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July 7, 2022

Board of State and Community Corrections
2590 Venture Oaks Way, Suite 200
Sacramento, CA 95833
regulations@bscc.ca.gov
Via email only

Re: 2022 Juvenile Titles 15 and 24 Regulations Revision

Dear Board of State and Community Corrections,

I write on behalf of the Youth Law Center regarding the 2022 Juvenile Titles 15 and 24 Regulations Revision. The Youth Law Center is a public interest law firm that advocates on behalf of children in the foster care and juvenile delinquency systems to ensure they have the supports and services they need to become healthy and productive adults. For decades, YLC advocates have been advancing reforms to protect the safety and wellbeing of young people in detention and confinement settings.

Please find attached with this letter a list of comments and proposed revisions for your consideration. Our comments relate to numerous provisions, so we created a spreadsheet in the hopes that it would be the most useful format. Please let us know if you have any difficulties accessing our recommendations.

In this letter, we wanted to highlight four specific recommendations that are of particular concern for our organization and for the youth and families that we serve.

1. Elimination of Chemical Agents

We strongly urge the Board to eliminate the use of chemical agents in juvenile facilities. The use of chemical agents has been widely rejected by facility administrators across the country due to physical and emotional harm caused to youth and staff, the detrimental effects on staff-youth relationships, and their experience showing the chemical agents are unnecessary to protect the safety of youth and staff. In continuing to allow their use against young people, California is out of step with fundamental rights, best practices, and a developmentally appropriate vision for how to support our youth.

The harmful nature of chemical agents makes their use counterproductive to the rehabilitative goals of the juvenile justice system. Use of chemical agents on youth is inconsistent with the requirement that juvenile halls not be operated as penal institutions and instead "shall be a safe and supportive homelike environment."[1] Permitting juvenile facility staff

[1] Ca. Welfare & Institutions Code § 851.

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to carry and use destructive chemical agents creates a punitive, fear-inducing environment, which impedes the development of trusting, healthy relationships between staff and youth that are essential to facility safety and facilitating successful reentry.

The most common chemical agent used in juvenile facilities is Oleoresin Capsicum, commonly known as "pepper spray." Pepper spray is so toxic that it is classified in California law as a tear gas weapon.[2] It works by inflaming the respiratory tract and restricting breathing.[3] In juvenile facilities throughout California, this weapon—which can cause not only intense pain but also blistering of the skin, coughing, sneezing, inflammation, respiratory arrest, and an increased risk of strokes and heart attacks—is particularly dangerous for those with cardiovascular or respiratory conditions such as asthma or those using psychotropic medications.[4] A report by the American Civil Liberties Union Foundations of California, based on public record act requests to all 58 counties, found that officials in California juvenile facilities used this weapon more than 5,000 times between January 2015 and March 2018.[5] The number of incidents may be much higher, because 13 counties failed to provide data on how often it was utilized.

Thirty-five other states and several California counties (Marin, Napa, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, and pending in Los Angeles) recognize that chemical agents are not needed to safely operate a facility.[6] Operated by the City and County of San Francisco, the Youth Guidance Center juvenile facility "does not use these potentially dangerous interventions on youth, and should be a model for other juvenile facilities in this regard."[7] A national survey by the Council of Juvenile Correctional Administrators observed that facilities that use pepper spray tend to be systems that adopt an overall more punitive and adult-correctional approach.[8] This is consistent with experiences of youth at California juvenile facilities.

Investigations into conditions in juvenile facilities in Kern, San Diego, Fresno, and San Francisco counties found that chemical agents are often directed disproportionately against youth with mental health, behavioral learning, and/or developmental disabilities—including many who

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[2] Ca. Penal Code Sections 22810 *et seq.*
[3] U.S. Department of Justice, National Institute of Justice. *Oleoresin Capsicum: Pepper Spray as a Force Alternative* (NCJ 181655) (1994).
[4] Texas Criminal Justice Coalition, *Pepper Spray in the Texas Youth Commission: Research Review and Policy Recommendation* (Nov. 2007), *available at:* http://www.njjn.org/uploads/digital-library/pepper.pdf
[5] American Civil Liberties Union Foundations, *Toxic Treatment: The Abuse of Tear Gas Weapons in California Juvenile Detention* (May 2019), *available at*: https://www.aclusocal.org/sites/default/files/aclu_socal_toxic_treament_report_2019.pdf
[6] *Ibid.*
[7] Disability Rights California, *Report on Inspection of the San Diego Juvenile Detention Facilities* (Feb. 2016), *available at:* www.disabilityrightsca.org/system/files/file-attachments/703001_1.pdf
[8] Council for Criminal Justice Administrators, *Pepper Spray in Juvenile Facilities* (May 2011), *available at:* www.ojp.gov/ncjrs/virtual-library/abstracts/pepper-spray-juvenile-facilities

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are survivors of significant trauma—and constitutes abuse and neglect of these young people.[9] Probation staff have been found to use chemical agents "on youth in response to non-violent acts such as verbal defiance and 'peer friction,' for symptoms of mental health needs such as self-injury and threats of self-harm, and in a punitive manner after youth had been restrained."[10] Staff routinely punish these youth—including with isolation, restraint, and chemical force—for behavior related to their disabilities. Excessive use of chemical agents in turn creates significant liability for counties.

Eliminating chemical agents from juvenile facilities is also a matter of racial justice. As compared to white youth, African-American youth are 7.5 times more likely to be ordered to institutional placement, and Latinx youth are 2.5 times more likely.[11] The harms of chemical agents in juvenile facilities thus disproportionately impact youth of color, particularly Black, Latinx, and Indigenous youth.

Using chemical agents, which severely impair the respiratory system, is even more dangerous during the current COVID-19 pandemic, given pathological findings that COVID-19 is associated with acute respiratory distress and death. Because physical reactions to chemical agents include intense coughing, sneezing, sputtering, and crying, any use of chemical agents can facilitate the spread of COVID-19 both within the facilities and outside (as infected staff return home to their communities).[12] The COVID-19 pandemic necessitates the elimination of the use of chemical agents in juvenile facilities in order to effectively protect the safety of both youth and staff.

For the reasons above, we urge the Board to eliminate chemical agents from juvenile facilities. With an understanding that elimination of chemical agents may require intermediate steps, we have included in our spreadsheet some recommendations for significantly restricting their use. While we believe that these interim steps would represent an improvement in current practices, we remain steadfast in our position that these agents should not be used against young people. The continued use of chemical agents does not align with creating environments that support the trusting relationships between staff and youth that are essential to promoting healthy and positive growth for young people.

2. Case Planning and Reentry Planning for Long-term Commitments

[9] For full reports, see: https://www.disabilityrightsca.org/what-we-do/priorities/adult-and-juvenile-detention-facilities
[10] Disability Rights California, *Investigation Report: Kern County Juvenile Correctional Facilities* (Jan. 2018), *available at:* www.disabilityrightsca.org/system/files/file-attachments/2018Feb6KCJCReportFinal_Accessible.pdf
[11] Wong, A. & Ridolfi, L., *Unlocking opportunity: How race, ethnicity and place affect the use of institutional placements in California 4* (Jan. 2018), *available at:* https://burnsinstitute.org/wp-content/uploads/2020/09/Unlocking-Opportunity_compressed.pdf
[12] Centers for Disease Control and Prevention, *Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities* (Feb. 2021), *available at*: https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html

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The current regulations lack robust standards for the care of young people who will be confined in a juvenile facility for long periods of time. Even before the closure of DJJ, counties across the state have been confining youth in local juvenile facilities for extended periods.[13] With the closure of DJJ, it is likely that this trend will continue, increasing the need for specific requirements for the provision of care, both during confinement and in preparation for release and reentry back into the community.

The Board should utilize the guiding principles of SB 823 to promulgate robust regulations for both case planning and transition/reentry planning for youth with extended stays in juvenile facilities. In enacting SB 823, the Legislature and the Governor stated the following intent:

> "for counties to use evidence-based and promising practices and programs that improve the outcomes of youth and public safety, reduce the transfer of youth into the adult criminal justice system, ensure that dispositions are in the least restrictive appropriate environment, reduce and then eliminate racial and ethnic disparities, and reduce the use of confinement in the juvenile justice system by utilizing community-based responses and interventions."[14]

Importantly, SB 823 provided funding for counties specifically to implement "public health approaches to support positive youth development" within local jurisdictions.[15] The principles of public health and positive youth development must guide more comprehensive regulations impacting youth in long-term confinement.

The BSCC can look to the new codes enacted as part of SB 823 to identify the factors that should be incorporated into the regulations for youth in long-term confinement. For example, es part of their planning for realignment, counties are required to address numerous elements within their local continuum of responses, including: programs or services that promote the healthy adolescent development; family engagement; and reentry, including planning and linkages to support employment, housing, and continuing education.[16] These elements are not limited just to dispositions to the "Secure Track" under Welfare and Institutions Code Section 875. Rather, they are applicable under SB 823 to the entire realigned population, meaning all youth adjudicated to be a ward based on an offense in Welf. & Inst. Code Section 707(b) or Penal Code Section 290.008."[17] These youth will undoubtedly be represented throughout the populations confined in local juvenile facilities, and therefore these elements must be incorporated into the Title 15 and 24 regulations.

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[13] *See* Pacific Juvenile Defender Center and Youth Law Center, "California's County Juvenile Lockups: Expensive, Overutilized, and Unaccountable," November 2020, *available at*: https://www.pjdc.org/wp-content/uploads/Californias-County-Juvenile-Lockups-November-2020-Final.pdf.
[14] Sen. Bill No. 823 (2019-2020 Reg. Sess.), § 1(b)
[15] Sen. Bill No. 823 (2019-2020 Reg. Sess.), § 1(c)
[16] Welf. & Inst. Code § 1995(c)(3)(B)-(D).
[17] Welf. & Inst. Code § 1990(b).

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In accordance with the above, the Board must revise its case planning regulation under Section 1355 to address the specific programming and services to be offered to the youth in the facility. Currently, this regulation fails to require anything in the case plan related to family engagement. Section 1355 must be revised to include involvement of family during the time that the youth remains in the facility. This regulation should also be reoriented to a strengths-based approach to youth development.

The Board must also revise its release and transition regulations under Section 1351. Currently, this regulation fails to account for the significant transitional planning that youth will need after long-term stays in confinement. The regulation must be revised to impose a timing requirement so that transition planning is initiated well before a youth will actually be released, ideally with a lead time of least six months. The regulation revisions must also include notice about specific community-based supports for which the youth might be eligible, and how to apply.

3. Free daily phone calls to family members

Youth in juvenile facilities must have regular, no-cost contact with their families while incarcerated. Extensive research has shown the many benefits of family contact when a person is incarcerated, including reduced recidivism and improved health and behavior.[18]

With respect to youth, family contact is especially critical. SB 823 specifically acknowledged this fact, stating: "Evidence has demonstrated that justice system-involved youth are more successful when they remain connected to their families and communities."[19] Yet, across California, families face exorbitant costs just to have phone calls with their incarcerated children. One study found that in 2020, several counties were charging over $10 for just 15-minutes of phone time.[20] This exploitation must end, especially because it works against the rehabilitative goals of the juvenile justice system.

Section 1376, Telephone Access, must be revised to make all phone calls free. Further, youth must have a right of a daily phone call to a family member, and phone calls must not be used as rewards or punishments or to otherwise control youth behavior.

4. Regulations for Secure Youth Treatment Facility commitments

We urge you: do not to simply apply the existing body of regulations in Titles 15 and 24 to the newly establish Secure Youth Treatment Facilities (SYTFs) under Welf. & Inst. Code section 875. Instead, the Board must develop a separate process that allows for additional community input specific to this brand-new type of juvenile facility. The Board has until July 1,

[18] *See* "Research Roundup: The positive impacts of family contact for incarcerated people and their families," Prison Policy Initiate, December 21, 2021, available at: https://www.prisonpolicy.org/blog/2021/12/21/family_contact/
[19] Sen. Bill No. 823 (2019-2020 Reg. Sess.), § 1(a).
[20] "In California, how much do parents pay to talk to their children who are locked up in county juvenile facilities?" Children's Defense Fund, Young Women's Freedom Center, The Financial Justice Project, *available at*: https://sfgov.org/financialjustice/sites/default/files/2020-08/%28Community%29%20%23PriceOfJustice%20Juvenile%20Phone%20Calls%20%281%29.pdf.

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2023, to promulgate SYFT regulations, which is more than enough time for a thorough process on this topic.[21]

It is inappropriate simply to apply the existing regulations to SYTFs. The current regulations are designed primarily to address juvenile halls, which, under state law, are detention facilities operated by probation departments.[22] In contrast, SYTFs are post-dispositional, treatment facilities operated by any county agency.[23] SYTFs must be able to meet the standards of care for a youth committed to them, which means addressing the treatment, education, and development needs of the youth, and providing "trauma-informed, evidence-based, and culturally responsive care."[24] The Board must promulgate regulations specific to the requirements for SYTFs, including a requirement that staff delivering treatment services be qualified to provide them.

5. Regulations for County Camp and Ranch Facilities

Like the SYFTs, county camps and ranches require their own set of regulations to appropriately address the specific purpose that these facilities serve under state law. The Board's statutory mandate to promulgate camp/ranch regulations is set out in Welfare and Institutions Code Section 885. This section is separate and apart from the Board's mandate to promulgate regulations for juvenile halls, set out in Welfare and Institutions Code section 210. The Board's failure to promulgate regulations specific to camps/ranches has collapsed these two categories of facilities. This result clearly contradicts the statutory framework of separate categories of facilities with separate purposes, goals, and functions.

As with SYTFs, the Board must promulgate a separate set of regulations for camps/ranches that allow such county facility to meet the goal for these facilities. Specifically, camps and ranches are intended to "apply the salutary effect of a safe and supportive home and family environment" and "give better opportunity for reform and self-discipline."[25] At a minimum, counties must have flexibility under the regulations to innovate facility designs, staffing arrays, and programmatic offerings that meet the statutory goals for these facilities.

6. Ombudsperson in Office of Youth and Community Restoration

We understand that the Office of Youth and Community Restoration is in the process of developing the policies and procedures that will apply to the new Ombudsperson, established by SB 823 and codified in Welfare and Institutions Code Section 2200(d). We encourage the Board to develop new regulations to incorporate this new role and ensure that youth in juvenile facilities know about and are able to directly access the Ombudsperson's office.

[21] *See* Welf. & Inst. Code § 875(g)(3).
[22] *See* Welf. & Inst. Code § 850 et seq.
[23] *See* Welf. & Inst. Code § 875(g)(1).
[24] *See* Welf. & Inst. Code § 875(d)(2)(A)-(C).
[25] *See* Welf. & Inst. Code § 880.

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We appreciate the opportunity to provide comments in the regulation revision process and we look forward to continuing to work with you in the next stages of this process. If you have any questions or would like to discuss any of our recommendations further, we would be happy to be in touch. Thank you for your time and consideration.

Sincerely,

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Article	Section	Sub-Section(s)	Comment	Proposed Revision
1 - General Instructions				
	§ 1302. Definitions		The definition of non-binary should also be included.	"Non-binary" means a gender identity that does not fall within the binary of male or female. It can be a stand-alone gender identity or an umbrella term.
			The definition of "Behavioral Health" should specifically include trauma . Under the new CalAIM provisions youth whose conditions places them at high risk for a mental health disorder due to the experience of trauma, are eligibile for specialty mental health services to prevent or alleviate the future onset of a mental health disorder. Involvement in the child welfare or juvenile justice system or experiencing homelessness are all sufficient evidence that a youth has experienced trauma. See BHIN 21-073 at https://www.dhcs.ca.gov/Documents/BHIN-21-073-Criteria-for-Beneficiary-to-Specialty-MHS-Medical-Necessity-and-Other-Coverage-Req.pdf. This is part of a statewide effort to ensure that youth receive access to "the right care at the right time," and to recognize the short and long-term effects of trauma on young people. This should be in the definition in keeping with the state's focus on identifying and ammeliorating the effects of and poor outcomes associated with experiencing trauma. (See suggested revision.)	"Behavioral health" means mental/emotional well-being and/or actions that affect wellness. Behavioral health problems include: substance use disorders, alcohol and drug addiction, and serious psychological distress, suicide, trauma, and mental disorders.
			Human Trafficking -- This definition does not appear to be related to anything else in the regulations as it is not used again. To the extent that it does relate or is otherwise necessary, it should be brought into alignment with- so as to be inclusive of- the defiintion of commercially exploited children found in Welfare and Institutions Code Section 300(b)(2).	
			"Linguistically Appropriate" This definition is used in conjuction with the provision of critical information and should require such information to be provided at the reading and comprehension level of the youth, and in accordance with any relevant provisions of the youth's IEP once the IEP is received by probation, or the facility administrator or manager. (See suggested revision.)	"Linguistically appropriate" means delivered in a manner that effectively communicates with persons of limited English proficiency, those who have low literacy or are not literate, and individuals with disabilities. Additionally, it means delivered in a manner that is consistent with the youth's reading and comprehension level, and that meets the requirements of the youth's IEP and/ or 504 plan as applicable.
			Non-school day Should include days when education is not provided/ made available to a youth regardless of whether the school is in operation. (See suggested revision.)	"Non-school day" means a day when school is not in operation, or when it is in operation but not provided or made availabe to a youth. It also applies when an individual youth is both not enrolled in school and not required to be in attendance.
			"Reasonble and Necessary Force" This definition needs to include a component of community standards of reasonableness. Continuing to have the standard defined by only the objective opinions of custodial officers places youth at risk because they are overseen and controlled by a group of individuals who essentially define their own standards for the acceptable use of force on the children in their care. In addition, the definition should define a violation of the regulations governing the use of force as objectively unreasonable as they constitute behavior and actions beneath the minimum standards of care. (See suggested revision as to part.)	"Reasonable and necessary force" refers to the amount and type of force that an objective, similarly trained, experienced and competent youth supervision staff, faced with similar facts and circumstances, would consider necessary and reasonable to ensure the safety and security of youth, staff, others, and the facility. Force used in violation of these regualtions or of existing federal or state statutory or consiututional laws shall not be considered reasonable.
			"Room Extraction" The only place that this comes up again is in the section regarding court ordered collection of specimins. Given that it is a defined use of force, the standards for the application and allowability of use need to be defined. This is particularly true because young people have shared experiences with this procedure that give cause for concern, and because this is an inherently dangerous use of force.	
			"Separation" The definition needs to reflect that not all purposes are acceptable merely because they are specific. (See suggested revision.)	"Separation" means limiting a youth's participation in regular programming for a specific and allowable purpose.
			"Sexual Abuse" Must be clear that consent is deemed absent when such activity is committed by a staff, employee, contractor, volunteer or other like individual against a youth. Individuals are not able to consent under these circumstances under PREA, CA Penal Code Section 289.6, or any reasonable definition of valid and willing consent. (See suggested revision.)	"Sexual abuse" is sexual activity or voyeurism by one or more persons upon another person who does not consent, is unable to refuse, or is coerced into the act by manipulation, violence, or by overt or implied threats. A person who legally cannot consent by reason of age, circumstances, or other reasons does not consent. A youth cannot consent to such activity by a staff member, empoyee, contractor, vounteer, educator, health worker, service provider, or other like individual associated with the facility.
			"Sexual Harrassment" This, like sexual abuse, is prohibited under these regulations and by existing law and should also be defined.Absent a definition it is unclear what is prohibited, it should have a definition that tracks encompass at least the legal definition. (See suggested revision.)	Sexual Harrassment means severe or repeated conduct that is inappropriate, negative, embarrassing, fear-inducing or unwanted that is directed at a youth based on unlawful reasons. Such reasons include the youth's sex, gender, gender identity, gender expression, marital status, sexual orientation, physical appearance, pregnancy, childbirth, or a condition related to any of the forgoing characteristics. Sexual harassment generally involves negative, inappropriate, or unwanted conduct directed at a worker based on certain unlawful reasons.
			"Special Visits" The individuals listed here are considered special visits because they are excluded from family visits. This definition, and the exclusion from family visitation, should not encompass immediate family members, grandparents, and other individuals critical to a youth's development, success, and maintenance of community and familial connections. Excluding these persons is not in keeping with the modern understanding of family, undervalues the importance of these connections for a child's development and their rehabilitative success, and unneccssarily limits youths' familial resources and connections. See corresponding comment for Section 1374. (See suggested revision.)	"Special visits" mean visits by persons other than parents or guardians, those standing in loco parentis, ~~and~~ children of the youth, grandparents, siblings, other important family members and supportive adults identified as such in the youth's case plan, and any adult identified as a discharge resource for a youth upon release as outlined in Section 1374 of these regulations.
			"Trauma" The definition should indicate that youth involved in the juvenile justice system are presumed to have experienced truama. This is important because laws and policies of California's health systems and child serving systems place high importance on identifying, understanding, and treating trauma. Youth in the juvenile justice system should be understood as children who have experienced trauma and receive all of the available and necessary supports that come with such an identification. Emphasizing this in the definition and throughout the regulations will bring these provisions more in line with modern practices and understandings of trauma, and with CA laws and policies. (See suggested revision.)	"Trauma" is an experience that causes intense physical and psychological stress reactions. It can refer to a single event, multiple events, or a set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individual's physical, social, emotional, cognitive, or spiritual well-being. All youth involved with the juvenile justice system shall be understood to have experienced trauma for the purposes of receiving treatment and services, and they shall receive the benefits of trauma-informed care and approaches.
			"Use of Force" The definition currently reads as though use of force can involve either "controlling the threat of imminent harm to self or others" or "overcoming resistance." This should be corrected because force should not be used to overcome resistance that does not present a threat of harm to self or others. That could include mere verbal or other passive resistane or failure to follow a command even when such failure poses no threat of harm. Force cannot be allowed unless necessary, which is to say requrired to prevent imminent harm to self or others. There can be no allowance for such force and no confusion as to whether it is allowed. (See suggested revision.)	"Use of force" means an immediate means of overcoming resistance ~~and~~ necessary to controll~~ing~~ the threat of imminent harm to self or others.

			"Voyeurism" This definition needs to make clear that the performance of "official duties" does not always absolve individuals from having invaded a youth's privacy. Official duties must be coordinated, carried out, organized and performed in a manner that does not unnecessarily cause such invasions, does not make or permit such violations to be routine, attempts to avoid such invastions, and that affords youth at least the minimum expectaions of bodily privacy guaranteed by these regulatoins, as well as the laws and constitutions of the State of California and the United States. Honoring phsycal privacy is critical to treating people in accordance to with basic human dignity, and invasions cause harm and fears about safety. This is particularly true during adolescence when youth are often experiencing physical changes and may be struggling with how others perceive or judge them, and it is also particularly true for youth who have experienced truama and who may experience even minor invasions as "trauma reminders." (See suggested revision.)	"Voyeurism" means an invasion of privacy of a youth by another individual during private activities such as using the toilet or undressing, or by staff for reasons unrelated to official duties, such as peering at a youth who is using a toilet in his or her room to perform bodily functions; requiring the youth to expose his or her buttocks, genitals, or breasts; or taking images of all or part of a youth's naked body or of a youth performing bodily functions. ~~Exceptions would include exigent circumstances or~~ An example of that would not constitute voyerism would be when such viewing is inadvertent and incidental to routine room safety checks. Official duties must be coordinated, carried out, organized and performed in a manner that does not unnecessarily cause such invasions, does not make or permit such violations to be routine, attempts to avoid such invasions, and that affords youth at least the minimum expectaions of bodily privacy guaranteed by these regulatoins, as well as the laws and constitutions of the State of California and the United States.
	§ 1303. Pilot Projects.	(a)	Pilot projects provide a critical opportunity for local jurisdictions to implement innovative practices and reduce the harms of youth confinement. Unfortunately, this regulation employs a very narrow definition of a pilot project by requiring that the project exist *within* an otherwise compliant facility. The narrow definition used here prevents counties from designing new spaces outside of the correctional institutions and hardware that have come to define youth incarceration. A pilot project that is independent of an existing facility can still meet and exceed the safety and security goals of Title 15, for example by using improved staffing ratios, home-like living spaces, and intensive supportive services. Counties must have the flexibility to implement pilot projects in independent spaces that are designed to promote youth wellbeing.	(a) The Board may, upon application of a city, county or city and county, grant pilot project status to a program, operational innovation or new concept related to the operation and management of a local juvenile facility or to a program, operational innovation, or facility infrastructure or design of a new local juvenile facility. An application for a pilot project shall include, at a minimum, the following information:
	§ 1304. Alternate Means of Compliance.	(a)-(b)		(a) An alternate means of compliance is the long-term method used by a local juvenile facility/system, approved by the Board, to encourage responsible innovation and creativity in the operation and physical or infrastructure design of California's local juvenile facilities.... (b) Applications for alternate means of compliance shall meet the spirit and intent of improving facility management or physical or infrastructure design, shall be equal to, or exceed the intent of, existing standard(s), and shall include reporting and evaluation components.
Article 2. Application of Standards and Inspections				
	§ 1310. Applicability of Standards	Entire section	The Board has separate statutory mandates to promulgate regulations for juvenile halls (Welf. & Inst. Code sec. 210) and juvenile ranches, camps, or forestry camps (Welf. & Inst. Code sec. 885). This regulation requires these two categories of facilities to comply with all of the same regulations, despite the fact that juvenile halls serve a different purpose and are subject to many different laws than ranches, camps, or forestry camps (compare, for example, Welf. & Inst. Code secs. 850-873 (for juvenile halls) and Welf. & Inst. Code sec. 880-893 (for camps and ranches). By developing just one set of regulations, with almost no distinctions between to the two categories of facilities, the Board has essentially collapsed these two categories into one, in clear contradiction of the statutory intent for these facilities. The Board should promulgate a set of regulations that specifically apply to camps, which should have greater flexibility for accomplishing the expanded goals set out in Welf. & Inst. Code sec. 880. This new set of regulations must, at a minimum, ensure that camps can offer the same level of health services as juvenile hall facilities, so that youth with higher-level health needs are not denied the benefit of a less-restrictive camp environment. It must also ensure that counties have the flexibility to operate camps under any county agency and with appropriately-qualified staff, as is contemplated under Welfare & Inst. Code sec. 880.	
			The section should clarify that the regulations contain different categories of provisions that all apply and necessitate a mode of compliance. They include minimum standards which facilities must meet but are encoureged to exceed; requirements and prohibitions with which facilities must specifically comply; and guidelines, parameters, and processes that facilities must follow or include in their policies in order to achieve minimum standards or specific compliance with requirements and prohibitions. While it is not necessary to outline how each regulation or provision fits into this scheme, it is important to reiterate that any minimum requirement is just that -- the minimum or floor of expectation. This is increasingly crucial to point out as counties take on suervision and responsibility for additional populations and work to make progress that is in keeping with modern expectations of treatment or understandings of child development and treatment. Where disagreements exist as to how a facility or program should operate, there should be no opportunity for a minimum standard to be misinterpreted as a requirement. For instance, Section 1345 sets a certain prohibitions on the use of room confinement with which facilities must comply (it cannot be used for punishment), it also sets minimum requirements around process, procedures, and documentation. It should not be understood, however, to set a requirement that room confinement be a required option or available for use in every facility. Counties and operating derpartments are free to further limit or prohibit the use of room confinement and doing so would not be a violation of the regulation. These regulations are sometimes used to argue that the inclusion of standards means that a practice must be allowed to continue. This is not the case, and should not be left open as an arguement.	All minimum standards~~, and~~ speficic requirements and prohibitions; guidelines, parameters, and processes contained herein shall apply to any county, city and county, or joint juvenile facility that is used for the confinement of youth. To the extent that a provision sets a minimum standard or basic guidelines or processes, they are meant to be understood as setting a baseline which a facility is encouraged to exceed in order to provide greater treatment or protections for youth. The inclusion of minimum standards, requirements and prohibitions regulating the conduct or practices related to use of force, restraint, separation, discipline, or room confinement shall not be understood as requiring a facility to allow such conduct or practice if it determines that a complete prohibition is warranted.

	§ 1311. Emergency Suspension of Standards or Requirements	Entire section	COVID-19 has proven that this regulation is insufficient for addressing an extended emergency situation, such as a pandemic. The regulation should provide more guidance for emergency suspensions, including: 1) requirements for documenting suspensions; 2) requirements for notifying youth, families, defense attorneys, and the court about suspensions impacting young people; 3) requirements for notifying and providing information to the court when an emergency situation appears to warrant expedited release of youth; 4) consultation with health officials to establish protocols related to an extended health emergency; and 5) a heightened standard for suspending regulations pertaining to recreation, visitation, educational programming, or room confinement for an extended period of time, so that youth do not suffer uncessary isolation or trauma during emergencies.	Nothing contained herein shall be construed to deny the power of any facility administrator to temporarily suspend any standard or requirement herein prescribed in the event of any emergency which threatens the safety of a local juvenile facility, youth, staff, or the public. (a) Any such suspension must comply with the following: (1) Only such regulations directly affected by the emergency may be suspended. (2) Any suspension of regulations shall be documented in writing, including the basis for the suspensions and the specific regulations affected. (3) If a suspension of regulation is expected to continue for 24 hours or more, the facility administrator shall provide written notice of the suspension and its basis to the following: all youth impacted by the suspension, the parent, guardian or person standing in loco parentis of all impacted youth, the attorney of record of all impacted youth, the Juvenile Court, and the Board. (b) If a suspension is related to a public health emergency, the facility administrator shall consult with local public health offcials to establish protocols related to the suspension and reinstatement of regulations. (c) The facility administrator shall notify the Board in writing in the event that such a suspension lasts longer than three days. A suspension of regulations may not continue beyond three days unless the facility administrator concludes that there is no less restrictive means to preserve the safety of the juvenile facility, youth, staff, or the public, and documents the regulations suspended and the basis for the continued suspension in writing. (d) In no event shall a suspension continue more than 15 days without the approval of the chairperson of the Board for a time specified by him/her. Notice of a decision to approve a suspension beyond 15 days shall be provided to all Board members and such approval may be terminated by a majority of the Board at a regular or special meeting. A termination of approval shall take effect upon 24 hours notice of the decision to the facility administrator, or at later time designated by a majority of the Board. (e) In the event of a suspension that continues more than 15 days, the facility administrator shall notify the Juvenile Court and provide information to the Juvenile Court to consider expedited release of youth.
Article 3. Training, Personnel, and Management				
	§ 1321. Staffing	(b)	In some counties, inadequate staffing has led to non-compliance with other regulations. This subsection should specifically require that staffing is sufficient for regulaory compliance.	(b) ensure that no required services shall be denied and that no regulations shall be suspendend because of insufficient numbers of staff on duty absent exigent circumstances that justify suspension of compliance under Section 1311, Emergency Suspension of Standards or Requirements;
	§ 1321. Staffing	(h)(1)-(2)	State regulations should conform to the federal standards promulgated under the Prison Rape Elimination Act, which require a ratio of 1 staff per 8 youth during waking hours and 1 staff per 16 youth during sleeping hours. 28 CFR § 115.313	(1) Juvenile Halls (A) during the hours that youth are awake, one wide-awake youth supervision staff member on duty for each ~~10~~ 8 youth in detention; (B) during the hours that youth are confined to their room for the purpose of sleeping, one wide-awake youth supervision staff member on duty for each ~~30~~ 16 youth in detention; .... (2) Special Purpose Juvenile Halls (A) during the hours that youth are awake, one wide-awake youth supervision staff member on duty for each ~~10~~ 8 youth in detention; (B) during the hours that youth are confined to their room for the purpose of sleeping, one wide-awake youth supervision staff member on duty for each ~~30~~ 16 youth in detention;
	§ 1322. Youth Supervision Staff Orientation and Training	(b)	Staff should receive training on sexual orientation, gender identity, and expression (SOGIE) in order to comply with Section 1352.5, Transgender and Intersex Youth. Staff should also receive training on trauma and trauma-informed approaches in order to comply with numerous other sections (for example, Section 1355, Institutional Assessment and Plan).	(b) Prior to assuming any responsibility for the supervision of youth, each youth supervision staff member shall receive a minimum of 60 hours of facility-specific orientation, including: (1) individual and group supervision techniques; (2) regulations and policies relating to discipline and rights of youth pursuant to law and the provisions of this chapter; (3) basic health, sanitation and safety measures; (4) suicide prevention and response to suicide attempts; (5) instruction on cultural competency and sensitivity relating to, and best practices for, providing adequate care for children across diverse ethnic and racial backgrounds, as well as children and related to sexual orientation, gender identity, and expression (SOGIE); (6) trauma informed and responsive approaches; ~~(5)~~(7) the effects of trauma, including grief and loss, and child abuse and neglect on child development and behavior and methods to behaviorally support children impacted by that trauma or child abuse and neglect; (8) policies regarding use of force, de-escalation techniques, chemical agents, mechanical and physical restraints; ~~(6)~~(9) review of policies and procedures referencing trauma and trauma-informed approaches; ~~(7)~~(10) procedures to follow in the event of emergencies; ~~(8)~~(11) routine security measures, including facility perimeter and grounds; ~~(9)~~(12) crisis intervention and mental health referrals to mental health services; ~~(10)~~(13) documentation; and ~~(11)~~(14) fire/life safety training; (15) an overview of the population and population needs; (16) self-awareness and appropriate boundaries for physical and verbal interactions with youth who have a history of abuse, neglect, or other trauma; (17) positive discipline, youth empowerment, and the importance of self-esteem; (18) adolescent developmnent; (19) teamwork and interpersonal communication with facilty personnel, youth, and family members; (20) an overview of the juvenile justice and child welfare systems;

		CONTINUED FROM ABOVE ROW ---------->	CONTINUED FROM ABOVE ROW-- (21) restorative justice; (22) mandated reporter training; (23) physical and psychosocial needs of children, including behavior management, de-escalation techniques, and trauma-informed crisis management planning, including the use of emergency interventions; (24) best practices for the care and supervision of adolescents and young adults; and (25) an opportunity to hear from youth with experience in the facilty and their familes moderated by a community member as defined in WIC 1995
	Entire Section	It should be clear what each facilities plan is for the training and orientation of new staff, and the contuinued training of staff on a regular basis. The facility plan should be designed to ensure the provision and use of trauma-informed practices; develop an understanding of the population and population needs; establish high expectations as to the level of care, kindness, and nurturing treatment of children; and to promote a restorative and healing culture within the facility. It should also specify certain required topics and material to be covered realted to working with the population, and be designed to establish a more complete understanding of youth as chilren and people rather than inmates and delinquents. The training plan must take into accounty the education and skill level of the staff. At a mimum, training needs to include cultural competency and sensitivity, adolescent development, the effects of trauma and best practices for serving children impacted by trauma, engaging youth's family members and community, and the others indicated in the proposed revision. Probation officers and other staff in the facility are mandated reporters and must receive mandated reporter training.	(a) Each facilty shall develop, maintain and implement a written plan for the supervision, evaluation, and training of staff who will have responsibility for supervising youth. The facility administrator, behavioral health director, and health administrator shall develop the plan in consultation with the county Juvenile Justice or Probation Commission, and young people with experience in the juevenile justice system and their familes. The plan shall be approved by the Chief of Probation. The plan shall, at a minimum: (1) be designed to ensure: (A) an understanding of trauma and the use of truma informed approaches and practices; (B) cultural competency and sensitivity; including but not limited to best practices for providing adequate care, services, and supports for children across diverse ethnic and racial backgrounds, as well as children identifying as lesbian, gay, bisexual, transgender, or nonbinary; (C) methods to behaviorally support children are appropriate for children impacted by trauma or child abuse and neglect; and (D) best practices for addressing the permanence, well-being, and educational needs of children, including children with disabilities (2) provide for the continuing and periodic training of staff; (3) be appropriate to meet the needs of staff and population(s) served; (4) provide staff with the knowledge, skills, and support to ensure the health and safety of children in care and meet the individualized needs of children and families served; (5) include strategies to enhace the well-being, retention, and resilience of staff; (6) develop an understanding of the population and population needs; (7) establish a more complete understanding of youth as chilren and people rather than inmates and delinquents; (8) establish high expectations as to the level of care, kindness, nurturing, and respectful treatment to be afforded children and youth; (9) and to promote a restorative and healing culture within the facility.
		CONTINUED FROM ABOVE ROW ---------->	CONTINUED FROM ABOVE ROW: (b) The training plan shall provide the following information for each training session: (1) the title of the session (2) the subject matter of the session; (3) the number of hours in the training session; (4) the qualifications of the trainer; (5) the learning objectives and activities of the session; (6) a training evaluation to assess whether the session met learning objectives; (7) a trainer evaluation to determine if the training is meeting the needs of the facility and staff; (8) and a record of written materials provided or used in the session. (c) Prior to assuming any responsibilities each youth supervision staff member shall be properly oriented to their duties, including: (1) youth supervision duties; (2) scope of decisions they shall make; (3) the identity of their supervisor; (4) the identity of persons who are responsible to them; (5) persons to contact for decisions that are beyond their responsibility; ~~and~~ (6) ethical responsibilities; (7) the training outlined in subsection (d) unless it was completed previously and the individual has maintained continuing training requirements outlined in the training plan. (d) Prior to assuming any responsibility for the supervision of youth, each youth supervision staff member shall receive a minimum of 60 hours of facility-specific orientation, including: (SEE SUGGESTIONS IN ROW ABOVE)
§ 1323. Fire and Life Safety	(d)	Counties have demonstrated a lack of preparation for responding to nearby wildfires. (See Witness LA, "Facing The Inferno, Part 1: Why Wasn't LA County Probation Prepared To Evacuate Kids & Staff At Campus Kilpatrick When A Monster Wildfire Struck?," July 16, 2019, avilable at: https://witnessla.com/facing-the-inferno-campus-kilpatrick-the-woolsey-fire-part-1/). The regulations should specifically require a wildfire evacuation plan.	(d) an evacuation plan, including a plan for evacuation in the event of a wildfire;
§ 1324. Policy and Procedures Manual		These manuals and the facility policies in general should be transpent and readily available to youth, family members, youth advocates, and members of the public. This is important for understanding and setting expectations, community monitoring of standards and policies of county facilities, accountability, and public trust.	All facility administrators shall develop, publish, and implement a manual of written policies and procedures that address, at a minimum, all regulations that are applicable to the facility. Such a manual shall be made available to all employees, reviewed by all employees, and shall be administratively reviewed at a minimum every two years, and updated, as necessary. The most current version of manual (and the most current version of all policies and procedures since the last complete review) shall be available on the probation department or county webesite. Those records relating to the standards and requirements set forth in these regulations shall be accessible to the Board on request.

§ 1327. Emergency Procedures.		This regulation gives counties the option to maintain confidential policies related to "security of the facility." This is a broad category that could encompass any number of policies. To the extent that there is a need for some portion or portions of the emergency preocedures to be kept confidential, it should be clearly specified what may be kept confidential and to what extent.	
§ 1328. Safety Checks.	whole section	The regulation should be revised to ensure that safety checks are minimally intrusive, especially during night hours. The regulation should also include more specifity regarding interval timing, as facility investigations have indicated that this guidance is insufficient to prevent violations.	The facility administrator shall develop and implement policy and procedures that provide for minimally intrusive direct visual observation of youth at a minimum of every 15 minutes, at random or varied non-repetitive intervals during hours when youth are asleep or when youth are in their rooms, confined in holding cells or confined to their bed in a dormitory. Supervision is not replaced, but may be supplemented by, an audio/visual electronic surveillance system designed to detect overt, aggressive or assaultive behavior and to summon aid in emergencies. All safety checks shall be documented with the actual time the check is completed. Safety checks conducted during sleeping hours shall be conducted so as to not disrupt youth's sleep.
§ 1329. Suicide Prevention Plan	(b)(1)	The regulation should provide more detailed guidance on when youth should be screened for suicide risk during detention. See generally, for suicide screening section re: need for enhanced procedural requirements "DJJ reports hundreds of incidents of suicidality every year. Between July 2020 and June 2021, there were seven suicide attempts and 467 total instances of suicidality within a population averaging just over700 youth (CDCR, 2021a). In other words, an average of five youth attempted suicide or were reported as being at high risk for suicide out of every 100 youth in the facilities each month. These numbers represent a modest decline from the prior year (July 2019-June 2020) when suicidality peaked at nearly seven youth out of every 100 in the population each month. Confined youth are at a high risk of experiencing a mental health emergency given the trauma they experience in secure facilities and their underlying psychological needs. In fact, suicide attempts increase as youth move deeper into the justice system (Teplin, et al., 2015). Suicidality includes youth who attempt suicide as well as youth placed on suicide precaution, intervention, or watch." CJCJ Nov. 2021 Report "On the Brink" http://www.cjcj.org/uploads/cjcj/documents/DJJ_on_the_brink_2021.pdf. California Department of Justice (DOJ). (2021a). Criminal Justice Data, arrests. At: https://openjustice.doj.ca.gov/data-stories/deathincustody. Teplin, L.A., Stokes, M.L., McCoy, K.P., Abram, K.M., & Byck, G.R. (2015). Suicidal Ideation and Behavior in Youth in the Juvenile Justice System: A Review of the Literature. Journal of Correctional Health Care, 21(3). At: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5704936/	"~~All youth shall be screened for risk of suicide at intake and as needed during detention.~~" Screening for risk of suicide shall be conducted: (A) for all youth at intake (B) promptly during detention for any youth who exhibits risk factors of suicide or signs of suicidal ideation, including those risk factors and signs identified during suicide prevention training as required in Section 1322, Youth Supervision Staff Orientation, and Training and the Juvenile Corrections Officer Core Course.
§ 1329. Suicide Prevention Plan	(c)	This provision should specify when assessment/services must be provided.	~~Referal process to behavior/mental health staff for assessment and/or services.~~ Prompt assesment and/or services by behavior/mental health staff for youth identified as being at risk of suicide.
§ 1329. Suicide Prevention Plan	(d)	This provision should specify particular procedures that must be included for monitoring youth identified at risk for suicide. While we have suggested possible guidelines, we recommend that the Board consult with experts on this issue to develop detailed guidance. See DOJ, National Insttiute of Corrections, "National Study of Jail Suicide." https://s3.amazonaws.com/static.nicic.gov/Library/024308.pdf. Hayes, L. 2009. "Juvenile Suicide in Confinement: A National Survey." Suicide and LifeThreatening Behavior 39:353–63. https://www.ojp.gov/pdffiles1/ojjdp/grants/206354.pdf National Commission on Correctional Health Care. 2008. Standards for Health Services in Jails, 8th Edition. Chicago: National Commission on Correctional Health Care. National Commission on Correctional Health Care recommendations for juvenile facilities. https://www.ncchc.org/suicide-prevention-and-management-in-juvenile-correctional-settings-2019/	Procedures for monitoring of youth identified at risk for suicide that include: (A) increasing the frequency of minimally intrusive documented safety checks, as described in Section 1328, to staggered intervals not to exceed every 10 minutes for youth who are not actively suicidal, but who express suicidal ideation and/or have a recent prior history of self-harming behavior (B) continuous direct visual supervision for youth who are actively suicidal (C) use of isolation or removal of comfort measures only when determined necessary for safety reasons by clinical staff.
§ 1329. Suicide Prevention Plan	(e)	This provision should specify standards for housing separation or other deprivations of privileges. See DOJ, National Insttiute of Corrections, "National Study of Jail Suicide." https://s3.amazonaws.com/static.nicic.gov/Library/024308.pdf (""When determining the most appropriate housing location for a suicidal inmate, correctional facility officials (with concurrence from medical and/or mental health staff) often tend to physically isolate (or segregate) and sometimes restrain the individual. Although these responses may be convenient for facility staff, they are detrimental to the inmate because isolation escalates a sense of alienation and further removes the individual from proper staff supervision. Whenever possible, suicidal inmates should be housed in the general population unit, mental health unit, or medical infirmary, and should be located close to facility staff. Further, removal of an inmate's clothing (excluding belts and shoelaces) and the use of physical restraints (e.g., restraint chairs or boards, leather straps, handcuffs, and straitjackets) should be avoided whenever possible; these measures should only be used as a last resort when the inmate is physically engaging in self-harming behavior. Housing assignments should be based on the ability to maximize staff interaction with the inmate, not on decisions that heighten depersonalizing aspects of confinement.")	(e) Safety Interventions (1) Procedures to address intervention protocols for youth identified at risk for suicide which ~~may~~ shall include, but are not limited to: (A) Housing ~~consideration~~ that segregates or physically isolates youth only when all less restrictive measures would not effectively protect the health and safety of the youth (B) Treatment strategies including trauma-informed approaches (C) Documented deprivation of personal belongings, including clothing items, only when necessary to protect the health and safety of a youth (2) Procedures to instruct youth supervision staff how to respond to youth who exhibit suicidal behaviors. (3) Room confinement shall not be used as a safety intervention for youth at risk of suicide.

	§ 1329. Suicide Prevention Plan	(f)	This provision should not specify that communications should include suicidal behavior history from previous facilities. See DOJ, National Insttiute of Corrections, ""National Study of Jail Suicide."" https://s3.amazonaws.com/static.nicic.gov/Library/024308.pdf ("Intake screening should include not only questions about current suicidal ideation and prior suicidal behavior, but also questions about the inmate's suicide risk during any prior confinement in the facility and the arresting and/or transporting officer(s)' belief that the inmate is currently at risk (Hayes 2005; National Commission on Correctional Health Care 2008).) DOJ, National Insttiute of Corrections, ""National Study of Jail Suicide."" https://s3.amazonaws.com/static.nicic.gov/Library/024308.pdf ("The findings indicate that, although the vast majority of facilities that sustained a suicide had a written suicide-prevention policy, the comprehensiveness of the program was questionable. For example, even though many respondents reported that their facilities maintained an intake screening process to identify the suicide risk of inmates entering the facility, the process for most facilities did not include verification as to whether the arresting and/or transporting officer(s) believed that the newly arrived inmate was at risk for suicide, nor whether the inmate was at risk for suicide during prior confinement.")	(1) The intake process shall include (A) communication with the arresting and/or transporting officer and family guardians regarding the youth's past or present suicidal ideations, behaviors or attempts. (B) a review of health care records recevied by the facility regarding the youth's past or present suicidal ideations, behaviors or attempts. (2) Procedures for clear and current information sharing about youth at risk for suicide with youth supervision, healthcare, and behavioral/mental health staff.
	§ 1329. Suicide Prevention Plan	(h)(1)	This provision should specify what information must be documented and how it will be subject to oversight and review.	Documentation processes shall be developed to ensure compliance with this regulation, Sections 1403 and 1406 of these regulations. Such documentation shall include the amount of screenings and assessments and types of treatments provided.
	§ 1329. Suicide Prevention Plan	(paragraph at the end of the section)	This provision should be revised to include a specific standard and timing requirements.	Youth identified at risk for suicide shall not be denied the opportunity to participate in facility programs, services and activities which are available to other non-suicidal youth, unless ~~deemed~~ necessary for the safety of the youth or security of the facility. Any deprivation of programs, services or activities for youth at risk of suicide shall be documented and pre-approved by the facility manager whenever possible. For circumstances in which obtaining pre-approval for such a deprivation would seriously jeopardize the safety of the youth or security of the facility, it must be approved by the facility manager as soon as possible.
Article 4. Records and Public Information				
	§ 1340. Reporting of Legal Actions.	Entire section	The term "legal action" is vague. It should be defined and include instances beyond the filing of an action in court. It should also include legal actions against persons responsible for the supervision of youth. Facilities should be required to provide the Board with the outcome of any legal action pertaining to conditions of confinement.	Each facility shall submit to the Board a letter of notification on each legal action, pertaining to conditions of confinement, filed against persons or legal entities responsible for juvenile facility operation or the supervision of youth. Upon resolution of any such legal action, a facility shall submit to the Board a letter documenting the outcome of the action, including any settlement or court order.
	§ 1341. Death and Serious Illness or Injury of a Youth While Detained.	sub(1)	This regulation should include provisions for external and/or independent investigation of a death of a detained youth.	(a) The facility administrator, in cooperation with the health administrator and the behavioral/mental health director, shall develop written policies and procedures in the event of the death of a youth while detained, which include notifications to necessary parties, which shall (unless it would violate an order of the court) ~~may~~ include the Juvenile Court, the parent, guardian or person standing in loco parentis and the youth's attorney of record. (b) The health administrator, in cooperation with the facility administrator, shall develop written policies and procedures to assure there is a medical and operational review of every in- custody death of a youth. The review team shall include the facility administrator and/or facility manager, the health administrator, the responsible physician and other health care and supervision staff who are relevant to the incident, as well as at least one external medical professional and a medical professional selected by the youth's parent, guardian, person standing in loco parentis or next of kin unless they decline to select one in writing. (c) The administrator of the facility shall provide to the Board a copy of the report submitted to the Attorney General under Government Code Section 12525. A copy of the report shall be submitted to the Board within 10 calendar days after the death. (d) Upon receipt of a report of the death of a youth from the administrator, the Board may within 30 calendar days inspect and evaluate the juvenile facility, jail, lockup or court holding facility pursuant to the provisions of this subchapter. Any inquiry made by the Board shall be limited to the standards and requirements set forth in these regulations. The Board may also request that the facility administrator provide for an independent investigation by an outside agency or entity.
	§ 1341. Death and Serious Illness or Injury of a Youth While Detained.	sub(2)	This regulation should include provisions for internal investigation of any serious injury or illness. In the event of a death or serious illness or injury, the facilty should not only ensure proper investigation and correction of any issues, but must also provide for the needs of other young people in the facility who may be traumatized or otherwise impacted. Just as a school would do for such an event at school.	(2) Serious Illness or Injury of a Youth. (a) The facility administrator, in cooperation with the health administrator, shall develop written policies and procedures for the notification to necessary parties, which shall (unless it would violate an order of the court) ~~may~~ include the Juvenile Court, the parent, guardian or person standing in loco parentis and the youth's attorney of record in the case of a serious illness or injury of a youth. (b) The health administrator, in cooperation with the facility administrator, shall develop written policies and procedures to assure there is a medical and operational review of every in- custody serious illness or injury of a youth. The review team shall include the facility administrator and/or facility manager, the health administrator, the responsible physician and other health care and supervision staff who are relevant to the incident. (3) In the event of a death or serious illness or injury to a youth, the facility administrator shall ensure the availabilty and provision of additional services including counseling, crisis intervention, and trauma supports to all youth in the facilty and to staff as requested.
Article 5. Classification and Segregation				
	§ 1350. Admittance Procedures.	(a)(1)	This provision should provide for increased access to phone calls upon admittance.	Access to ~~two~~ four free completed phone calls within one hour of admittance in accordance with the provisions of Welfare and Institution Code Section 627;

§ 1350. Admittance Procedures.	(a)(4)	This provision should include a requirement that food conform to dietary restrictions.	Offer of food consistent with dietary restrictions upon arrival
§ 1350. Admittance Procedures.	(b)	This requirement should apply to all juvenile facilities.	(b) juvenile ~~hall~~ facility administrators shall establish written criteria for detention that considers the least restrictive environment.
§ 1351. Release Procedures.	entire section	The title of this section should be revised to adequately emphasize the transition planning obligation. This provision should be revised to address the following issues: -add requirements to provide youth with their personal/identification documents upon release. -add specification as to when parents/guardians must be notified of release. - add specification as to when the facility health care provider must be notified of release. - add specification as to when school staff must be notified of release. - add specification as to when mental health personnel must be notified of release. This provision should also be clarified to ensure that adequate transition planning occurs for youth. Specifications should be made to require staff to work with youth prior to release to ensure a safe and stable transition and access to all available programs, services and benefits that will aid in re-entry. These requirements should mirror the areas of need and service provision described in the Transitional Independent Living Case Plan (TILP) for youth in the child welfare system. Welf. & Inst. Code sec. 11400. In addition, the regulation must mirror the expextations of reentry planning which should begin at intake and remain an evolving part of a youth's case and services plan. Regulations for reentry and release planning must also ensure compliance with and be designed to take advantage of the services and mandates under CalAIM. See CalAIM for Reentry and Justice-Involved Adults and Youth: A Policy Implementation Guide available at: https://secureservercdn.net/198.71.233.194/zb0.123.myftpupload.com/wp-content/uploads/2022/05/CalAIM-for-Reentry-and-Justice-Involved-Adults-and-Youth-A-Policy-Implementation-Guide-FINAL.pdf	§ 1351. Release and Transition Planning Procedures. (a)The facility administrator shall develop and implement written policies and procedures for release of all youth from custody which provide for: ~~(a)~~(1) verification of identity/release papers; ~~(b)~~(2) return of personal clothing, ~~and~~ valuables and personal documents, including those used for identification purposes; ~~(c)~~(3) notification to the youth's parents or guardian as soon as possible, but no later than 2 hours after the release order is received by the facility; ~~(d)~~(4) notification to the facility health care provider as soon as possible, but no later than 2 hours after the release order is received by the facility, in accordance with Sections 1408 and 1437 of these regulations, for coordination with outside agencies; ~~and,~~ ~~(e)~~(5) notification of school staff no later than 6 hours after the release order is received by the facility; and, ~~(f)~~(6) notification of facility mental health personnel as soon as possible, but no later than 2 hours after the release order is received by the facility. (b) for post-dispositional youth and other youth for whom advance notice of release is available, the facility administrator shall develop and implrement written policies and procedures which in addition provide for: (1) ~~to coordinate~~ coordination of the provision of transitional and reentry services, beginning at least six months prior to anticipation of release whenever possible, including, but not limited to, medical and behavioral health in accordance with Sections 1408, 1413, 1437, 1438 and 1439 of these regulations, education, probation supervision and community-based services.
		CONTINUED FROM ABOVE ROW ---------->	CONTINUED FROM ABOVE ROW: (2) notification to youth of potential eligibility and how to apply for (A) a California Identification Card and/or Driver's License (B) Medi-Cal (C) CalFresh and Emergency Food Assistance Program (D) CalWORKs and other CDSS cash assistance programs (E) Transitional Housing and Independent Living programs (F) CDSS Housing and Homelessness Programs (G) CDSS immigration-related services (H) Low Income Home Energy and Water Assistance Programs (I) California Earned Income Tax Credit (J) Chafee and other applicable education assistance programs (K) community-based programs and services (L) extended foster care pursuant to AB 12 (3) any conditions of probation to be clearly communicated and provided in writing to youth. (c)The facility administrator shall develop and implement written policies and procedures for the furlough of youth from custody.
§ 1352.5 Transgender and Intersex Youth	(d)	This provision should include access to gender affirming medical care. The denial of gender affirming medical care leads to higher rates of anxiety, depression, and suicidal ideations in youth, and the abrupt discontinuation of hormone replacement therapy can lead to severe, long-lasting health complications. See: U.S. Department of Health & Human Services, "Gender-Affirming Care and Young People," Office of Population Affairs, 2022, https://opa.hhs.gov/sites/default/files/2022-03/gender-affirming-care-young-people-march-2022.pdf. ("Gender diverse adolescents…face significant health disparities compared to their cisgender peers. Transgender and gender nonbinary adolescents are at increased risk for mental health issues, substance abuse, and suicide. Medical and psychosocial gender affirming healthcare practices have been demonstrated to yield lower rates of adverse mental health outcomes, build self-esteem, and improve overall quality of life for transgender and gender diverse youth.") Kareen M. Matouk and Melina Wald, "Gender-affirming Care Saves Lives," Columbia University Department of Psychiatry, March 30, 2022, https://www.columbiapsychiatry.org/news/gender-affirming-care-saves-lives. See also Edmo v. Corizon, Inc., 935 F.3d 757 (C.A.9 (Idaho), 2019), where the Ninth District Court of Appeals held that where "the record shows that the medically necessary treatment for a prisoner's gender dysphoria is gender confirmation surgery, and responsible prison officials deny such treatment with full awareness of the prisoner's suffering, those officials violate the Eighth Amendment's prohibition on cruel and unusual punishment."	(d) Facility administrators shall ensure that transgender, ~~and~~ intersex, nonbinary, and gender nonconforming youth have access to medical and behavioral health providers qualified to provide care and treatment to transgender and intersex youth. Transgender, intersex, nonbinary, and gender nonconforming youth shall have access to gender-affirming medical care, including the continuation of hormone replacement therapies under the supervision of qualified medical professionals.
§ 1353. Orientation	Opening paragraph (t) (s)	Information must be linguistically appropriate. While the latter part of the paragraph covers part of that meaning, the term should be included so as to ensure that it's full meaning is applied. Title 15 regulation should not need to be requested, they should be readily accessible to youth in the facilty. Youth should receive written and verbal information about their rights in the facilty.	The facility administrator shall develop and implement written policies and procedures to orient a youth prior to placement in a living area. Both written and verbal information that is linguistically appropriate shall be provided and supplemented with video orientation if feasible. (t) ~~a process by which youth may request~~a description of where of how to access to Title 15 Minimum Standards for Juvenile Facilities; (s) both written and verbal information that is linguistically appropriate describing the youth's rights while in the facilty.

§ 1354. Separation	(c) and (f)	This provision should be amended to clarify that separated youth must not be denied the standard treatment and care otherwise required under these regulations. In addition, based on certain facility investigation reports, the meaning of "daily review" should be clarified to ensure that a review of any separation is conducted each day and reflects an individualized determination that separation continues to be necessary.	The facility administrator shall develop and implement written policies and procedures that address: (a) separation of youth for reasons that include, but are not be limited to, medical and mental health conditions, assaultive behavior, disciplinary consequences and protective custody. (b) consideration of positive youth development and trauma-informed care. (c) separated youth shall not be denied normal privileges available at the facility, except when necessary to accomplish the objective of separation. Separated youth shall not be denied the treatment and care otherwise required under these regulations. (d) when the objective of the separation is discipline, Title 15 Section 1390 shall apply. (e) when separation results in room confinement, the separation shall occur in accordance with Welfare and Institutions Code Section 208.3 and Section1354.5 of these regulations. (f) policies and procedures shall ensure an individualized ~~daily~~ review is conducted every day for ~~of~~ any separated youth to determine if separation of that youth remains necessary.
	Entire Section	This section is written as though separation denies youth added privileges, but it is defined as limiting a youth's participation in regular ***programming*** . Given that it is a limitaion on programming, it cannot be used for disciplinary conseqeunces or protective custody (which is a term that is not defined and does not appear elsewhere in the regulations). To the extent that the regulations allow for periods of seperation -- limitations on access to programming -- they should define the allowable reasons or circumstances for its use, and set parameters, safeguards, doumentation requirements, and durational limitions on use. (c) describes the loss of normal privileges in the facility, but separation is not the loss of privileges but rather a limitation on access to programming which cannot be used to accomplish an objective such as discipline. To the extent that the regulation intends to describe a loss of privilieges rather than programming for disciplinary purposes, that should be appropriately place in Section 1390 which deals with discipline. Pursuant to the regulations, programming cannot be denied or limited (which is what separation is) for disciplinary purposes, or issues other than those that constitute a threat to the safety of self or others. See Section 1370(b)(7) related to education programming, Section 1390 prohibits limitations or denial of contact with a parent, educational programming, ecercise, medical services or counseling, religious services/ programming, mail correspondence, or rehabilitative programming for the purposes of discipline, Section 1371 prohibits the suspension of program, recreation and exercise except "upon a written finding by the administrator/ manager or designee that a youth represents a threat to the safety and security of the facility." This section must be adjusted accordingly. Any separation should consider the availability of less restictive alternatives. Generally speaking, it is contrary to the stated purpose of these facilities to deny or limit youth participation in programming unless aboslutely necessary. It is a disservice to the youth who has been found in need of such rehabilitative programming and also to the community to which that youth belongs and will return.	The facility administrator shall develop and implement written policies and procedures that address: (a) separation of youth for ~~reasons that include, but are not be limited to,~~ medical and mental health conditions, assaultive behavior, or other circumstances when those conditions pose a safety risk to self or others. ~~disciplinary consequences and protective custody.~~ (b) consideration of positive youth development and trauma-informed care. (c) a process to ensure that separation shall not be used before other, less restrictive, options have been attempted and exhausted, unless attempting those options poses a threat to the safety or security of any youth or staff. ~~(c) separated youth shall not be denied normal privileges available at the facility, except when necessary to accomplish the objective of separation.~~ ~~(d) when the objective of the separation is discipline, Title 15 Section 1390 shall apply.~~ (e) when separation results in room confinement, the separation shall occur in accordance with Welfare and Institutions Code Section 208.3 and Section1354.5 of these regulations. (f) If a youth has been separated staff shall do one of the following on the day following the separation: (1) Return the youth to general population. (2) Consult with mental health or medical staff. (3) Develop an individualized plan that includes the goals and objectives to be met in order to reintegrate the youth to general population and return them to regular programming. (g) If a youth is being separated on a second consecutive day or for a third time in a 30 day period, staff shall do all of the following: (1) Document the reasons for the separation and the extension, or repeated uses of separation, the date or dates on which the youth was separated, the programming suspensions or limitations during the separation(s), and when he or she is returned to the general population and regular programming. (2) Develop an individualized plan that includes the goals and objectives to be met in order to integrate the youth to general population, return them to regular programming, and avoid further instances of seapartion. (3) Obtain documented authorization and a determination that separation remains necessary by the facility superintendent or his or her
§ 1354.5 Room Confinement	(a)	This provision only specifies purposes for which room confinement may not be used, rather than enumerating the limited circumstances when it may be used. **The statute is not limited to confinement of youth in their rooms. It applies to confinement in a locked sleeping room or cell, which covers all confinement in a locked room in the facility with only contact with staff.**	(a) The facility administrator shall develop and implement written policies and procedures addressing the confinement of youth in ~~their~~ a locked room that are consistent with Welfare and Institutions Code Section 208.3. The placement of a youth in room confinement shall be accomplished in accordance with the following guidelines: (1) Room confinement shall not be used before other, less restrictive, options have been attempted and exhausted, unless attempting those options poses a threat to the safety or security of any youth or staff. (2) Room confinement shall not be used for the purposes of punishment, coercion, convenience, or retaliation by staff. (3) Room confinement shall not be used to the extent that it compromises the mental and physical health of the youth or as a safety intervention measure for youth at risk of suicide, pursuant to Section 1329. (4) Room confinement shall only be used to ensure the immediate safety and security of youth.
§ 1354.5 Room Confinement	(b)	This provision should require a log of all instances of room confinement.	(b) A youth may be held up to four hours in room confinement. Any instance of room confinement must be documented in a log that includes the name of the youth, the reason for the room confinement, and the start and ending times of the room confinement. After the youth has been held in room confinement for a period of four hours, staff shall do one or more of the following: (1) Return the youth to general population. (2) Consult with mental health or medical staff. (3) Develop an individualized plan that includes the goals and objectives to be met in order to reintegrate the youth to general population. (4) If room confinement must be extended beyond four hours, staff shall do each of the following: (A) Document the reasons for room confinement and the basis for the extension, the date and time the youth was first placed in room confinement, and when he or she is eventually released from room confinement. (B) Develop an individualized plan that includes the goals and objectives to be met in order to integrate the youth to general population. (C) Obtain documented authorization by the facility superintendent or his or her designee every four hours thereafter. (D) Enter the basis for the extension into the room confinement log.
§ 1355. Institutional Assessment and Plan	Title	The title of this section should reflect a more constructive approach to plannng and support for young people.	~~Institutional~~ Youth Development Assessment and Plan

§ 1355. Institutional Assessment and Plan	(a)		(a) Assessment:(1) The assessment is based on information collected during the admission process with periodic review, which includes (A)the youth's risk factors, (B) needs and strengths ~~including, but not limited to~~ in the following areas ~~identification of~~ (i) substance abuse history or current substance abuse challenges, (ii) educational, (iii) vocational, (iv) counseling, (v) behavioral health, (vi) consideration of known history of trauma, ~~and~~ (vii) family strengths and needs; (viii) physical health and disabilty needs (2)the assessment must also inlcude identifying existing services, treatment and supports the youth is receiving and should continue.
§ 1355. Institutional Assessment and Plan	(b) & overall	The requirements for the case plan should be in line with the child welfare case plan at WIC 16501.1 and be a document that "ensures that the child receives protection and safe and proper care and case management.." Unless it is not possible, deemed inappropriate by the court, or in conflict with the express wishes of the youth, family and supportive adults should be included in the development, implementation, and ongoing evaluation and updating of the case plan. A youth should always be included in the case planning process, and should be centered in a strenghs-based, team-based approach. This is in keeping with decades of research in the delivery of children's services, and with recent reforms to California laws. See, for example, the Integrated Core Practice Model: https://cdss.ca.gov/Portals/9/ACIN/2018/I-21_18.pdf As a general matter, this regulations should ensure that case planning complies with existing oblicgations to engage and participate in Child and Family Team requirements, and ensure that case planning is strengths-based and youth and family centered. It should take into consideration the existing recommendations of a CFT and engage the CFT for new and additional case planning. It must also clarify who is responsible for making the assessment, and the qualifications of any such individual. Assessment for some of the indicated services, programs, and treatments requires qualified professionals with experience and knowledge outside that of a probation or corrections-type officer.	~~Institutional~~ Youth Development Case Plan: (1) A case plan shall be developed for each youth held for at least 30 days or more and created within 40 days of admission. (2) The ~~institutional~~ youth development case plan shall include, but not be limited to, written documentation that provides: (A)objectives and time frame for how the ~~resolution of problems~~ issues identified in the assessment will be addressed through programming and treatment offered at the facility or through community based providers; (B)a plan for meeting the objectives that includes a description of program resources needed and individuals responsible for assuring that the plan is implemented; (3)periodic evaluation of progress towards meeting the objectives, including periodic review and discussion of the plan with the youth; ~~(4)~~ (7)a transition plan, ~~the contents of which shall be subject to existing resources,~~ shall be developed for post dispositional youth in accordance with Section 1351; and, ~~(5)~~ (8) ~~in as much as possible and if appropriate,~~ the plan, including the transition plan, shall be developed with input from the family, supportive adults, youth, and Regional Center for the Developmentally Disabled. (4) a description of the schedule for in-person visitation with family members and kin. (5) description of how the youth will maintain contact with family and kin other than in-person vistation. (6) a description of how family membes and kin will be involved with any treatment or services being provided to the youth while at the facilty.
§ 1356. Counseling and Casework Services.	(a)	This section needs more specificity and to promote more pro-active casework.	(a) youth will receive assistance with identifying needs or concerns that may arise~~;~~ inlcuding, but not limited to: those identified in the assessment referenced in 1355, and in the areas of health and mental health, education, connections with family and supportive adults, and conditions and treatment in the facility.
§ 1356. Counseling and Casework Services	(b)	This section should more specificly outline the casework responsibilities related to supporting and strenghenting family ties.	(b) youth will receive assistance in requesting contact with parents, other supportive adults, attorney, clergy, probation officer, or other public officials and will be provided assistance in developing a plan for contact and visitation and the provision of any services that support family connections and while at the facility and upon release. The plan for contact, visitaion and family supports shall be documented in the Youth Development Plan referenced in 1355.
§ 1356. Counseling and Casework Services	(c)		(c) youth will be ~~provided access to~~ connected with available resources, services, and treatment to meet the youth's needs incldiuing those identified in the assessment and requested by the youth. The resources, services, and treatment provided or arranged for shall be documented in the Youth Development Plan referenced in 1355.
§ 1357. Use of Force.	(a)	Listing chemical agents as permissible is unnecessary and validates or appears to condone the practice. The use should not be specifically described as allowable any more than any other use of force because highlighting it sends a signal of approval. Policies should emphasize the importance of de-escalation to avoid the use of force on children, explicitly prohibit certain types of force, require staff to physically intervene in an inappropriate use of force, and ensure that the youth's attorney and social worker are notified of any force used. Policies should also require consistent reporting and tracking of uses of force, as well as procedures to ensure the integrity of investigations. For example, investigations into uses of force should not be handled by officers involved in the incident, or their supervisors, but should be elevated to an independent entity, such as the county juvenile justice commission.	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, retaliation, or treatment; and it shall not be used to respond to or overcome disrespectful, noncompliant, or other problem behavior in the absence of a threat of imminent harm to self or others. The duration of any use of force or restraint must cease as soon as the threat of imminent harm to self or others has been averted. (a)~~T~~At a minimum, each facility shall develop policies and procedures which: (1)~~R~~Recognize the rights and dignity of each youth and emphasize the sanctity of human life. (2)~~R~~Require staff to use various de-escalation techniques, including trauma- and disability-informed techniques, in order to minimize or avoid the need for force, and to document such efforts in use of force reports. ~~(1)~~(3)~~R~~estrict ~~s~~ the use of force to that which is deemed proportional ~~reasonable~~ and necessary, as defined in Section 1302, and only after an individual assessment of the need to apply force that includes consideration of non-force alternatives, consideration of a youth's known medical or mental health conditions, and trauma-informed approaches to ensure the safety and security of youth, staff, others and the facility. ~~(2)~~(4)~~O~~utline the force options available to staff including both physical and non-physical options and define when those force options are appropriate. ~~(3)~~(5)~~D~~describe force options or techniques that are expressly prohibited by the facility, which includes pointing a firearm or using a chokehold or other action that restricts a youth's oxygen or blood flow or otherwise inhibits their consciousness. ~~(4)~~(6)~~D~~describe the requirements of staff to report any inappropriate use of force, and to take affirmative action to immediately stop it , including verbal and physical intervention. ~~(5)~~(7)~~D~~define a standardized reporting format that includes time period and procedure for documenting and reporting the use of force, including (A) reporting requirements of management and line staff, which include the type of force used, the reasons for which force was used, efforts to de-escalate prior to the use of force, youth and staff involved, the date, time and location of the use of force, identification of any injuries sustained as a result of the use of force, and the medical attention provided; and (B) procedures for reviewing and tracking use of force incidents by supervisory and or management staff, which include procedures for debriefing a particular incident with staff and/or youth for the purposes of training, identifying patterns and trends, and ~~as well as~~ mitigating the effects of trauma that may have been experienced by the youth and/or staff ~~and /or the youth~~ involved.
		CONTINUED FROM ABOVE ROW ---------->	CONTINUED FROM ABOVE ROW: ~~(6)~~(8)~~I~~nclude an administrative review and a system for elevating the investigation~~g~~ of all ~~unreasonable~~ use~~s~~ of force to an independent entity, such as the county juvenile justice commission, to determine whether the force used was excessive or unnecessary. This shall include procedures for preserving evidence and promptly interviewing involved staff or separating involved staff until they have been interviewed. ~~(7)~~(9)~~D~~define the role, notification, and follow-up procedures required after use of force incidents for medical, mental health staff, and parents or legal guardians, the youth's attorney, and the youth's social worker, if applicable. This shall include mandatory notification to parents, legal guardians, and the youth's attorney. ~~(8)~~(10)~~D~~describe the prohibitions and limitations of use of force on pregnant youth in accordance with Penal Code Section 6030(f) and Welfare and Institutions Code Section 222.

§ 1357. Use of Force.	(b)	Chemical agents should not be used against children. However, if a facility is authorized to use chemical agents against children, policies must explicitly prohibit the use of chemical agents in certain circumstances, require an authorization process prior to deploying the chemical agent, and ensure that the youth's attorney and social worker are notified of the use of a chemical agent.	(b) Facilities that authorize chemical agents as a force option shall include policies and procedures that: (1) Identify who is approved to carry and/or utilize chemical agents in the facility , the authorization process for utilizing chemical agents, and the type, size and the approved method of deployment for those chemical agents. (2) Mandate that chemical agents only be used when there is an imminent threat to the youth's safety or the safety of others and only when de-escalation efforts have been unsuccessful or are not reasonably possible. Chemical agents shall be prohibited against youth in handcuffs or who are otherwise restrained, youth in enclosed areas, and a group of people that includes youth who do not pose an imminent threat to the safety of themselves or others. (3) Outline the facility's approved methods and timelines for decontamination from chemical agents. This shall include that youth who have been exposed to chemical agents shall not be left unattended until that youth is fully decontaminated or is no longer suffering the effects of the chemical agent. (4) Define the role, notification, and follow-up procedures required after use of force incidents involving chemical agents for medical, mental health staff, and parents or legal guardians, the youth's attorney, and the youth's social worker, if applicable. (5) Provide for the documentation of each incident of use of chemical agents, including the reasons for which it was used, efforts to de-escalate prior to use, youth and staff involved, the date, time and location of use, decontamination procedures applied and identification of any injuries sustained as a result of such use.
§ 1357. Use of Force.	(c)	Training on use of force and chemical agents should be developed with input from individuals with lived experience and include information on the mental and physical harm to children who experience force.	(c) Facilities shall develop policies and procedure which require that agencies provide initial and regular training in use of force and chemical agents, when appropriate, that is developed with input from individuals with lived experience and address: (1) The impact of using force on children, including the potential mental and physical harm; ~~(1)~~(2) Known medical and behavioral health conditions that would contraindicate certain types of force; ~~(2)~~(3) Acceptable chemical agents and the methods of application. ~~(3)~~(4) Signs or symptoms that should result in immediate referral to medical or behavioral health. ~~(4)~~(5) Instruction on the Constitutional Limitations of Use of Force. ~~(5)~~(6) Physical training force options that may require the use of perishable skills. ~~(6)~~(7) Timelines the facility uses to define regular training.
§ 1358. Use of Physical Restraints		The use of physical restraints poses physical and mental health risks to children. Any policy should not just be in consultation with the responsible medical and mental health professionals, but should be approved by them in addition to the facility administrator. If a policy cannot be approved by the responsible medical and mental health professionals it should not be deemed safe for use. This section should require (1) less restrictive alternatives to be utilized first, if possible, (2) an individual assessment of the need to apply restraints, (3) notification to the youth's parent/guardian, attorney, and social worker when restraints are used, and (4) more documentation of the use of restraints, including who authorized it, what type was used, how long it was used, what the medical opinion and mental health consultation found, and who was notified. This regulation needs to define the maximum length of time that a youth may be held in restraint devices. The notion that a child is medically cleared every three hours indicates that children can be held in restraints for extraordinarily protracted periods of time. No child should ever sit in restraint devices for a period of hours without the review of a medical professional and an assessment for behavioral health interventions.	The facility administrator, ~~in cooperation with~~ the responsible physician and mental health director~~,~~ shall develop ~~and implement~~ and approve written policies and procedures for the use of restraint devices. The facility administrator, the responsible physician, and the mental health director shall implement the approved policies and procedures in their respective capacities. Restraint devices include any devices which immobilize a youth's extremities and/or prevent the youth from being ambulatory. Physical restraints may be used only for those youth who present an immediate danger to themselves or others, who exhibit behavior which results in ~~the destruction of property,~~ or reveals the intent to cause self-inflicted physical harm. Physical restraints should be utilized only after ~~when it appears~~ less restrictive alternatives have been attempted or when less restrictive alternatives would be ineffective in controlling the youth's behavior. In no case shall restraints be used as punishment or discipline, or as a substitute for treatment. The use of restraint devices that attach a youth to a wall, floor or other fixture, including a restraint chair, or through affixing of hands and feet together behind the back (hogtying) is prohibited. The use of restraints on pregnant youth is limited in accordance with Penal Code Section 6030(f) and Welfare and Institutions Code Section 222. The provisions of this section do not apply to the use of handcuffs, shackles or other restraint devices when used to briefly restrain youth solely for movement or transportation within the facility. Movement within the facility shall be governed by Section 1358.5, Use of Restraint Devices for Movement Within the Facility. Youth shall be placed in restraints only with the approval of the facility manager or designee and only after an individual assessment of the need to apply restraints that includes consideration of less restrictive alternatives, consideration of a youth's known medical or mental health conditions, and trauma informed approaches. The facility manager may delegate authority to place a youth in restraints to a physician. Reasons for continued retention in restraints shall be reviewed and documented at a minimum of every hour. A medical opinion on the safety of placement and retention shall be secured as soon as possible, but no later than ~~two~~ one hour~~s~~ from the time of placement, and . ~~T~~the youth shall be medically cleared for continued retention at least every ~~three~~ hour~~s~~ thereafter.

		CONTINUED FROM ABOVE ROW ---------->	CONTINUED FROM ABOVE ROW: A mental health consultation shall be secured as soon as possible, but in no case longer than ~~four~~ an hours~~s~~ from the time of placement, to assess the need for mental health treatment. Any time a youth is placed in restraints for any period of time, the facility shall promptly notify the youth's parent or guardian, the youth's attorney, and the youth's social worker, if applicable. The facility shall provide the reasons for the use of restraints and, as soon as available, provide the medical opinion and findings from the mental health consultation. Continuous direct visual supervision shall be conducted to ensure that the restraints are properly employed, and to ensure the safety and well-being of the youth. Observations of the youth's behavior and any staff interventions shall be documented at least every 15 minutes, with actual time of the documentation recorded. In addition to the requirements above, policies and procedures shall address: (a) Documentation of the circumstances leading to an application of restraints , the name and role of the individual who authorized the use of restraints, the type of restraints used, the length of the time the youth was restrained, the timing and findings of the medical opinion and mental health consultation, and the timing and role of the individuals notified. (b) Known medical conditions that would contraindicate certain restraint devices and/or techniques. (c) Acceptable restraint devices. (d) Signs or symptoms which should result in immediate medical/mental health referral. (e) Availability of cardiopulmonary resuscitation equipment.
§ 1358.5 Use of Restraint Devices for Movement and Transportation within the Facility	(c), (d)	This section discusses the requirements for an individual assessment that must be made before applying restraints, as well as a requirement for a process for documentation and supervisor approval. For clarity, this should be split into two subsections.	(c) An individual assessment of the need to apply restraints for movement or transportation that includes consideration of less restrictive alternatives, consideration of a youth's known medical or mental health conditions, and trauma informed approaches., and (d) a process for documentation and supervisor review and approval.
§ 1358.5 Use of Restraint Devices for Movement and Transportation within the Facility	(e) [NEW]	This new subsection requires policies to include a process for notifying a youth's parent/guardian, attorney, or social worker when a youth is placed in restraints for movement and transportation.	~~(e)~~(e) a process for notifying the youth's parent or guardian, the youth's attorney, and the youth's social worker, if applicable.
§ 1358.5 Use of Restraint Devices for Movement and Transportation within the Facility	(f) [previously (d)]	This subsection focuses on the security of the facility, and should be revised to emphasize the safety of the youth as well.	~~(d)~~(f) consideration of safety and security of the youth and the facility, with a clearly defined expectation that restraint devices shall not be used for the purposes of discipline or retaliation.
§ 1359. Safety Room Procedures.	Entire Section	The use of a safety room constitutes room confinement pursuant to Welfare and Institutions Code Section 208.3 because it is confinement in a locked cell. While the term cell is not specifically defined it is commonly understood to mean a room where a person in custody is held. The use of a safety room must therefore comply with any additional provisions in Section 1354.5 and WIC Section 208.3.	See comment and relevant provisions.
§ 1360. Searches	(e)	This subsection should also include documentation of the outcome of a strip search to track the kind of contraband recovered, if any.	(e) Any youth held after a detention hearing shall only be strip searched with prior approval of a supervisor when there is reasonable suspicion based on specific and articulable facts to believe that youth is concealing contraband. The reasonable suspicion and the type and amount of contraband recovered, if any, shall be documented.
§ 1360. Searches	(f)	Add nonbinary and gender nonconforming youth to this subsection.	(f) Searches of transgender, and intersex , nonbinary, and gender nonconforming youth shall comply with Section 1352.5.
§ 1361. Grievance Procedure.	(a)	Include a requirement to notify youth of the grievance form	(a) a linguistically appropriate grievance form and instructions for registering a grievance, which includes provisions for the youth to be made aware of and have free access to the form;
§ 1361. Grievance Procedure.	(c)	Require policies to provide clear guidelines to staff responsible for resolving grievances, in order to ensure that investigations are thorough, fair, and consistent.	(c) Resolution of the grievance at the lowest appropriate staff leve l, with clear guidelines to ensure consistent investigation, analysis, and communication regarding grievances;
§ 1361. Grievance Procedure.	(d)(2)	Allow a youth to have their attorney or another person of their choosing to assist them with filing a grievance and navigate the process.	(d) Provision for a prompt review and initial response to grievances within three (3) business days, grievances that relate to health and safety issues must be addressed immediately; (1) The youth may elect to be present to explain his/her version of the grievance to a person not directly involved in the circumstances which led to the grievance. (2) Provision for a person to assist the youth with filing the grievance and throughout the process, which may be a staff representative approved by the facility administrator or, if the youth requests, the youth's attorney or another person selected by the youth ~~to assist the youth~~.
§ 1361. Grievance Procedure.	(e)	In the response to the grievance, also include a requirement to explain that the youth has a right to an appeal and how to file an appeal.	(e) Provision for a written response to the grievance which includes the reasons for the decisions and explains the right and the process to appeal;
§ 1361. Grievance Procedure.	closing para	Add attorneys and social workers to the list of individuals whose concerns will be addressed and documented regardless of whether a grievance is filed.	Whether or not associated with a grievance, concerns of parents, guardians, attorneys, social workers, staff or other parties shall be addressed and documented in accordance with written policies and procedures within a specified timeframe.
§ 1362. Reporting of Incidents.		This section should also require a written report of all incidents which result in a youth's separation, confinement, or restraint.	A written report of all incidents which result in separation, confinement, restraint, physical harm, use of force, serious threat of physical harm, or death of an employee, youth or other person(s) shall be maintained. Such written record shall be prepared by the staff and submitted to the facility manager by the end of the shift, unless additional time is necessary and authorized by the facility manager or designee but in no event later than the end of the next shift during which the staff is present.
§ 1363. Use of Reasonable Force to Collect DNA Specimens, Samples, Impressions		This is the only regulation specifically allowing for or discussing the requirements for "cell extraction." The term "cell extraction" was deleted from the definitions during the last update of the regulations, and the term "room extraction" was added. Presumably "room extraction" is the same as "cell extraction" because they share a definition-- the only change was to the name of the term. Given that this is the only regulation that mentions such a procedure, it would be appear that this is the only allowable circumstance under which it may be used. Given the dangers and risks of extraction, the regulation requires that the event be videotaped and the tape maintaind. If this is the only allowable use of the procuedure that must be indicated in the use of force section, and if its use is contemplated in other circumstances then the procedures should be carried over to those uses as well.	The force shall not be used without the prior written authorization of the supervising officer on duty. The authorization shall be based upon and document the receipt of a written statement ~~include information~~ that ~~reflects~~ indicates the fact that the offender was asked, in a linguistically appropriate manner, to provide the requisite specimen, sample, or impression and refused including the date, time, location, and maker of the request. (1) If the use of reasonable force includes a cell extraction, the extraction shall be videotaped. Immediately prior to the extraction, the youth shall again be asked and given an opportunity to comply with the request, which shall be videotaped or will be deemed not to have ocurred. Video shall be directed at the cell extraction event. The videotape shall be retained by the agency for the length of time required by statute. Notwithstanding the use of the video as evidence in a court proceeding, the tape shall be retained administratively.

Article 6. Programs and Activities				
	§ 1370. Education Program.	(b)(1)	This provision should be amended to incorporate the requirements under the Education Code. Ed Code 48645.3 "It is the intent of the Legislature that pupils in juvenile court schools have a rigorous curriculum that includes a course of study preparing them for high school graduation and career entry and fulfilling the requirements for admission to the University of California and the California State University."	(1) The course of study shall comply with the State Education Code and shall include, but not be limited to, courses required for high school graduation and courses that prepare youth for participation in postsecondary academic and career technical courses, such as A-G courses, dual enrollment courses, or career and technical education courses.
		(b)(8)	This provision should be added to define when credit recovery is appropriate, with the definition derived from Education Code section 1983.	(8) Credit recovery assistance shall be available for students for courses that the student previously attempted, but for which the student was unsuccessful in earning academic credit towards graduation.
		(b)(3)	This provision should be revised to incorporate the standards of Education COde Section 48647.	(3) In accordance with the State Education Code, youth shall be informed of post-secondary academic and career technical opportunities and support services offered in the facility and in the community, as well as state and federal financial aid programs.
		(b)(3)	This provision should be revised to include the provisions of Welf. & Inst. Code section 851.1.	(b)(3)(8) Students shall have access to computer technology and the internet for educational purposes.
		(c)(1)	This provision must ensure that school discipline decisions are made by school personnel, not probation staff.	(1) Positive behavior management will be implemented to reduce the need for disciplinary action in the school setting and be integrated into the facility's overall behavioral management plan and security system. Probation staff cannot suspend or expel a youth from school. All instances of probation removal of youth from the education setting for behavioral management shall be documented.
		(d)	This provision should be revised to ensure that education rights of students with IEPs are protected.	(1) State and federal laws and regulations shall be observed for all individuals with disabilities or suspected disabilities. This includes but is not limited to child find, assessment, continuum of alternative placements, manifestation determination reviews, and implementation of Section 504 Plans and Individualized Education Programs. The facility administrator shall work with education staff to ensure that all required members of an IEP team are able to attend IEP meetings, which could include providing space for an IEP meeting in the facility or transporting a youth to a space outside the facility. IEP attendance by family members or other approved visitors shall not be counted towards minimum visitation hours. (2) Youth identified as English Learners (EL) shall be afforded an educational program that addresses their language needs pursuant to all applicable state and federal laws and regulations governing programs for EL students.
	§ 1370. Education Program.	(g) Transition and Re-entry planning	This provision should be revised to include the standards under Education Code section 48647.	(g) Transition and Re-Entry Planning (1) The Superintendent of Schools and the Chief Probation Officer or designee, shall develop policies and procedures to meet the transition needs of youth, including the development of an education transition plan, in accordance with the State Education Code and in alignment with Title 15, Minimum Standards for Juvenile Facilities, Section 1355. 2) The transition policies and procedures shall include collaboration with relevant local educational agencies to improve communication regarding dates of release and to coordinate immediate school placement and enrollment. 3) Transition planning shall consider the academic, behavioral, social-emotional, and career needs of the student, as well as the identification and engagement of programs, including higher education programs, services, and individuals to support transition. 4) In accordance with State Education Code, the youth's education rights holder shall be given a copy of their educational records upon the youth's release from the facility, including school transcripts, the youth's individualized learning plan, IEP or 504 plan (if applicable), academic or vocational assessments, an analysis of credits completed and needed, and any certificates or diplomas earned by the youth. 5)Transition planning shall begin no later than the 20th consecutive day that a student is enrolled in the juvenile court school, and must begin in time to ensure that all students in custody for 20 consecutive school days have a transition plan in accordance with the State Education Code. 6) Education staff should collaborate with postsecondary partners to ensure that postsecondary and financial aid applications, such as the Free Application for Federal Student Aid, Cal Grant, Chafee, California Dream Act Application, or other aid applications are completed in a timely manner that maximizes the youth's financial aid and ensures that financial aid is available to the youth as soon as youth begin attending class on a postsecondary campus.
		(h) Post-Secondary Education Opportunities	This section should be revised to be consistent with WIC 16501.1 (g)(22) and to clarify the expectations so youth are supported in pursuing postseconday programs. In its current form, it understates the extent of legal obligation to provide postsecondary education under WIC 858.	(h) Post-Secondary Education Opportunities (1) The school and facility administrator shall ensure that youth with a high school diploma or California high school equivalency certificate have accesss to public postsecondary academic and career technical courses and programs offered online or in person, that fulfill the requirements for transfer to the University of California and the California State University and prepare them for career entry, respectively. (2) The school and facilliity administrator may also partner with a public postsecondary institution to offer youth who have not yet completed their high school graduation requirements the opportunity to concurrently participate in postsecondary academic and career technical education programs, such as dual enrollment courses. ~~The school and facility administrator should, whenever possible, collaborate with local post-secondary education providers to facilitate access to educational and vocational opportunities for youth that considers the use of technology to implement these programs.~~ (3) The school and facility administrator should collaborate with postsecondary partners to ensure that a qualified individual has been identified for youth who are age 16 or older who is responsible for assisting the youth with applications for postsecondary education, including career or technical education, and related financial aid.

	§ 1371. Programs, Recreation, and Exercise		This section should be revised to ensure that youth are engaging in positive developmental activities to the greatest extent possible.	§ 1371. Programs, Recreation, and Exercise. (a) The facility administrator shall develop and implement written policies and procedures for programs, recreation, and exercise for all youth. The intent is to ~~minimize the amount of time youth are in their rooms or their bed area~~ maximize the amount of time youth are participating in educational programming and engaging in recreation, exercise, hobbies, and visitation and contact with family. (i) Juvenile facilities shall provide the opportunity for programs, 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 or days that are non-school days for a given youth, of which one hour shall be an outdoor activity, weather permitting. (ii) A youth's participation in programs, recreation, and exercise may be ~~suspended~~ limited temporarily only upon a written finding by the administrator/manager or designee that a youth represents an immediate threat to the safety and security of the facility that cannot be addressed by any means other than limiting participation. If participation in formal programming is limited, a plan for recreation and exercise shall be developed for the youth that provides at least three hours a day during the week and 5 hours a day during weekends and days that a youth is not in school or an education program with a description of the steps that will be taken to return to formal programming within one week. (b) Such program, recreation, and exercise schedule shall be posted in the living units. There will be a written annual review of the programs, recreation, and exercise by the responsible agency and with the consultation of youth with experience in the facility to ensure content offered is current, consistent, and relevant to the population. (c) Programs. All youth shall be provided with the opportunity for at least ~~one~~ two hours of daily programming to include, but not be limited to, trauma focused, cognitive, evidence-based, best practice interventions that are culturally relevant and linguistically appropriate, or pro- social interventions and activities designed to reduce recidivism. These programs should be based on the youth's individual needs as required by Sections 1355 and 1356. Such programs may be provided under the direction of the Chief Probation Officer or the County Office of Education and can be administered by county partners such as mental health agencies, community based organizations, faith-based organizations or Probation staff. Youth shall be provided the option to receive these services from community based providers with whom they already are receiving services. Programs may include but are not limited to: (1) Cognitive Behavior Interventions; (2) Management of Stress and Trauma; (3) Anger Management; (4) Conflict Resolution;
			CONTINUED FROM ABOVE ROW ---------->	CONTINUED FROM ABOVE ROW: (6) Trauma-related interventions; (7) Victim Awareness; (8) Self-Improvement; (9) Parenting Skills and support; (10) Tolerance and Diversity; (11) Healing Informed Approaches; (12) Interventions by Credible Messengers; (13) Gender Specific Programming; (14) Art, creative writing, or self-expression; (15) CPR and First Aid training; (16) Restorative Justice or Civic Engagement; (17) Career and leadership opportunities; and, (18) Other topics suitable to the youth population ~~(b)~~(d) Recreation. All youth shall be provided the opportunity for at least one hour of daily access to unscheduled activities such as leisure reading, letter writing, and entertainment. Activities shall be supervised and include orientation and may include coaching of youth. ~~(c)~~(e)Exercise. All youth shall be provided with the opportunity for at least one hour of large muscle activity each day. ~~The administrator/manager may suspend, for a period not to exceed 24 hours, access to recreation and programs. The administrator/manager shall document the reasons why suspension of recreation and programs occurs.~~
	§ 1372. Religious Program			
	§ 1373. Work Program			
	§ 1374. Visiting		This provision should be revised to support visitation to the greatest extent possible, given the many positive benefits of visitation documented by research. Sandra Villalobos Agudelo, The Impact of Family Visitation on Incarcerated Youth's Behavior and School Performance Findings from the Families as Partners Project, Vera Institute of Justice, Issue Brief, April 2013, https://www.vera.org/downloads/publications/impact-of-family-visitation-on-incarcerated-youth-brief.pdf	All visits shall occur at reasonable times, subject only to the limitations necessary to maintain order and security. ~~Visitation shall not be denied solely based on the visitor's criminal history.~~ Visitation by family members with past criminal convictions shall be denied only if staff determine that the nature of the conviction suggests an immediate threat of violence to the detained youth. ~~The staff shall determine in each case, whether the visitor's criminal history represents a risk to the safety of youth or staff in the facility.~~ Any denial of visitation or limitation on visitations shall be communicated to the youth, person denied and facility administrator. The facility administrator shall develop a process by which the person denied visitation may appeal the denial. Opportunity for visitation shall be a minimum of two hours per week, and for post-dispositional youth shall be increased to a minimum of four hours per week. Visits may be supervised, but conversations shall not be monitored unless there is a specific security or safety need. Visitation spaces shall be as homelike and private as possible.
	§ 1376. Telephone Access.	Entire section		The administrator of each juvenile facility shall develop and implement written policies and procedures to provide youth with access to telephone communications. All phone calls shall be free of charge. Youth shall have the right to make at least one daily completed phone call to a family member for a minimum duration of twenty minutes. Access to daily phone calls and communications in general shall not be used as a reward or punishment.
	§ 1377. Access to Legal Services.		This regulation should require no-cost access to legal correspondence without caveat.	(c) unlimited postage free, legal correspondence and cost-free telephone access ~~as appropriate~~.
Article 7. Discipline				

	§ 1390. Discipline	intro	This provision should include a requirement that any discipline imposed on youth shall be both trauma-informed and disability-informed.	The facility administrator shall develop and implement written policies and procedures for the discipline of youth that shall promote acceptable behavior; including the use of positive behavior interventions and supports. Discipline shall be imposed at the least restrictive level which promotes the desired behavior, shall be trauma- and disability-informed, and shall not include corporal punishment, group punishment, physical or psychological degradation.
	§ 1390. Discipline	(b)	This provision should ensure that youth cannot be deprived of access to *clean* drinking fountain, toilet, and personal hygiene items.	(b)Daily shower, access to clean drinking fountain, toilet and personal hygiene items, and clean clothing;
		(i)	This provision should ensure that youth cannot be deprived of phone calls.	(i)(j)The right to make phone calls and send and receive mail;
	§ 1390. Discipline	new subsection	This provision should be added to ensure that youth cannot be deprived of access to outdoor time.	(l) outdoor time.
	§ 1391. Discipline Process.	(d)	There should also be a requirement that policies include disability-informed approaches to discipline.	(d)Trauma- and disability-informed approaches and positive behavior interventions;
	§ 1391. Discipline Process.	new subsection	There should be a requirement to track and report discipline, including alleged violations, kind of discipline imposed, and outcome of the administrative review process, if any.	(h)Tracking and reporting of informal and formal discipline imposed, including a description of the alleged violation(s), the type of discipline imposed, whether an administration review was sought, and the outcome of the administrative review, if any.
Article 8. Health Services				
	§ 1401. Patient Treatment Decisions.		The current provision does not refernce the right to consent to treatment of the youth or their parent/guardian.	Clinical decisions about the treatment of individual youth are the ~~sole~~ province of licensed health care professionals, operating within the scope of their license and within facility policy defining health care services in consultation with the youth and their health care decision maker if the youth does not hold the right to consent to the specific treatment being considered.
	§ 1402. Scope of Health Care.	(a)(2)	The current provision does not inlcude the obligation to ensure that care continues for youth who enter with health needs that are already being treated or have needs identified. The current provision focuses on meeting emergency and avoiding deterioration and does not include maintaining health. While the scope of health care provided to youth confined for brief periods may arguably be focused on emergency care and avoiding deterioration, but this cannot be reasonably applied to youth held for longer periods of time. The regulation is one of many that does not easily apply to both brief detentions and longer detentions or commitment facilities. When a youth is held for a longer period the scope of health care should meet the recommended guidelines from medical professionals for screening, diagnosis, treatment, and prevention. At a minimum the standaerds should align with the recommendations of the American Academy of Pediatrics (See American Academy of Pediatrics Textbook of Pediatric Care; Thomas K. McInerny, MD et al., Second Edition, 2016) and provide for the services available under Medi-Cal.	health care services which meet the minimum requirements of these regulations, applicable professional standards for care, and be at a level to address emergency, acute symptoms and/or conditions and avoid preventable deterioration of health while in confinement, and to ensure continuity of care and treatment for youth who have existing treatment needs or have needs identified while at the facilty. For youth who are or are anticipated to be detained for 60 days or more, and for youth committed to a juvenile facility, the services and standards of care shall be at a level to address the requirements described for all youth and shall also be at a level to ensure youth receive care that meets the recommendations of the American Academy of Pediatrics or other equal or greater standard reconized by the State of California, and shall provide for prevention, screening, diagnosis, and treatment services at or above the level provided under Medi-Cal.
	§ 1402. Scope of Health Care.	(b)	The current provisions do not reference following applicable professional standards when care is provided in the facilty.	When health services are delivered within the juvenile facility, staff, space, equipment, supplies, materials, and resource manuals shall be adequate to the level of care provided and meet all applicable professional standards.
	§ 1403. Health Care Monitoring and Audits.		An acceptable sytem of monitoring and auditing should inlcude external oversight and checks. This section does not contain these elements and inlcudes only the health and facility administrators. This provision should be revised to include external oversight and checks.	
	§ 1406. Health Care Records.		The provision does not require that current treatment providers outside of the facility be identified so they can provide continuity of care where possible. This category should be added to the list of records.	(o) Conact information of the youth's community based treatment providers.
	§ 1407. Confidentiality	(b)	This provision should be amended to include any other applicable state and federal law on confidentiality.	Medical and behavioral/mental health services shall be conducted in a private manner such that information can be communicated confidentially consistent with HIPAA and all other applicable state and federal laws related to infomration sharing and confidentiality.
	§ 1408. Transfer of Health Care Summary and Records.	(c)	The time-sensitive required notification only involves communicable diseases. There are other serious health conditions that would be important for reciving facilities to know prior to intake to allow them to properly care for the incoming youth. Failing to include health conditions that affect the care of the youth disregards the well-being of the transferred youth. The youth's conditions that affect their care should be included in the provision.	notification to health care staff of the receiving facility prior to or at the time of the release or transfer of youth with known or suspected communicable diseases or other health conditions, including but not limited to suicidal tendencies in accordance with Section 1329 of these regulations, dietary restrictions, and all health conditions which may require medical intervention and continuous care, affect mental awareness, or limit physical mobility.
	§ 1408. Transfer of Health Care Summary and Records.	(e)	This provision should be amended to include any other applicable state and federal law on confidentiality.	(e) confidentiality of health records is maintained consistent with all aplicable state and federal laws.
	§ 1408.5 Release of Health Care Summary and Records.	(general section)	Provision requirement for "written authorization" may impede ability of youths to receive treatment in the community The regulation should include necessary provisions for compliance with the mandates and services of CalAIM. https://secureservercdn.net/198.71.233.194/zb0.123.myftpupload.com/wp-content/uploads/2022/05/CalAIM-for-Reentry-and-Justice-Involved-Adults-and-Youth-A-Policy-Implementation-Guide-FINAL.pdf	After youth are released to the community, health record information shall be promptly transmitted to specific physicians or health care facilities in the community, upon request and with the written authorization of the youth and/or parent/guardian. Prior to release as part of planning outlined in section 1351, health care staff shall work with the youth to get all authorizations signed that are needed for the youth to access continuous care and treatment upon release, inlcuding medication. In special purpose juvenile halls and other facilities that do not have on-site health care staff, policy and procedures shall assure that youth supervision staff forward non-confidential information on medications and other treatment orders prior to or at the time of transfer.
	§ 1409. Health Care Procedures Manual		This provision should be revised to require that a body outside of the facility provides review of these critical policies and procedures.	

	§ 1410. Management of Communicable Diseases		This provision does not appear to cover polcies related to staff and their potential role in speading communicable diseases like COVID-19. Additionally, this provision should be updated to reflect the experience of the pandemic and appropriate responses to protect youth. This provision should be informed by pediatricians and clinicians with expertise in the psychosocial implications of the pandemic and treatment for children and youth.	The health administrator/responsible physician, in cooperation with the facility administrator and the local health officer, shall develop written policies and procedures to address the identification, treatment, control and follow-up management of communicable diseases. Policies shall be developed for both youth and facility staff. The policies and procedures shall address, but not be limited to: (a)intake health screening procedures; (b) identification of relevant symptoms; (c) referral for medical evaluation; (d) treatment responsibilities during detention; (e) coordination with public and private community-based resources for follow-up treatment; (f) applicable reporting requirements; and, (g) strategies for handling disease outbreaks.
	§ 1411. Access to Treatment		This provision should be amended to provide guidance for how youth will access treatment services.	The health administrator, in cooperation with the facility administrator, shall develop written policy and procedures to provide unimpeded access to health care, inlcuding, but not limited to: (a) how youth will be made aware of the treatment available onsite and in the community in an age-appropriate way; (b) how youth will be supported in accessing treatment services and managing on-going treatment needs; (c) how youth will be made aware of the array of services and activities that will support their wellness; (d) the process by which youth can file a complaint if they believe they have been denied access to treatment or had treatment limited.
	§ 1413. Individualized Treatment Plans.	Adding to (b) & (c); adding new subsections .	This section lacks specificity to ensure that a comprehensive plan is developed that addresses health needs and promotes wellness. It should be amended to provide a more comprehensive health plan and connect youth health needs to services that the youth has received in the community.	With the exception of special purpose juvenile halls, the health administrator and behavioral/mental health director responsible physician, in cooperation with the facility administrator, shall develop and implement policy and procedures to assure that coordinated and integrated health care treatment plans are developed for all youth who are receiving services for ~~significant~~ medical, behavioral/mental health or dental health care concerns. Policies and procedures shall assure: (a) Health care treatment plans are considered in facility program planning. (b) Health care restrictions shall not limit participation of a youth in school, work assignments, exercise and other programs, beyond that which is necessary to protect the health of the youth or others after providing reasonable accomodations. (c) Relevant health care treatment plan information shall be shared with youth supervision staff in accordance with Section 1407 and applicable state and federal laws related to information sharing for purposes of programming, implementation and continuity of care. (d) for youth who may have special needs when using showers and toilets and dressing/undressing and any activities of daily living. (e) Description of treatment provided in the community to maintain continuity of care. (f) Description of the treatment provided at the facility, inlcuding administration of medication. (g) description of any activities or treatment that is being provided to support the youth's wellness and to address the expereince of trauma. Treatment planning by health care providers shall address: (a) Pre-release and discharge planning for continuing medical, dental and behavioral/mental health care, including medication, following release or transfer, which may include relevant authorization for transfer of information, insurance, or communication with community providers to ensure continuity of care. (b)Participation in relevant programs upon return into the community to ensure continuity of care and wellness. (c) Youth and family participation (if applicable and available). (d) Cultural responsiveness, awareness and linguistic competence of the treatment provider. (e) Strategies to help the youth maintain Physical and psychological safety. (f) Strategies to help the youth address Traumatic stress and trauma reminders when applicable.
	§ 1413. Individualized Treatment Plans.	Whole section	Currently there are two separate sections that go (a)-(d) and (a)-(f). Section structure should be corrected to follow formatting that goes from (a)(1-4) and (b)(1-6).	
	§ 1413. Individualized Treatment Plans.		This provision should have requirements for staff to actively work with youth to take all steps towards continuity of care that can be taken prior to the youth's release that the youth would otherwise have to complete after release.	Treatment planning by health care providers shall address: (a) In accordance with section 1351, pre-release and discharge planning for continuing medical, dental and behavioral/mental health care, including medication, following release or transfer, which shall include consulting youth within one week of release as to their preferences on any such services which they currently receive and want to receive from community providers after release and the community providers from which they wish to receive any such services, and ~~d ensure tha~~t they sign any may include relevant authorization for transfer of information, insurance, or communication with those community providers to ensure continuity of care. (b) Participation in relevant programs upon return into the community to ensure continuity of care. (c) Youth and family participation (if applicable and available). (d) Cultural responsiveness, awareness and linguistic competence. (e) Physical and psychological safety. (f) Traumatic stress and trauma reminders when applicable.
	§ 1414. Health Clearance for In-Custody Work and Program Assignments.		This section must be updated to reflect lessons and requirements related to the pandemic to ensure that youth are better protected.	The health administrator/responsible physician, in cooperation with the facility administrator and public health officials, shall develop health screening and monitoring procedures for work and program assignments for all staff that come into contact with youth to reduce the chance that they will pass a communicable disease to staff and youth ~~that have health care implications, including, but not limited to, food handlers.~~ These policies must include requirements related to removing staff from contact with youth if they are at risk for transmitting a communicable disease.
	§ 1415. Health Education		The provision should seek to ensure that young people are providing input into the health education provided or that information is provided in langauges that youth understand.	With the exception of special purpose juvenile halls, the health administrator for each juvenile facility, in cooperation with the facility administrator, shall develop written policies and procedures to assure that interactive and gender and developmentally appropriate medical, behavioral/mental health and dental health education and disease prevention programs are provided to youth in languages that they comprehend. The education program content shall be updated as necessary to address current health and community priorities that meet the needs of the confined population. The educaton program content shall also be updated annually after consultation with young people who have experienced confinement.

	§ 1416. Reproductive Services and Sexual Health.		Young people in facilities should be provided the same information about reproductive services and sexual health as required for youth in foster care pursuant to the Foster Youth Sexual Health Education Act.	For all juvenile facilities, the health administrator, in cooperation with the facility administrator, shall develop written policies and procedures to assure that reproductive and sexual health services are available to all youth in accordance with current public health guidelines. Such services shall include but not be limited to those prescribed by Welfare and Institutions Code Sections 220, 221 and 222, 16501.1(g)(20) & (21), 16521.5, and Health and Safety Code Section 123450.
	§ 1417. Pregnant/Post-Partum Youth.	Add a new subsection.	This section should be modified to encompass all parenting youth and it should be clarified that this provision includes fathers.	Pregnant/Post-Partum Youth and Parenting Youth. With the exception of special purpose juvenile halls, the health administrator for each juvenile facility, in cooperation with the facility administrator, shall develop written policies and procedures pertaining to pregnant-and-post-partum youth as required by Penal Code Section 6030(e) and limitations on the use of restraints in accordance with Penal Code Section 6030(f) and Welfare and Institutions Code Sections 220, 221, and 222. With the exception of special purpose juvenile halls, the health administrator for each juvenile facility, in cooperation with the facility administrator, shall develop written policies and procedures pertaining to parenting youth, inlcuding mothers and fathers.
	§ 1417. Pregnant/Post-Partum Youth.		Given the increased vulnerability to, and severity of, health complications experienced by pregnant and post-partum youth in detention, regulations should include a requirement to provide information to the Juvenile Court relevant to any request by the youth for release based on circumstances related to being pregnant or post-partum. *See* Minji Kim BS, Carolyn Sufrin MD,PhD, Kathryn Nowotny PhD, Lauren Beal MPH, Monik C.Jiménez ScD, SM5, "Pregnancy Prevalence and Outcomes in 3 United States Juvenile Residential Systems," Journal of Pediatric and Adolescent Gynecology, Volume 34, Issue 4, August 2021, Pages 546-551, https://www.sciencedirect.com/science/article/abs/pii/S1083318821000073. ("Miscarriages comprised half of the 8 pregnancies that ended in custody, a higher rate than that of the general youth population, in which 65,590 of 448,440 pregnancies among 15-19 year-olds (14.6%) ended in a miscarriage....the transition from JRS to health care providers in the community is crucial to addressing the prenatal health care needs for female youth released from Juvenile Residential System.")	Add the following provision: (e) Provision of information to the Juvenile Court that is relavant to any request by the youth for release from confinement based on circumstances related to being pregnant or post-partum.
	§ 1417. Pregnant/Post-Partum Youth.	Add two new subsections.		(e) Pregnant, post partum, and parenting youth shall be provided information and support in accessing services and benefits for pregnant and post-partum youth to care for their child, including, but not limited to home visiting programs, child care, and public benefits. (f) Post-partum and parenting youth shall be provided frequent in-person vistation.
	§ 1418. Youth with Developmental Disabilities.	add new section (b)	This section should reference the right to request reasonable accommodations.	(b) Policy and procedure shall require that there is a process for youth with disabilities to request reasonable accommodations related to conditions and programming and are provided assistance in making a request.
	§ 1430. Medical Clearance/Intake Health and Screening	Edits to (b) and (c)	This provision should include behavioral health needs in screening.	Screening procedures shall include but not be limited to: (a)Medical, dental and behavioral/mental health concerns that may pose a hazard to the youth or others in the facility; (b)Health conditions that require treatment while the youth is in the facility; and, (c) Identification of the need for accommodations for any ~~eg.~~ physical, behavioral health or developmental disabilities,
	§ 1430. Medical Clearance/Intake Health and Screening	Revisions needed in whole section.	This section should be updated to take into account the experience of the COVID-19 pandemic and similar communicable diseases. We recommend that the Board consult with medical experts to balance safety, health, and mental health needs of the facility.	
	1432 Health Assessment		This section should be revised in consultation with medical experts to reflect COVID-19 and similar communicable diseases. There may be a need to adjust the time lines for the assessment, for example.	
	1432 Health Assessment	Introduction	Revisions are recommended to reflect that the health assessment should include identified ongoing care needs that should be addressed while the youth is in the facility.	The health administrator/responsible physician, in cooperation with the facility administrator for each juvenile hall, shall develop and implement written policy and procedures for a health assessment of youth and for the timely identification of conditions necessary to safeguard the health of the youth and ensure continued care and treatment of youth wih health care needs.
	§ 1433. Requests for Health Care Services.	Introduction	The provision should contain requirements related to infroming youth about the availibility of health care services.	The health administrator, in cooperation with the facility administrator, shall develop age and linguistcally appropriate materials to inform youth of the availability of health care services and develop policy and procedures to establish a daily routine for youth to convey requests for emergency and non- emergency medical, dental and behavioral/mental health care services.
	§ 1433. Requests for Health Care Services	add new subsection	The provision should include a requirement that youth can ask to contact or see a health care provider in the community that they are already connected with to assure continuity of care.	(g) Youth shall be informed of and provided the opportunity to contact and receive health care from a community based care provider.
	§ 1435. Dental Care.		This section should conform to the standards of the American Academy of Pediatric Dentistry. We recommend that it be reviewed by dental professionals to ensure the appropriate standard of care. See American Academy of Pediatric Dentistry. Adolescent oral health care. The Reference Manual of Pediatric Dentistry. Chicago, Ill.: American Academy of Pediatric Dentistry; 2021:267-76, https://www.aapd.org/globalassets/media/policies_guidelines/bp_adoleshealth.pdf.	
	§ 1436. Prostheses and Orthopedic Devices.		We suggest that this section should be reviewed by medical professionals to ensure the appropriate standard of care.	
	§ 1437. Mental Health Services.	Introduction	This provision should include requirements related to providing youth information about availble mental health services. It must also address the scope of available mental and behavioral health services which, at a minimum, provide the level of care a youth would be entitled to access in the community if covered by Medi-Cal. If the purose of these facilities is to include rehabilitiation then they must provide at least the level of behavioral health services a youth would otherwise be eligible to receive.	The health administrator/responsible physician, in cooperation with the behavioral/mental health director and the facility administrator, shall establish policies and procedures to provide behavioral/mental health services and shall develop youth friendly materials to make youth aware of the treatment and services avaialble and how to access them.

	§ 1437. Mental Health Services.	(c)	Youth who are detained and cannot leave the facility must have therapautic services available if needed withouth any exception.	(c) therapeutic services and preventive services ~~where resources permit,~~
		add new subsections	The mental health services provided must incldude arranging for continued treatment for youth who are already receiving treatment to avoid deterioration and to maintain health and wellness.	(i) identification of existing treatment needs and treatment providers; (j) making arrangements for youth to continue treatment with existing community based treatment providers for continuity of care to avoid detioration.
	§ 1437.5. Transfer to a Treatment Facility	add new subsection	This section should contain a provision to require that the youth's parent, guadian and attorney are notified of the transfer to a treatment facility.	(c) Provision of notice to the youth's parent, guardian, and attorney of record that the youth has been transfered to a treatment facility within two hours of the transfer.
	§ 1438. Pharmaceutical Management			
	§ 1438. Pharmaceutical Management	add new subsection	This section should contain a provision to ensure that youth have sufficient medication when they are released and are conencted with a community based provider.	(d) in accordance with section 1351, the health administrator and responsible physician shall establish policies and procedures to ensure that youth who are receiving medication at the facility have sufficient medication upon release, have been connected with a community based treatment provider, and that any needed authorizations have been signed to assure continuity of care.
	§ 1439. Psychotropic Medications.		We recommend that this section be reviewed by pediatricians and psychiatrists with expertise in prescribing and administering psychotropic medication.	
	§ 1439. Psychotropic Medications.	add new subsection	This section should contain a provision to ensure that youth have sufficient medication when they are released and are connected with a community-based provider.	(e) in accordance with section 1351, the health administrator and responsible physician shall establish policies and procedures to ensure that youth who are receiving psychotrpic medication at the facility have sufficient medication upon release, have been connected with a community based treatment provider, and that any needed authorizations have been signed to assure continuity of care.
	§ 1452. Collection of Forensic Evidence	add a new subsection	A policy should be developed so that youth are informed of the process for the collection of foresnic evidence and any right they may have to consent or refuse its collection.	(a)The health administrator, in cooperation with the facility administrator, shall establish policies and procedures assuring that forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution are collected by appropriately trained medical personnel who are not responsible for providing ongoing health care to the youth. (b) The health administrator, in cooperation with the facility administrator, shall establish policies and procedures to assure that youth are informed of the procedures for the collection of foresnsic evindece and any rights they have to provide or refuse consent.
	§ 1453. Sexual Assaults.		This section should include direction to develop policy that will ensure that youth who are victims have access to a supportive adult who they identify. We also recommend that this section be reviewed by professionals and advocates with expertise in the response and treatment of sexual assualt to ensure that policies and procedures do not compound the trauma the youth has faced.	The health administrator, in cooperation with the facility administrator, shall develop and implement policy and procedures for treating victims of sexual assaults, preservation of evidence, ~~and~~ for reporting such incidents to local law enforcement, and ensuring that youth who are victims have access to a supportive adult throughout the process of investigation and treament. The evidentiary examination and initial treatment of victims of sexual assault shall be conducted at a health facility that is separate from the custodial facility and is properly equipped and staffed with personnel trained and experienced in such procedures.
Article 9. Food		Add Section	There should be additions to this article at relevant locations to include: 1. Religious and ethical dietary accomodations 2. To allow for youth participation in menu planning, meal preparation, and other food-realated tasks. For committed youth, there must be requirements for their inclusion in these activities as a component of independent living skills development. 3. An acknowledgement of the importance of food to families and in culture. For committed youth, there should be requirements and standards for the inclusion of family members in meals and to allow for youth to dine with family members (subject only to safety issues), and to either have a policy regarding how and when food may be brought in by family or otherwise to allow family members to prepare food within the facility. 4. A prohibition on denial of the day's menu options or of a medical, religious or ethical diet to any particualr youth for disciplinary reasons, convenience, or staffing or other non-medical reasons. And a clear statement that regularly available food (meals and snacks) may not be denied for these purposes nor the available food substituted with different food for these reasons. 5. Prohibiting staff from displaying, bringing, storing, or eating food in areas accessible to or viewable by youth unless that food is also available to youth.	
	§ 1460. Frequency of Serving		This section should be revised to shorten the length of time between food offerings.	Food shall be offered to youth at the time of initial intake, shall be served to youth if more than ~~14~~ 8 hours pass between meals, and shall be served to youth on medical diets as prescribed by the attending physician.
	§ 1461. Minimum Diet.		This section should be revised so that snacks may complement and supplement a minimum diet, but may not be considered part of the minimum diet. The section should also be revised to conform to the updated USDA's Dietary Guidelines for Americans 2020-2025. According to these guidelines, older adolescentmales need more calories than currently required in this section. Specifically, the guidelines state on page 84: **"Adolescents Ages 14 Through 18:** Adolescent females require about 1,800 to 2,400 calories per day and males require about 2,000 to 3,200 calories per day." https://www.dietaryguidelines.gov/sites/default/files/2021-03/Dietary_Guidelines_for_Americans-2020-2025.pdf To ensure that no youth is under-fed, the regulations should require the upper end of this range be offered for all youth on a daily basis.	The nutritional requirements for the minimum diet are specified in the following subsections. Snacks may be included as a supplement, but may not be considered part of the minimum diet. A wide variety of foods should be served. ... (e) Calories. Recommended daily caloric allowances for ~~both~~ females ~~and males~~ is a minimum of 2500 calories ~~not to exceed 3000~~, and for males is a minimum of 3,200 calories. Calorie increases with the exception of a medical diet may occur as collaboratively determined by the facility manager, dietitian, food service manager and physician.
Article 10. Clothing and Personal Hygiene		Add Section	A section should be added to explicitly clarify that juvenile facilities may develop policies to allow for youth to wear and/ or seclect their own clothing, and to encourage such policies for committed youth. It should also be made clear that clothing cannot be distributed, selected, withheld or otherwise used for disciplinary purposes or in any manner that intentionally or knowingly causes embarrassment and distress. Relatedly, access to personal care items, personal hygiene, shaving, and hair care service cannot be denied or provided for disciplinary purposes or in any manner that intentionally or knowingly causes embarrassment and distress	

	§ 1483. Clothing, Bedding and Linen Supply		The provision should be revised to accommodate the additional bedding needs of pregnant youth or youth with special medical needs.	Consideration shall be given to mattress type and additional bedding or pillows for pregnant youth or youth with other medical-related needs.
	§ 1485. Issue of Personal Care Items.		This provision should be revised so that youth are automatically provided with necessary sanitary products. It should also include the provision of facial cleanser, as adolescents' facial skin is sensitive and prone to breakouts. All items should be made available in a manner and a selection that is developmentally appropriate and respectful of the youth's age, culture, ethnicity, and gender identity and expression. See need for additions noted in row for Article 10 above.	There shall be written policies and site-specific procedures developed and implemented by the facility administrator for the availability of personal hygiene items. Each female youth shall be provided regularly with sanitary napkins, panty liners and tampons, and additional sanitary supplies as requested. (a) toothbrush; (b) toothpaste; (c) soap; (d) comb; (e) shaving implements; (f) deodorant; (g) lotion; (h) facial cleanser; ~~(h)~~ (i) shampoo; and, ~~(i)~~ (j) post-shower conditioning hair products. All toiletries and personal hygiene items shall be provided and made available as age and developmentally appropriate and respecting a youth's culture, ethnicity, gender identity and expression.
	§ 1486. Personal Hygiene.		See need for additions noted in row for Article 10 above.	
	§ 1487. Shaving		See need for additions noted in row for Article 10 above.	
	§ 1488. Hair Care Services.		All services should be made available in a manner and a selection that is developmentally appropriate and respectful of the youth's age, culture, ethnicity, and gender identity and expression. See need for additions noted in row for Article 10 above.	All toiletries and personal hygiene items shall be provided and made available as age and developmentally appropriate and respecting a youth's culture, ethnicity, gender identity and expression.
Title 24 Part 1				
	13-201 (c)(7)		As in Title 15, the "Pilot Project" and "Alternate Means of Compliance" regulations must be revised to allow counties flexibility to innovate entirely new buildings, facilities, and designs, not merely programs or operations within existing facilities that are otherwise compliant with all regulations.	**(7) Pilot project.** A pilot project is the short-term method used by a local juvenile facility/system approved by the Board to evaluate innovative programs, operations or concepts, or facilitiy infrastructure or design which may not comply with the regulations but meet or exceed the intent of these regulations. The Board may, upon application of a city, county, or city and county, grant pilot project status to a program, operational innovation or new concept related to the operation and management of a local juvenile facility or or to a program, operational innovation, or facility infrastructure or design of a new local juvenile facility.
	13-201 (c)((8)			**(8) Alternate means of compliance.** An alternate means of compliance is the long-term method used by a local juvenile facility/system, approved by the Board, to encourage responsible innovation and creativity in the operation or facility infrastructure or design of California's local juvenile facilities.
Title 24 Part 2				
	1230.1.4 Corridors		A requirement that all corridors within a facility must be at least 8 feet wide conflicts with the statutory requirement that juvenile facilities be homelike environments (See Welf. & Inst. Code sections 851 and 880). This provision must be revised to allow counties to comply with the mandate of a homelike environment by addressing space, security, and other considerations (including disabilities) through strategies other than an 8-foot hallway.	**Corridors**. Corridors in living units shall be at least 8 feet (2438 mm) wide, except where maintaining 8-foot corridors is not possible and the facility provides adequate space to maintain safety and accessibility.
	1230.2.6 Lighting		The nighttime lighting requirement must provide a balance between the need for supervision and the crucial importance of sleep for adolescents. This section should be revised to require that lighting be no brighter than needed for meeting minimum supervision requirements, with consideration for proper sleep.	Night lighting is required to be no brighter than necessary for meeting minimum supervision requirements, and must be designed to be minimally intrusive to sleep ~~in these areas to provide good visibility for supervision and be conducive to sleep~~.