education Services	No	Not applicable	Not applicable	Not applicable
Inclusion Methods for Youth with Disabilities or Special Needs	No	Not applicable	Not applicable	Not applicable
LGBTI Training	Yes	N/A	50	Probation Department
MANDT Training	Yes	N/A	88	Probation Department
Reporting Requirements for Abuse, Neglect, or Maltreatment that Occurs in the Facility	Yes	Bi-Annually	72	Probation Department
Reporting Requirements for Abuse, Neglect, or Maltreatment that Occurs Outside the Facility	Yes	Bi-Annually	72	Probation Department
Sexual Harassment	Yes	Bi-Annually	All Institutional Services	Probation Department
Signs of Abuse or Neglect	Yes	Bi-Annually	28	Probation Department
Suicide Prevention Training	Yes	Bi-Annually	40	Probation Department/Contracted out
Trauma Informed Training	Yes	N/A	21	SDSU
Use of Force	Yes	JICORE/Currently conducting refresher courses	40	Probation Department
Use of Restraints	Yes	JICORE/Refreshers	47	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? Zero
 - a. How many were Substantiated? Not applicable
 - b. How many were Unsubstantiated? Not applicable
 - c. How many were Unfounded? Not applicable
 - d. How many remain open? Not applicable

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
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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: 13, 303,583
2. Facility budget for this fiscal year: 12,959,330

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: Not applicable
 - a. Sworn staffing numbers by position: No impact on the 209 FTE
 - b. Administrative staff by position: No impact; 3FTE (1 secretary and 2 analyst)
 - c. Behavioral Health staff by position: No impact; 3FTE (3 ADPS)
 - d. Contracts by name: Physical Health/Medical Services-Wellpath; Juvenile Detention Annual Subscription and Probation Policy Manual & Daily Training Culletins-Lexipol; Employee Counseling Services-The Counseling Team International Workschedule.net-Program Works, Inc Food Services-Summit Food Services Inc; Performance Based Standards-Pbs Learning Institute, Inc; Wellness Team Services-Rady Children's Hospital Art Programming-Mid City Community Music
 - e. Programs: No impact

VIII. Education/Support Services

A. Education Staffing:

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

Staff Type	# Filled	# Open
Credentialed Teachers	10	2
Credentialed Special Education Teachers	4	0
(Special Ed) Teachers' Aides	4	0
Paid Tutors	4	0
Volunteer Tutors	0	0
Other (Classroom Assistants)	2	1

2. Average Daily Attendance

B. Capacity and Attendance

1. Number of classrooms in the facility? 12, including the gym

2. For each classroom, please provide the following:

Classroom Capacity	Average Number of Students per Classroom	Number of Technological Devices per Classroom
Room 1- 12	11.6	20
Room 2- 12	11.6	20
Room 3- 12	11.6	20
Room 4- 12	11.6	20
Room 5- 12	11.6	20
Room 6- 12	3	20
Room 7- 12	11.6	20
Room 8- 12	11.6	20
Gym- 12	11.6	20
CTE 1	5	20
CTE 2	4	20
Culinary Arts Kitchen	6	20

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 Academy does not use these procedures when a student has a discipline issue
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	21	6	-	-	27
American Indian or Alaska Native	0	0	-	-	-
Asian	0	0	-	-	-
Filipino	0	0	-	-	-
Hispanic or Latino	49	3	-	-	52
Pacific Islander	1	0	-	-	1
White	8	1	-	-	9
Two or more races	1	0	-	-	1

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
Enter text.	Enter text.	Enter text.

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
Joanne L. Finney Principal	

4. What school supplies are available to the students (pens, pencils, paper, etc.)? Student supplies include but are not limited to paper, pencils, Chrome books, art supplies (markers, paint brushes, colored pencils, et.al), math manipulatives (algebra blocks, compasses, rulers, protractors, calculators, et.al., and 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
Joanne L. Finney	Principal

7. Are technological devices available to students in each classroom daily? No
8. Are students able to work on homework after the school day ends? Yes
 - a. If yes, how? Students are provided standards-based packet through our Credit Recovery courses as part of the ASSETS after school program. In addition, students

have the opportunity to read literature, use softback textbooks for additional course credit.

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 student, 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. In addition, students may work with our ASSETS teacher in order to participate in credit recovery activities.
3. What is the student’s average reading level upon entry: 4th grade
4. Percentage of students not reading at grade level: 60%
5. What interventions are used for these students? When a student arrives at the YTC, his or her reading scores are reviewed. If students do not have a reading score, the student is administered the Ren Learning Assessment. If the student’ score is below 3rd grade, the student receives individual reading instruction from a Reading Specialist using the “Rewards” program. In addition, our students are provided with differentiated instruction, accommodations, modifications and supports 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 supports that include but not limited to talk-to-text, Google Apps, small group instruction, group projects, use of other technologies, alternative formative and summative assessments, et.al.

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 classification, hence the number of students 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	2	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	3		

- 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 County use to store special education records and information. We also apply for records 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 Schukoske 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?
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² BSP – Behavior Support Plan; BIP – Behavior Intervention Plan

ERMHS	Yes	Yes	School psychologists, Mental Health Case workers, Behavior Intervention Specialist
Counseling	Yes	Yes	School psychologists, Mental Health Case workers, Behavior Intervention Specialist
Speech and Language Services	Yes	Yes	Speech and Language Therapists
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 Special Education Services, Student Support and Programming, SDCOE Learning and Leadership, 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 instruction, 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 Specialist, 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? Four Education 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 rights holder is provided written notice, phone calls, electronic mailings, and through the Probation Officer, if necessary.
5. Describe the most common obstacles to IEP compliance: The education rights holder returning correspondence to the special education department for consent for evaluation 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? 16 as of 26 March 2023
2. At what college(s)? Palomar Community College (CC), Mira Costa CC, San Diego City CC, Grossmont CC, and 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
 - 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? Students were able to participate in Building Trades; Work Readiness; Graphic Arts; Food Handler's Card, ServSafe Certification, and Barista Training. In the spring of 2023 students were also able to participate in Horticulture and CPR/First Aid certification.
2. Do CTE opportunities have sufficient space and resources for the number of students who are interested in participating? Yes
 - a. If no, what plans does the facility have to provide adequate space and resources? N/A
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? About 60% of the SOAR students are denied participate in CTE programming, as they are not enrolled long enough to participate in a CTE pathway course of study. In addition, students may not be enrolled

in a CTE programming is defined by a student's living unit, rather than by their transcript.

4. What plans does the facility have to ensure all eligible youth can participate? YTC administration is working with JCCS, and SDCOE, and the SDCOE CTE Coordinators in creating additional CTE pathways for more students. There is also an additional review of enrolling students by their need rather than by their living cottage.

M. Special Programs and Activities

1. What other special programs or activities take place at the facility? Art (SD County Museum of Art; Timken Museum; Combat Art; Arts for Learning; yoga; personal care and sex education; Project AWARE; Mindfulness; 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 the 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 certificates. Each week the student earns a Griffin Award, they have a choice of a tangible reward. The more weeks the student earns the Griffin Award, the more choices students have for their weekly reward.
 - Our students were ranked 17th in the nation during the Break-Free National Reading contest.
 - Our CTE students have a website, <https://edcorps.org/shop/project-birdland> in order to sell their projects. In addition, our culinary arts barista students are practicing and honing their skills each day at the coffee cart located in the school quad.
 - Students are participating in off-campus experiences that include our young ladies attending an all-day academy with the San Diego Fire Department, and our young men participating in a CTE fair at High Tech High.
 - Over 90% of all students participate in after school activities through the ASSESTS grant.

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	16
Registered Nurse	0	6	0	84
Licensed Vocational Nurse	0	0	0	0
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 Intake 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	ATI Assessment. Lab testing ordered per 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 checked="" 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? The youth may complete a sick call slip and place it in a secured box which is checked by clinic staff four times a day. The youth can also request to see the nurse via verbal communication with an officer or a referral from a therapist or counselor.

- b. dental services/treatment? Youth may submit a sick call slip and or be referred by the medical staff through sick call
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? Between 1 and 4 staff at all times
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 a mobile medical emergency equipment bag.
6. What medical equipment is available to respond to the medical needs of the youth in the facility? All necessary medical, dental equipment is available on site to provided primary and urgent care and to stabilize and transport in the event of an emergency.
7. Describe how “Med Pass” is conducted. Med Pass is conducted using the 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? There are approximately three rooms.
 - 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? 0 to 5 minutes
 - b. request for an inhaler? 0-5 minutes

D. Sick Call Slips

1. Who makes the determination whether or not a youth is seen after a sick call slip is turned in? A registered nurse receives the sick call slips and triages them based on severity of request.
2. How many times were youth not seen after submitting a sick call slip: All youth who submit sick call slips are seen by the nurse
3. Reasons why not seen: Not applicable
4. What was the average response time? Per Wellpath’s policy, they have 72 hours to address sick class slips. Youth are usually seen by a nurse within 24 hours of submitting a sick call slip.

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? Visits are arraigned in a collaborative effort between medical staff at Wellpath and the health facility.
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? None
4. Who provides medical clearance for these youth? Should the facility receive a youth going through intake who is in need of medical clearance, the youth would be referred to Rady's Childrens Hospital prior to being accepted.
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 who screen positive for signs of intoxication treated per nursing protocols.
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. Behavioral Health, The Probation Department, County Counsel and Wellpath
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? Not applicable
4. Number of referrals of youth with suicidal ideation during the last calendar year? Enter text.
5. Are all youth with suicidal ideation put in a "suicide watch" room? No
 - a. If no, why not? Every youth who express suicidal ideation are assessed by a therapist who works with staff and the youth to determine the best course of actions to address the youth's mental health issue.

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: Not applicable.
3. State the number of youth that have died in custodial care in the calendar year: Zero

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 tests or treatment may be given when a youth is not capable of making decision based on life threatening situations or the youth is not consciously able to make rational life related decisions.

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	N/A

2. Is research pre-approved by any one in probation: No
3. Is research pre-approved by the court: No
4. Do youth consent to participation in research? No
5. Do parents' consent to participation in research? No
6. Describe any research studies in which youth in the facility participated in the last calendar year. Not Applicable

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	28.4
Psychologist	1	2	0	1	40
LMHC	5	0	0	5	190
Psychiatric Nurse	1	0	0	1	40
Post-doctoral Clinical Psychologist	3*	0	0	3	120
Unlicensed Mental Health Staff	1**	0	0	1	24
TOTAL	11	2	0	11	414

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 student 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? DBT 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	2

4. What cultural competency training have mental health staff attended? Disability Awareness and Etiquette, Critical Conversations about Race, Gender Identity and Youth Affirming Care, Exploring Cultures-A Conversation, Introduction to Native American Populations, Racial Equity training
5. Behavioral Health Staff Identification Breakdown:

Race	Male	Female	Non-binary	LGBTQ+	Total
African American	0	2	N/A	N/A	2
American Indian or Alaska Native	N/A	N/A	N/A	N/A	0
Asian	2	2	N/A	N/A	4
Filipino	N/A	N/A	N/A	N/A	0
Hispanic or Latino	N/A	2	N/A	N/A	2
Pacific Islander	N/A	1	N/A	N/A	1
White	3	4	N/A	1	8
Two or more races	N/A	3	N/A	N/A	3

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	61	37	60
February 28, 2022	52	44	85
March 31, 2022	61	36	59
April 30, 2022	71	48	68
May 31, 2022	70	40	57
June 30, 2022	66	38	58
July 31, 2022	78	50	71
August 31, 2022	80	51	64
September 30, 2022	79	49	62
October 31, 2022	79	45	57
November 30, 2022	78	51	65
December 31, 2022	77	52	68
Average	71	45	63

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 (Probation, Wellpath, Education staff, etc.) and outside the institution (family, outpatient mental health providers, etc.) The STAT team also completes a Behavioral Health Assessment on any youth who is in the facility 30 days or longer. This assessment looks at past and current trauma, substance abuse and other potential areas of need for the youth and is utilized to inform treatment.

D. Therapeutic Services:

Month	Referrals Rec'd	Suicide Prevention	Clinician Visits	Groups	MD Visits	Court Med Evals
Jan	61	2	404	42	75	4
Feb	25	1	369	82	66	1
March	51	0	381	93	71	1
April	69	3	313	52	79	3
May	51	3	334	81	76	5
June	62	3	356	82	70	8
July	58	0	286	60	55	4
Aug	57	3	337	76	73	5
Sept	63	2	441	91	68	12
Oct	49	2	409	77	57	8
Nov	47	2	307	57	79	11
Dec	48	1	466	56	72	11
Total	641	22	4403	835	839	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 daily
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
DBT	Unit consensus	60 minutes	2
My life my choice	Unit consensus	60 minutes	1
Criminogenic needs	Unit consensus	60 minutes	1
Psychoeducational	Unit consensus	60 minutes	1

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? Referrals are triaged with intent to provide services as soon as possible but not to exceed the established protocol. If a critical issue arises and there is no staff on site, the on-call psychiatrist is contacted. 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? Yes
 - 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 be 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? BHS is not incorporated in the review of incident reports for the facility.
6. What is the format for this review by BHS and what actions by BHS are taken based on the information in IR's? not applicable
7. How does BHS use incident reports for youth treatment? Although incident reports are not reviewed by BHS, if the level of need is evident, information may be relayed in the information meeting during the Daily Huddle.

8. If a youth enters custody with a mental health history, how does BHS receive this information? BHS reviews both Cerner and the Probation Case Management System (PCMS) to determine the 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? Employees with Summit Food Services participate in the following courses: Handwashing and Illness reporting; Chemical Safety; Labeling and Date Marking; Food Safety and Sanitation Guidelines; General Safety Guidelines; Emergency Response, Cleaning and Sanitation; Kitchen Safety; Holding Temperatures; Slip and Fall Prevention, Ergonomics and Food Allergies.
3. Do youth work in the kitchen? No
 - a. If yes, have they been trained? No
 - 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? 61
4. Describe the types of work youth perform in the kitchen: Youth are noted permitted to 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? No
 - a. If no, why not? Youth are directed not to talk between tables to decrease noise levels, eliminate cross talking and for safety reasons
7. How are meals served? Meals are served cafeteria style in the commons eating area. Youth line up and are served by food service workers. Youth are not given an option of choosing what they want and do not want. During periods of covid outbreaks, meals may be served in individual boxes pre-made by the kitchen and provided to the youth individually so to avoid communal exposures. .
8. How many minutes are youth permitted to eat their meals? To maintain compliance with Title 15 regulations, youth are provided 20 minutes or more to consume their meals.
9. Who/what agency maintains the kitchen area? Summit Food Services

B. Adequate and Varied Meals

1. Are youth protected from having food taken from them? Yes Officers oversee meal service and monitor the interactions of youth. This assists in the prevention of youth having food taken from them, PREA issues, youth making bets and wagering their food and/or bullying.
2. Where is the weekly menu posted? Weekly/Monthly menus are posted in the kitchen area of the facility and within the dayroom of each cottage.
3. Who is involved in creating the menu? Summit Food Services creates the menu and incorporates the voices of the youth via feedback
4. How many calories per day does a youth who eats all of the standard meals provided consume? 2900 per day
5. What approximate percent of calories are from the following:
Protein: 16% Carbohydrate: 24% Fat: 60%

C. Special Diets

1. How are necessary medical diets accommodated In accordance with Institutional Policy Section 9.7.2, Medically prescribed diet orders or modified diet orders from the Clinic shall

be forwarded to the Food Service Supervisor, with a copy sent to the youth's housing unit/dorm. The Food Service Supervisor shall comply with any therapeutic diet prescribed for a youth and shall add the youth to the daily diet distribution list for ease of tracking. All medical diets shall be documented, with the records maintained in the Office of the Food Service Supervisor for at least one year, to verify the preparation, and proper dissemination. Medical diets shall be terminated only by the prescribing physician or the Medical Clinic.

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?
Yes
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