

TEXT OF MODIFIED REGULATIONS

**MINIMUM STANDARDS FOR JUVENILE FACILITIES
TITLE 15-CRIME PREVENTION AND CORRECTIONS
DIVISION 1, CHAPTER 1, SUBCHAPTER 5**

The BSCC has illustrated changes to the original text in the following manner: regulation originally proposed is underlined; deletions from the language originally proposed are shown in strikeout using a “- ”; and additions to the language originally proposed are double-underlined.

TABLE OF CONTENTS

SECTION 1352. CLASSIFICATION.	2
SECTION 1357. USE OF FORCE.	2
SECTION 1371. RECREATION, PROGRAMS AND EXERCISE.	3
SECTION 1437. MENTAL HEALTH SERVICES AND TRANSFER TO A TREATMENT FACILITY.	4
SECTION 1438. PHARMACEUTICAL MANAGEMENT.	5

Section 1352. Classification.

The facility administrator shall develop and implement written policies and procedures on classification of ~~minors-youth~~ for the purpose of determining housing placement in the facility.

Such procedures shall:

- (a) provide for the safety of the ~~minor~~youth, other ~~minors~~youth, facility staff, and the public by placing ~~minors-youth~~ in the appropriate, least restrictive housing and program settings. Housing assignments shall consider the need for single, double or dormitory assignment or location within the dormitory;
- (b) consider facility populations and physical design of the facility;
- (c) provide that a ~~minor~~youth shall be classified upon admittance to the facility; classification factors shall include, but not be limited to: age, maturity, sophistication, emotional stability, program needs, legal status, public safety considerations, medical/mental health considerations and sex of the ~~minor~~youth; ~~and,~~
- (d) provide for periodic classification reviews, including provisions that consider the level of supervision and the ~~minor~~youth's behavior while in custody; ~~and,~~
- (e) provide that facility staff shall not deprive youth of a roommate or separate youth from the general population or assign youth to single occupancy room based solely on the youth's actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, gender, sexual orientation, gender identity, gender expression, mental or physical disability, or HIV status. This section does not prohibit staff from placing youth in a single occupancy room at the youth's specific request or in accordance with Title 15 regulations regarding separation.

Note: Authority cited: Sections 210 and 885, Welfare and Institutions Code; and Assembly Bill 1397, Chapter 12, Statutes of 1996. Reference: Section 209, Welfare and Institutions Code; 1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; Assembly Bill 1397, Chapter 12, Statutes of 1996.

Section 1357. Use of Force.

The facility administrator, in cooperation with the responsible physician, shall develop and implement written policies and procedures for the use of force, which may include chemical agents. Force shall never be applied as punishment, discipline or treatment.

- (a) At a minimum, each facility shall develop policy statements which:
 - (1) define the term "force," and address the escalation and appropriate level of force, while emphasizing the need to avoid the use of force whenever possible and using only that force necessary to ensure the safety of ~~minors-youth~~, staff and others;
 - (2) describe the requirements for staff to report the use of force, and to take affirmative action to stop the inappropriate use of force;
 - (3) define the role, notification, and follow-up procedures of medical and mental health staff concerning the use of force; and,
 - (4) define the training which shall be provided and required for the use of force, which shall includes; ~~but is not limited to~~, known medical conditions that would contraindicate certain types of force; acceptable chemical agents; methods of application; signs or symptoms that

should result in immediate referral to medical or mental health staff; ~~and~~, requirements of the decontamination of chemical agents, if such agents are utilized; and appropriate response if the current use of force is ineffective.

(b) Policies and procedures shall be developed which include, but are not limited to, the types, levels and application of force, documentation of the use of force, a grievance procedure, a system for investigation of the use of force and administrative review, and discipline for the improper use of force. Such procedures shall address:

- (1) the specific use of physical, chemical agent, lethal, and non-lethal force that may, or may not, be used in the facility;
- (2) the limitations regarding use of force on pregnant ~~minors~~ youth in accordance with Penal Code 6030(f) and Welfare and Institutions Code Section 222; and,
- (3) a standardized format, time period, and procedure for reporting the use of force, including the reporting requirements of management and line staff.

Note: Authority cited: Sections 210 and 885, Welfare and Institutions Code. Reference: Section 6030 (f), Penal Code; and Section 222, Welfare and Institutions Code.

Section 1371. Recreation, Programs and Exercise.

~~(a)~~ (a) — The facility administrator shall develop and implement written policies and procedures for recreation, programs and exercise of for all youth minors. The intent is to maximize the amount of time youth are out of their rooms and not confined to their bed in a dormitory setting.

(b) Juvenile facilities shall provide the opportunity for recreation, programs and exercise a minimum of three hours a day during the week and five hours a day each Saturday, Sunday or other non-school days, of which one hour shall be an outdoor activity, weather permitting. Such recreation, program and exercise schedule shall be posted in the living units.

(c) Recreation shall include the opportunity for at least one hour of daily access to unscheduled activities such as reading, television, radio, music, video and games. Activities shall be supervised and include orientation and may include coaching of youth.

(d) Programs shall include social awareness programs as outlined in Section 1378.

(e) Exercise. All youth shall be provided with the ~~shall include the opportunity~~ for at least one hour of large muscle activity each day. That one hour of exercise may be suspended only upon a written finding by the administrator/manager that the youth represents a threat to the safety and security of the facility.

~~— (b) — Equivalent programming for both female and male minors shall exist for all recreation programs.~~

~~— (c) — The recreation program shall include: a written daily schedule; access to approved reading materials; other programs such as television, radio, ping pong, video and games. Activities shall be supervised and include orientation and coaching of minors.~~

~~(d) The exercise program shall include the opportunity for at least one hour of outdoor physical activity each day, weather permitting. In the event weather does not permit outdoor physical activity, at least one hour each day of exercise involving large muscle activities shall be provided.~~

- (e) ~~Juvenile facilities shall provide the opportunity for recreation and exercise a minimum of three hours a day during the week and five hours a day each Saturday, Sunday or other non school days, of which one hour shall be large muscle exercise, as noted in item (d) above. Such recreation and exercise schedule shall be posted in the living units.~~
- (f) ~~The administrator/manager may suspend, for a period not to exceed 24 hours, access to recreation and programs. However, minors on disciplinary status shall continue to have an opportunity for a minimum of one hour of large muscle exercise. That one hour of exercise may be suspended only upon a written finding by the administrator/manager that the minor represents a threat to the safety and security of the facility.~~

Note: Authority cited: Sections 210 and 885, Welfare and Institutions Code; and Assembly Bill 1397, Chapter 12, Statutes of 1996. Reference: Section 209, Welfare and Institutions Code; 1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; Assembly Bill 1397, Chapter 12, Statutes of 1996.

Section 1437. Mental Health Services and Transfer to a Treatment Facility.

The health administrator/responsible physician, in cooperation with the mental health director and the facility administrator, shall establish policies and procedures to provide mental health services. These services shall include, but not be limited to:

- (a) screening for mental health problems at intake;
- (b) crisis intervention and the management of acute psychiatric episodes;
- (c) stabilization of persons with mental disorders and the prevention of psychiatric deterioration in the facility setting;
- (d) elective therapy services and preventive treatment where resources permit;
- (e) medication support services;
- (f) provision for timely referral, transportation, and admission to licensed mental health facilities, and follow-up for ~~minors~~ youth whose psychiatric needs exceed the treatment capability of the facility; and,
- (g) assurance that any ~~minor~~ youth who displays significant symptoms of severe depression, suicidal ideation, irrational, violent or self destructive behaviors, or who is receiving psychotropic medication shall be provided a mental status assessment by a licensed mental health clinician, psychologist, or psychiatrist.
- (h) transition/discharge planning for youth undergoing mental health treatment, including arrangements for continuation of medication and therapeutic services.

~~Mentally disordered minors~~ youth who appear to be a danger to themselves or others, or to be gravely disabled, shall be evaluated either pursuant to applicable statute or by Penal Code Section 4011.6 or Welfare and Institutions Code Section 6551. ~~The minor may be evaluated by on-site licensed health personnel to determine if treatment can be initiated at the juvenile facility.~~

Absent an emergency, unless the juvenile facility has been designated as a Lanterman-Petris-Short (LPS) facility, and ~~minors~~ youth meet the criteria for involuntary commitment under the LPS Act in Welfare and Institutions Code Section 5000 et seq., all services shall be provided on a voluntary basis. Voluntary mental health admissions may be sought pursuant to Penal Code Section 4011.8 or Welfare and Institutions Code Section 6552.

Note: Authority cited: Sections 210 and 885, Welfare and Institutions Code; and Assembly Bill 1397, Chapter 12, Statutes of 1996. Reference: Section 209, Welfare and Institutions Code; 1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; Assembly Bill 1397, Chapter 12, Statutes of 1996.

Section 1438. Pharmaceutical Management.

For all juvenile facilities, the health administrator, in consultation with a pharmacist and in cooperation with the facility administrator, shall develop and implement written policy, establish procedures, and provide space and accessories for the secure storage, controlled administration, and disposal of all legally obtained drugs.

(a) Such policies, procedures, space and accessories shall include, but not be limited to, the following:

- (1) securely lockable cabinets, closets, and refrigeration units;
- (2) a means for the positive identification of the recipient of the prescribed medication;
- (3) administration/delivery of medicines to ~~minors~~ youth as prescribed;
- (4) confirmation that the recipient has ingested the medication;
- (5) documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason;
- (6) prohibition of the delivery of medication from one ~~minor~~ youth to another;
- (7) limitation to the length of time medication may be administered without further medical evaluation;
- (8) the length of time allowable for a physician's signature on verbal orders, not to exceed seven (7) days;
- (9) training for non-licensed personnel which includes, but is not limited to: delivery procedures and documentation; recognizing common symptoms and side-effects that should result in contacting health care staff for evaluation; procedures for consultation for confirming ingestion of medication; and, consultation with health care staff for monitoring the ~~minor~~ youth's response to medication; and,
- (10) a written report shall be prepared by a pharmacist, no less than annually, on the status of pharmacy services in the institution. The pharmacist shall provide the report to the health authority and the facility administrator.

(11) transition/discharge planning.

(b) Consistent with pharmacy laws and regulations, the health administrator shall establish written protocols that limit the following functions to being performed by the identified personnel:

- (1) Procurement shall be done only by a physician, dentist, pharmacist, or other persons authorized by law.
- (2) Storage of medications shall assure that stock supplies of legend medications shall only be accessed by licensed health personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and trained non-licensed personnel.
- (3) Repackaging shall only be done by a physician, dentist, pharmacist, or other persons authorized by law.

- (4) Preparation of labels can be done by a physician, dentist, pharmacist or other personnel, both licensed and trained non-licensed, provided the label is checked and affixed to the medication container by the physician, dentist, or pharmacist before administration or delivery to the ~~minor~~youth. Labels shall be prepared in accordance with Section 4047.5 of the Business and Professions Code.
 - (5) Dispensing shall only be done by a physician, dentist, pharmacist, or other person authorized by law.
 - (6) Administration of medication shall only be done by licensed health personnel who are authorized to administer medication and acting on the order of a prescriber.
 - (7) Licensed health care personnel and trained non-licensed personnel may deliver medication acting on the order of a prescriber.
 - (8) Disposal of legend medication shall be done in accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or registered nurse. Controlled substances shall be disposed of in accordance with Drug Enforcement Administration disposal procedures.
- (c) The responsible physician shall establish policies and procedures for managing and providing over-the-counter medications to ~~minors~~youth.

Note: Authority cited: Sections 210 and 885, Welfare and Institutions Code; and Assembly Bill 1397, Chapter 12, Statutes of 1996. Reference: Section 209, Welfare and Institutions Code; 1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; Assembly Bill 1397, Chapter 12, Statutes of 1996.