

**INITIAL STATEMENT OF REASONS
BOARD OF STATE AND COMMUNITY CORRECTIONS
MINIMUM STANDARDS FOR JUVENILE FACILITIES
TITLE 15, DIVISION 1, CHAPTER 1, SUBCHAPTER 5**

§ 1302. Definitions.

Section 1006 defines terms used throughout these regulations. It was necessary to modify several of the following definitions or to propose new definitions in order to provide much needed clarity and consistency in the operation of juvenile facilities throughout the diverse State of California. There are no anticipated operational or fiscal impacts due to these changes.

The term "behavioral health" was added to the definitions to provide further explanation for its use in several sections of these regulations. Specification was needed to differentiate between the terms "behavioral health" and "mental health" as they are often confused or incorrectly used interchangeably. "Behavioral health" is not limited to "mental health," and encompasses many other problems beyond "mental health."

The term "Behavioral / Mental Health Director" is proposed to provide clarity as to whom is responsible for the behavioral/mental health program of the facility or system.

The term "cell extraction" was replaced with "room extraction" for consistency with language used throughout these regulations.

The term "cisgender" is proposed to provide explanation and clarity to a gender that was not previously been mentioned in these regulations and that does not, in simple terms, meet the definition of male or female.

The term "committed" was modified to include the word "of" for grammar and clarity.

The term "court holding facility for minors" has been modified to replace the word "minors" and "minor" with "youth" for consistency with current language and applicable terms of these regulations.

The term "culturally responsive" is proposed to provide a clear definition of a term that is new to these regulations and may have otherwise been vague or confusing.

The term "de-escalation" is proposed to provide clarity to an industry-known method of conflict resolution, use of which is proposed in other sections of these regulations.

The term "developmentally disabled" has been modified to use more acceptable language in describing persons who have a disability by replacing "developmentally disabled" with "developmental disability", and "mental retardation" with "intellectual disability", as well as inserting clarifying language regarding physical disabilities. The word "means" was replaced with "applies to" for grammar.

The term "direct visual observation" was modified for clarity to include "mirrors" as a supplemental method to visual observation and for consistency with current facility procedures.

The term "direct visual supervision" was modified for clarity to include "mirrors" as a supplemental method to visual supervision and for consistency with current facility procedures.

The term “dispensing,” has been modified to provide a reference to Business and Professions Code Section 4024 and a more sufficient explanation of what the word “dispensing” means within the confines of a juvenile detention facility.

The term “disposal” has been modified to include clarifying information on the expiration date and language about the necessity of getting rid of medications that are no longer necessary or safely useable.

The term “emergency” was modified for consistency by replacing “juveniles” with “youth”, as is the current terminology used throughout these regulations.

The term “food” is proposed to specify and clarify the difference between the meaning of “food”, “meal”, and “snack”, which are often confused or incorrectly used interchangeably.

The term “504 plan” was modified for clarity by removing the word “disabled”, and adding “, but not limited to”; a student does not need to be classified as “disabled” to receive a 504 plan. The reference to Section 504 was expanded to include the full citation information of the Rehabilitation Act of 1973.

The term “gender expression” has been modified to provide a grammatically correct explanation and give clarity to the definition.

The term “gender identity” was modified to clarify and align the definition with more common and widely known uses of the word by removing the language “identification with either the male or female self” and replacing it with “being male, female, some combination of male or female, or either male or female.”

The term “gender fluidity” is proposed to provide clarity to a term that may be used to describe an individual’s gender. This information is necessary during facility intake and for classification purposes.

The term “gender nonconforming” is proposed to provide clarity to a term that may be used to describe an individual’s gender. This information is necessary during facility intake and for classification purposes.

The term “group punishment” was modified to specify that unfair and unjust punishment and/or sanctioning of a group of youth, based on the actions of one or more youth, is not allowed in juvenile facilities.

The term “health administrator” has been modified to include development of procedures as a responsibility of the position, and to remove language pertaining to mental health and the mental health director, as the definition of that term has been removed from these regulations.

The term “health care” was modified for clarity by including “behavioral” services as a type of health care, as is common practice in juvenile facilities and is referenced throughout these regulations.

The term “health care clearance” was modified for consistency to replace the word “child” with “youth” to accurately describe the person who receives clearance using language that is currently used in facilities and defined in these regulations.

The term “health care provider” is proposed to provide clarity to a position that is referenced multiple times throughout these regulations, and who has a specific responsibility to be appropriately licensed.

The term “hearing panel” has been modified for clarity to remove the word “man” from “Chairman,” and provide a gender-neutral description of the person who is responsible for selecting members of the hearing panel.

The term “human trafficking” is proposed to provide clarity to a term that may be used to describe a type of victimization that may be learned during intake, classification, and/or treatment.

The term “intersex” is proposed to provide clarity and explanation to a term that is proposed for use throughout these regulations which has not been previously defined.

The term “Juvenile hall” was modified for clarity to remove a reference to “temporary” because a juvenile hall may not always provide temporary-type care and/or detention.

The term “labeling,” was modified to specify the authority on medication container labeling by inserting a reference to Business and Professions Code Sections 4076 and 4076.5.

The term “legend drugs” has been modified to replace an incorrect reference to California Business and Professions Code Section 4211 with the applicable Section 4022.

The term “Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex (LGBTQI)” is proposed to provide clarity to a term, and its acronym, that has not been previously defined and is now used throughout these regulations.

The term “linguistically appropriate” is proposed for clarity to define a method by which communication may be made with consideration of a recipient’s limited English proficiency, literacy, and disabilities.

The term “living unit” has been modified for grammar by removing the “s” from the word “youths”.

The term “maximum capacity” has been replaced with “rated capacity” for consistency with the language used in Title 24, building standards for juvenile detention facilities definitions.

The term “meal” is proposed to specify and clarify the difference between the meaning of “food”, “meal”, and “snack”, which are often confused or incorrectly used interchangeably.

The term “Mental Health Director” has been replaced with the term “Behavioral / Mental Health Director” for clarity and to better define and describe the position or individual, responsible for mental health programs within a juvenile facility.

The term “minor” was modified for clarity by replacing “those persons” with “individuals” to better, and more respectfully, describe juvenile facility residents who are under 18 years of age.

The term “non-school day” was modified to provide clarity to a definition that may otherwise be confusing as it could be interpreted in several different ways. The word “both” was inserted to define that a youth must be both not enrolled and not required to attend school. The word “is” was removed for grammar.

The term “notice of decision” was modified for consistency with language used throughout these regulations by referring to the Board of State and Community Corrections as the “Board.”

The term “pilot project” was modified for consistency with language used throughout these regulations. The Board of State and Community Corrections is more commonly referenced as the “Board.”

The term “post-dispositional youth” is proposed to provide clarity to a term that was not previously defined and is used in several sections of these regulations.

The term “primary responsibility” was replaced with the proposed term “sole supervision” as it provides a clearer description of the staff member’s responsibility in supervising youth. The term “primary responsibility” was deemed to have many other interpretations that did not fit the intent of the regulation.

The term “rated capacity” is proposed for clarity and consistency with Title 24 building standards for juvenile facilities. Rated capacity will replace the term “maximum capacity”.

The term “reasonable and necessary force” is proposed to provide clarity to a term that is used throughout these regulations; specifically, its use in Section 1357.

The term “recreation” has been modified for clarity by including the language “...free time to choose from”, this change is to ensure that youth are being given a choice during designated recreation times as intended.

The term “request for appeal hearing” was modified for consistency with language used throughout these regulations by changing the reference to the “Board of State and Community Corrections” to just “Board.”

The term “responsible physician” was modified by removing the “e” in the word “judgements” for correctness of grammar and usage.

The term “room confinement” is proposed to provide a definition in instances when a youth is placed in a locked room and may only have contact with correctional facility staff and attorneys. This definition is necessary to effectively convey with whom a youth may have contact, as well as differentiate “room confinement” with a youth being placed in a single person room for brief periods of time.

The term “room extraction” is proposed for consistency with current language and will replace the term “cell extraction”.

The term “sexual abuse” is proposed to define and clarify a term that is used throughout these regulations; specifically, in the newly proposed section 1350.5, which addresses the screening for the risk of sexual abuse.

The term “sexual orientation” has been modified to replace the word “sexes” with “genders,” which is consistent with current terminology and acceptable non-gender specific language.

The term “snack” is proposed to specify and clarify the difference between the meaning of “food”, “meal,” and “snack,” which are often confused or incorrectly used interchangeably.

The term “sole supervision” is proposed to replace the term “primary supervision” as it provides a clearer description of the staff member’s responsibility in supervising youth. The term “primary responsibility” was deemed to have many other interpretations that did not fit the intent of these regulations.

The term “special visits” has been modified to further clarify the term and allow facilities to provide special visiting for individuals who are serving in loco parentis and children of youth, which is the current practice of facilities.

The term “supervisory staff” was modified to provide clear direction while simultaneously updating the responsibilities to reflect what is the current practice. Supervisory staff was generally not included in the calculation of youth to supervision staff ratios; however, current needs of facilities show that more supervision is necessary. Supervisory staff may now be included in the youth to supervision staff ratio when they are specifically performing duties of direct youth supervision.

The term “transgender youth” has been modified to clarify and better describe the meaning and intent of the word by inserting acceptable and current language.

The terms “trauma,” “trauma-informed approaches,” “trauma-informed care,” “trauma reminder,” and “traumatic stress” are proposed to promote awareness of, and clarity in, various trauma-related forms of treatment and/or behaviors which may contribute to how a youth reacts to certain situations and/or is provided with appropriate forms of treatment.

The term “un-enrolled” is proposed to provide clarity to situations when a youth is not in school as referenced throughout these regulations.

The term “voyeurism” is proposed to define a term that has not been previously used in these regulations, as well as for consistency with Title 24, which governs building standards for juvenile facilities.

The term “youth” was modified for clarity and to be inclusive of anyone who is in the custody of the juvenile facility regardless of age or court jurisdiction.

The term “youth supervision staff” was modified to simplify the language regarding supervision, and to replace “child” with “youth” which is consistent with the meaning of those terms and other sections of these regulations.

§ 1303. Pilot Projects.

This section outlines the process for application of pilot projects in juvenile facilities. Pilot projects may occur when a facility does not meet a specific applicable regulation(s), but has an innovative concept related to operation and management of a facility. It was necessary to propose a documentation requirement for community outreach, engagement, or public notice because no such requirement exists in current law. The requirement for facilities to provide the Board with documentation of community outreach, engagement or public notice regarding application is proposed after careful consideration. The proposal was deemed imperative because juvenile detention facilities serve their local communities and in doing so involve many of their community members; schools, parents, program staff, volunteers, members of religious faith, etc. Engaging the community and providing notice of changes that may have the possibility of changing facility standards that will promote the use of higher standards, communication, and transparent processes. There will be no operational or fiscal impact.

§ 1304. Alternate Means of Compliance.

This section outlines the process of applying for alternate means of compliance for juvenile facilities. Alternate means of compliance is a method for facilities to receive long-term approval to use innovative or creative ways of operating their facility. Facilities may apply directly to the Board, with or without having completed a pilot project. It was necessary to propose a documentation requirement for facilities to provide the Board of their efforts in community outreach, engagement, or public notice because no such requirement exists in current law. The proposal was deemed imperative to provide community involvement with facilities who did not operate an approved pilot project, and continue the involvement for those that did. There will be no operational or fiscal impact.

§ 1321. Staffing.

Section 1321 outlines the requirements of staffing in juvenile facilities. This section has been modified because it was necessary to improve and clarify language on the adequate number of staff in facilities by inserting “the overall facility operation and,” to ensure that overall facility operations are considered when the amount of staff necessary is determined. For grammar, the word “program” has been changed to the word “programing” in subdivision (a); “is a youth or” has been removed, and “are” inserted in subdivision (e); and, “h” has been replaced with “H” in subdivision (h)(1). For consistency with language used throughout these regulations, references to gender and age groups have been replaced with “youth” in subsection 1321(f). The word “institutional” has been replaced with “facility” in subdivision (g). In subdivision (h)(3)(E) the word “offenders” has replaced “youth.” An incorrect reference to the requirements in “(e)(2)(A)” was replaced with the intended reference to “(h)(3)(A)(B). These changes are necessary to ensure that overall facility operation is considered in assigning staff to facilities, and that current and correct language and references are used in the regulation text. There may be minimal operational impact and there is no anticipated fiscal impact.

§ 1322. Child Supervision Staff Orientation and Training.

Section 1322 outlines the requirements of supervision staff to receive specific orientation and training on the duties and responsibilities of working in a juvenile detention facility. This section has been modified to replace the word “child” with “youth” to accurately and consistently describe the persons who are detained in the juvenile detention facility. It was also necessary to change references to gender, such as “he” or “she,” and replace them with gender-neutral language such as “they” and “their” because these proposed changes would properly represent the population of youth. Other minor modifications were also necessary to provide clarity in staff standards and expectations, such as inserting the word “any” in subdivision (b) to clarify that staff should not assume responsibility for supervision until they receive the required 40 hours of orientation. The word “basic” was removed in subdivision (b)(2) to provide that staff is required to receive orientation on all rights of youth, not just “basic” rights, which had been previously unclear. References to de-escalation techniques, chemical agents, procedures for trauma-informed approaches, and facility security including the perimeter and grounds, have been added to specify and clarify requirements for the safety and security of staff, youth, and the facility. There may be minimal operational impact for development and/or updating of policies and procedures and there will be no fiscal impact.

§ 1324. Policy and Procedures Manual.

Section 1324 outlines the requirements of facility administrators to develop and implement a manual of written policies and procedures. This section has been modified to require that policy

and procedures manuals address mental/behavioral health, trauma-informed approaches, culturally responsible approaches, gender responsive approaches, storage of chemical agent-related security devices, weapons and ammunition, and the prohibition of sexual abuse, assault and harassment. These proposed additional requirements are deemed necessary to improve safety, security, and services because the making policy and procedure available that focuses on mental/behavioral health, trauma, cultural differences, gender, sexual abuse, and the storage of weapons, which were not previously considered. There are no anticipated fiscal impacts due to these modifications; facilities will need to update policy and procedures manuals as is their regular practice.

§ 1325. Fire Safety Plan.

Section 1325 outlines the required elements of a facility's fire safety plan. This section has been modified because the grammar requires correction by adding “-“ between “two” and “year” in subdivision (b). For consistency with current terminology used throughout these regulations, the word “minor” has been replaced with “youth” in subdivision (f). There are no anticipated operational or fiscal impacts due to these modifications.

§ 1327. Emergency Procedures.

Section 1327 outlines the requirement of facility administrators to develop policies and procedures on specific emergency situations. The following modifications were necessary to include: added requirements for active shooter and terrorist attacks (1327(b)); removal of the storage, issue, and use of chemical agents (etc.); and replacing the word “child” with “youth”. Because active shooter and terrorist attacks are serious emergency situations that require forethought, training, and procedural guidance, this provision is proposed for the safety and security of youth, staff, and others in or around the facility. Subdivision (e) has been removed because the storage of chemical agents and weapons is not in itself an emergency, and the issue is more appropriately addressed in Section 1324, Policy and Procedures Manual. The word “child” has been replaced with “youth” for consistency with language used throughout these regulations. There are no anticipated fiscal impacts due to these modifications; facilities will need to update policy and procedures manuals as is their regular practice.

§ 1328. Safety Checks.

Section 1328 outlines the requirements for safety checks of youth detained in facilities. It was necessary to modify the section for clarity by replacing the word “least” with “a minimum of.” This change ensures that facility policies and procedures reflect the correct minimum standard of providing safety checks every 15 minutes. The language “at random or varied intervals” is proposed because it is necessary to require that facilities conduct their 15-minute safety checks at random times as opposed to a predictable schedule. The requirement of random or varied intervals will prevent youth from recognizing patterns and result in improved safety and security in facilities. It is already a common practice in facilities to conduct randomized 15-minute safety checks, and thus, there is no anticipated operational or fiscal impact.

§ 1329. Suicide Prevention Plan.

Section 1329 outlines the requirement for facility, healthcare and behavioral/mental health administrators to collaborate on policies and procedures for suicide prevention. It was necessary to revise and expand this section so that suicide prevention planning would include more meaningful and in-depth elements. These changes were crucial because the previous regulation was vague, lacked specific direction on considering the needs of youth, and did not address other necessary levels of identification, intervention and/or prevention. There are no anticipated fiscal

impacts due to these modifications, facilities will need to update policy and procedures manuals as is their regular practice.

§ 1341. Death and Serious Illness or Injury of a Youth While Detained.

Section 1341 outlines the requirements for facility administrators to develop written policies and procedures that address situations of serious illness, injury, or death of a youth. Several modifications were necessary because current version of the regulation is vague and confusing. The opening line “In any case in which a youth dies while detained in a juvenile facility” erroneously implies that the requirements of the section only apply when a youth dies, and there is no further mention of “serious illness or injury” past the title of the regulation section. The intent of the proposed modifications to this section are to provide clear and distinct requirements for administrators to follow when a youth is seriously ill, injured, or passes away while in custody. Subdivision (1), Death of a Youth, and Subdivision (2), Serious Illness or Injury of a Youth, are proposed to provide distinction between the different situations with specific requirements for each situation that include but are not limited to: necessary notifications to parents/guardians, juvenile court, attorneys, etc.; policies and procedures; and notification of the Board. There are no anticipated fiscal impacts due to these modifications, and facilities will need to update policy and procedures manuals as is their regular practice.

§ 1343. Juvenile Facility Capacity.

Section 1343 outlines the requirements of facilities to report crowding to the Board. This section has been modified to replace the word “maximum” with “rated” for consistency with Title 24 building standards for juvenile detention facilities. This change is necessary because there is an important distinction to be made between a “maximum capacity” and a “rated capacity” as “rated” does not include every bed in the facility, but rather, the term excludes those beds in excess of Title 24 rated capacity, such as medical or mental health beds or beds added that don’t meet compliance with Title 24. The regulation requires that notice of the Board’s findings on capacity be provided to the presiding juvenile court judge, chairperson of the board of supervisors, and juvenile justice commission, the names of these recipients have been modified to capitalize the titles, and a reference to the Probation Commission has been added as in current practice the Commission already receives notice. There are no anticipated fiscal impacts due to these modifications, and facilities will need to update policy and procedures manuals as is their regular practice.

§ 1350. Admittance Procedures.

Section 1350 outlines the requirements for development and implementation of policies and procedures on the admittance of youth to detention facilities. Several modifications are necessary to the section because the existing regulation lacks consideration of a youth’s traumatic experiences, literacy or language needs. Existing regulation also fails to address some basic, but necessary, services upon a youth’s arrival. To promote the intended spirit of this section and ensure that youth are being informed and connected with the necessary services, it was necessary to add language to the section that requires the following: policies shall be trauma-informed, culturally relevant, and responsive to the language and literacy needs of youth; admittance process shall include basic services, such as two free phone calls, offer of a shower and food, documented secure storage of personal belongings, physical/behavioral health screening, developmental disabilities screening, contact to Regional Center for Developmentally Disabled, if necessary, and reference to Section 1350.5, Screening for Risk of Sexual Abuse. Language has also been added to ensure youth are placed in the least restrictive housing possible and requires facilities to develop such criteria. The proposed changes also require that youth be made aware of rules in the programs they will participate in, and are informed of program

guidelines. “Post-dispositional programs in juvenile halls” has been added to subdivision (c) because both juvenile halls and juvenile camps should also be informing youth of program guidelines. There are no anticipated fiscal impacts due to these modifications; facilities will need to update policy and procedures manuals as is their regular practice.

§ 1350.5. Screening for the Risk of Sexual Abuse.

Proposed section 1350.5 will outline the requirements for facility administrators to develop and implement written policy and procedure on screening for risk of sexual abuse. It is necessary to propose this new section because while existing regulations are silent on the risks for youth to be sexually abused, many youths who enter detention facilities already have traumatic experiences of sexual abuse. This section establishes requirements for screening which is vital because they will provide facilities with tools and information to improve identification and treatment of sexually abused youth and ensure that appropriate placement and services are provided. There will be a minimal operation impact for the development of policy and procedure and no fiscal impact is anticipated.

§ 1351. Release Procedures.

This section outlines the requirements for administrators to develop and implement policy and procedures for release of youth from custody. The proposed modification is necessary because it will ensure that facilities follow consistent policies and procedures for providing transition and reentry services to youth. Transition and reentry services are crucial to the successful movement of youth back to their communities because they provide important links to medical and behavioral health, education, and community-based services. There will be a minimal operational impact for the development and implementation of policies and procedures and there is no anticipated fiscal impact.

§ 1352. Classification.

This section outlines the requirement of facility administrators to develop and implement written policies and procedures on the placement of youth in juvenile detention facilities. It is necessary to modify subdivision (c) by replacing the language “and sex” with “gender and gender identity” because it will ensure that policies and procedures address gender and gender identity rather than solely the anatomical sex of a youth. It is also necessary that subdivision (f) is proposed because it will ensure that policy and procedure is developed and implemented to protect youth from being erroneously indicated as sexually abusive solely for their identification as lesbian, gay, bisexual, transgender, questioning or intersex. There will be a minimal operational impact for the development and implementation of policies and procedures and no fiscal impact is anticipated.

§ 1352.5 Transgender and Intersex Youth.

This proposed section outlines the requirements for facility administrators to develop policies and procedures to ensure respectful and equitable treatment of transgender and intersex youth. This modification is necessary because it will require policies and procedures to include language on respecting gender identity by referring to youth by their preferred name and pronoun, permitting youth to dress and present themselves in a way that is consistent with their gender identity, conducting placement in appropriate units or housing areas, appropriate medical and behavioral health treatment, safety and privacy provisions, and by prohibiting the use of physical searches solely to determine a youth’s anatomical sex. These proposed elements of policy and procedure will protect transgender and intersex youth from discrimination, improper placement and associated safety risks, and unnecessary physical searches. There will be a minimal operational impact due to development of policy and procedure and there is no anticipated fiscal impact.

§ 1353. Orientation.

Section 1353 outlines the requirements for the facility administrator to develop and implement written policies and procedures to orient youth prior to placement in living areas. Modifications to this section are necessary because staff is not always available to provide written and verbal information on orientation and this section recognizes this reality and proposes the supplementation of in-person orientation using videos. The language “limited English proficiency, or” has been replaced with “or English language learners” for consistency with current terminology used in facilities and by education providers. Language requiring policy and procedure on the following important and necessary orientation topics has been moved or inserted to provide youth with knowledge and understanding of the juvenile facility and available services: contraband and searches; positive behavior interventions and supports, including behavior expectations, incentives that youth receive for complying with rules, and consequences that may result when youth violate the rules; age appropriate information explaining policy prohibiting sexual abuse and sexual harassment and methods of report incidents or suspicions of sexual abuse or harassment; identification of key staff and staff roles; the existence of the grievance procedure and how to use it, youth’s right to be free of retaliation in reporting grievances, and the name of the person or position designated to resolve issues; information on the court process; routine and emergency health and mental health care; religious and recreational activities; opportunity for personal hygiene and daily showers; and rules and access to correspondence, visiting, and telephone use. There will be a minimal operational impact due to development of policy and procedure and there is no anticipated fiscal impact.

§ 1354. Separation.

Section 1354 outlines the requirements of the facility administrator to develop and implement written policies and procedures on separation. It is necessary that this regulation is reorganized into subsections for greater clarity, with subdivisions (c), (d), and (f) replaced with lowercase letters for consistency with the format used throughout these regulations. Subdivision (b) is proposed because it will ensure that facility administrators are providing policies and procedures on the consideration of positive youth development and trauma-informed care. Subdivision (e) is proposed to add a reference to applicable Welfare and Institutions Code Section 208.3 and Section 1354.5 of these regulations, will address room confinement, which is a different form of separation. There will be a minimal operational impact due to development of policy and procedure and there is no anticipated fiscal impact.

§ 1354.5 Room Confinement.

Section 1354.5 is proposed to provide facility administrators guidance on the policies and procedures needed on the confinement of youth to their room. Room confinement is a different form of separation in which a youth is placed in their room or cell with minimal or no contact with persons other than facility staff and attorneys. For convenience of facility staff and for consistency with statute, it is necessary that the language from Section 208.3 of the Welfare and Institutions Code has been duplicated in this section. There will be no operation or fiscal impact due to these changes and the regulation is a restatement of statute.

§ 1355. Institutional Assessment and Plan.

Section 1355 outlines the requirement of facility administrators to develop and implement policies and procedures for institutional assessments and planning. It is necessary to propose amendments to the section because the existing language in the first paragraph of the regulation is confusing and clarity is sorely needed. Specifically, proposed amendments clarify that policy and procedures must be written regardless of how long a certain youth is detained. The 40-day

assessment and plan requirement has been moved to subdivision (b)(1), and the documentation requirement has been removed from the first paragraph because it is restated in subdivision (b)(2).

Subdivision (a), which has been named “Assessments”, includes language on a youth’s strengths, risk factors, needs, and history of trauma and removes the term “problems.” This proposed change emphasizes that an assessment should consider a youth’s past experiences and strengths rather than characterizing their risk factors as “problems.” The word “mental” has been replaced with “behavioral” for consistency with other sections of these regulations on behavioral health.

Subdivision (b), which has been named “Institutional Case Plan”, has been modified to include the 40-day requirement for a case plan referenced above. Language relating to pre-adjudicated youth has been removed from subdivision (b)(1) because any youth who has been in custody for 40 days or more can benefit from a plan. Language on transition aftercare planning and contacting the Regional Center for the Developmentally Disabled has been rewritten for clarity and now includes more information that may help youth receive important services during and after their stay in the facility. There will be a minimal operational impact due to development of policy and procedure and there is no anticipated fiscal impact.

§ 1356. Counseling and Casework Services.

Section 1356 outlines the requirements for facility administrators to develop and implement written policies and procedures for counseling and casework services. This section has been modified for consistency with other sections of these regulations by replacing references to a youth’s “problems” with “concerns” and adding “other supportive adults” to the list of people with whom a youth may request contact. Language on “services as appropriate to the population...” has been replaced with “access to available resources to meet the youth’s needs” because it will provide clearer direction that resources should be connected on an individual basis, rather than being based on the entire population’s needs. There will be minimal operational impact due to development of policy and procedure and there is no anticipated fiscal impact.

§ 1357. Use of Force.

This section outlines the requirements for facility administrators to develop and implement written policies and procedures for the use of force. It is necessary to heavily modify this section because it is important that the section reflect the intent to protect youth, staff, and others in detention facilities from harm, injury, and trauma. Each necessary change is outlined below. Other provisions on contact with a parent or guardian, medical and/or mental health, and follow-up are proposed because it will ensure that communication is achieved with all the necessary people, so that youth are receiving the applicable services and care. Other modifications consist of grammar corrections, reorganization of language for clarification purposes, and addition of new requirements. The addition of new requirements is necessary because it will include development of policy and procedure that restrict uses of force to that which is deemed reasonable and necessary; outlines allowable force options and techniques that are prohibited; requirements of staff to report inappropriate uses of force and action to immediately stop it; defined standards of report formats that include specific incident information; review and tracking of uses of force by supervisors or managers which includes debriefing incidents with staff and/or youths, mitigation of effects of trauma experienced by staff and/or youth; investigating unreasonable use; notification of parents or legal guardians after incidents; descriptions of limitations for use on pregnant youth; identification of who may carry and/or use chemical agents and approved methods of use; mandates that chemical agents may only be used when imminent threat to safety exists; use of de-escalation efforts; approved methods of decontamination; notification and follow-up procedures for medical, mental health, parents or legal guardians; documentation of use; and training that includes medical and behavioral health conditions that contraindicate force, chemical

agent methods of application, referrals to medical or behavioral health, constitutional limitations, physical training on use of force options, and timelines. There will be minimal operational impact due to development of policy and procedure and there is no anticipated fiscal impact.

§ 1358. Use of Physical Restraints.

Section 1358 outlines the requirement for facility administrators to develop and implement written policy and procedures for the use of physical restraints. This section has been modified to remove the separate subdivisions ((a), (b), (c)) because there was no reason for dividing the topics on physical restraint. In the first paragraph, “Restraint devices include any devices which immobilize a youth’s extremities and/or prevent the youth from being ambulatory” has been added because it will provide a definition of what a restraint device does. This addition is necessary because the issue had been unclear. In paragraph two, language requiring physical restraints to be used only when less restrictive alternates are ineffective has replaced language on circumstance and control of disordered behavior because clarity is needed. Proposed requirements on the following topics have been added because it will provide protection to youth and staff in facilities: prohibition of restraints being used for punishment, discipline or treatment; prohibition of using restraints that attach youth to walls, floors, fixtures, chairs or by “hogtying”; reference to Penal Code Section 6030(f) and Welfare and Institutions Code Section 222 for the restraint of pregnant youth; and reference to newly proposed Section 1358.5, Use of Restraint Devices for Movement Within the Facility.

To further specify restraint requirements and ensure that a youth’s physical, medical and mental health and safety is being considered and observed, it is necessary that language on minimum topics for inclusion in policy and procedure has been struck out and replaced with requirements for: placing restraints on youth only with the approval of facility managers or delegated authority with documented reasons for continued retention; a medical opinion on safety of placement no later than two hours from time of placement with medical clearance every three hours; mental health consultation no later than four hours after placement; continuous direct visual supervision of youth by staff with 15-minute documentation of observed behavior; documentation of circumstances prior to restraint; known medical conditions; acceptable restraint devices; signs and symptoms requiring medical/mental health referral; availability of cardiopulmonary resuscitation equipment; protective housing; hydration and sanitation needs; and exercising extremities.

There will be minimal operational impact due to development of policy and procedure and there is no anticipated fiscal impact.

§ 1358.5 Use of Restraint Devices for Movement and Transportation within the Facility.

Section 1358.5 is proposed to outline the requirements for facility administrators to develop and implement policies and procedures on the restrained movement and transportation of youth within detention facilities. The proposal of a new section is necessary because the topic of restraining youth for the sole purpose of movement or transportation inside facilities is important and not addressed in other regulation sections. Guidance is needed. This section will require the following topics to be included in policy and procedures so that the restraint of youth during movement within the facility is done safely and consistently: identification of acceptable restraint devices and staff who have been trained and approved to use them; documented circumstance that led to use of restraint; individual assessment of necessity in restraining youth, consideration of less restrictive alternatives, medical, mental health, trauma informed approaches, and documentation, review, and approval by supervisor; consideration of safety and security of the facility clearly defining that restraint shall not be used for discipline or retaliation; and a reference

to Penal Code Section 6030(f) and Welfare and Institutions Code Section 222 for the use of restraints on pregnant youth. There will be a minimal operational impact due to development of policy and procedure and there is no anticipated fiscal impact.

§ 1359. Safety Room Procedures.

Section 1359 outlines the requirements of facility administrators to develop and implement policy and procedure on the use of safety rooms. The lettering and numbering of this section have been modified for clarity and organization of information. In the first paragraph, “and where applicable” has been inserted because some facilities do not contain safety rooms and therefore, they should not be required to develop and implement policies and procedures on the use of a room they do not have. The 24-hour requirements in existing subdivision (f) and (g) were replaced with other requirements. Specifically, this section mandates that a youth may be placed in safety room for up to four hours and after four hours, facilities may do the one or more of following: return youth to general population; consult with mental health; medical staff; or the develop an individualized plan for reintegration. These changes were proposed to provide youth with a higher level of safety, care and service in shorter time frames. There will be a minimal operational impact due to development of policy and procedure and there is no anticipated fiscal impact.

§ 1360. Searches.

This section outlines the requirements for facility administrators to develop and implement policies and procedures on the use of searches. It is necessary to reorganize this section to provide clarity and resolve formatting issues. One such modification moves language on ensuring the safety and security of the facility and conducting searches in a manner that preserves privacy and dignity from out of the first paragraph and into subdivisions (a) and (b). Existing language in subdivisions (a) through (e) were removed because it required different policies and procedures for searching different people and conducting searches in specific places within the facility. Additional modifications are necessary to eliminate such variances in search standards and processes. This section requires that searches should be consistently conducted in the same manner no matter who is being searched or where the search is conducted. Consistent standards for searches emphasizes that searches are conducted for the safety and security of youth, staff, and others in the facility. The proposed language in subdivisions (c) through (g) are intended to provide added protections for persons being searched and ensure compliance with applicable laws. These changes include: searches must comply with Penal Code Section 4030; physical body cavity searches shall only be conducted by a medical professional; youth held after a detention hearing shall only be strip searched with supervisory approval and only when reasonable suspicion exists and is documented; searches of intersex youth (in addition to transgender) shall comply with Section 1352.5(f) of these regulations; and cross-gender searches of any type are prohibited except in exigent circumstances, or where conducted by medical professionals, and must be documented. There will be a minimal operational impact due to development of policy and procedure and there is no anticipated fiscal impact.

§ 1361. Grievance Procedure.

This section outlines the requirements for facility administrators to develop and implement policies and procedures on their facility’s use of grievances. It is necessary to modify this section by proposing the following changes so that youth will receive improved care and services: no time limits on filing of grievances; prompt “initial” response within three (3) business days with immediate response to grievances related to health and safety issues; resolution of grievances within ten (10) business days with exception for circumstances that require more time and notification of youth as to the delay of resolution; and provision of multiple internal and external methods of reporting sexual abuse and harassment. The language “child care” in subdivision (b)

has been replaced with “youth” for consistency with current terminology and other sections of these regulations. There will be a minimal operational impact due to development of policy and procedure and there is no anticipated fiscal impact.

§ 1362. Reporting of Incidents.

Section 1362 outlines the requirements for facility administrators to develop and implement policies and procedures on the reporting of incidents. The following changes were made to this section to properly reflect and address the emerging issue of the “use of force.” These changes were made because they are imperative for the safety and security of staff. To promote improved record keeping, the “use of force” has been proposed as an incident that will require a report written by staff, submitted to the facility manager. The language “unless additional time is necessary and authorized by the facility manager or designee” is proposed to allow staff to submit a report past the existing time frame, commonly the end of shift, if necessary. There will be minimal operational impact due to development of policy and procedure and there is no anticipated fiscal impact.

§ 1370. Education Program.

Section 1370 outlines the requirements of facility administrators and schools to develop and implement policy and procedure on education programs that are administered in juvenile detention facilities. It was necessary to make several modifications to this section, so it would accurately reflect the current needs of youth in custody as well as the updated educational tools, terms, and practices of the educational field. Modifications are proposed to provide clarity and replace outdated references to specific educational assessments and services. Modifications also expand on explanatory language regarding the delivery methods and types of educational services that are consistent with current Education Code. This section also ensures education is documented, compliant with current state laws, and that education is carried out in a collaborative, culturally responsive, and trauma-informed manner, so that students receive the educational services they need and deserve. There will be minimal operational impact due to development of policy and procedure and there is no anticipated fiscal impact.

§ 1371. Recreation, Programs and Exercise.

Section 1371 outlines the requirement of facility administrators to develop and implement written policies and procedures for programs, recreation, and exercise. This section has been modified for grammar. It was also necessary to reorganize the language into a comprehensive overview that clearly outlines what facilities are required to provide for programming, recreation, and exercise to youth. Accordingly, the order of “Programs” and “Recreation” have been switched in the text and title of this regulation to emphasize the importance of providing youth with programming activities. The types of programming have also been expanded, such as programming focused on helping or healing youth by using trauma focused, cognitive, evidence-based, best practice interventions that are culturally relevant and linguistically appropriate and that will help reduce recidivism. While the list of programs provides further examples of acceptable and helpful programs that are currently being used in facilities, it is not an exhaustive list. This section requires that at least one hour of programming a day is offered. This section also removes existing language on the use of suspension of the one hour of exercise for youth who are a threat to the safety and security of the facility because it was deemed that exercise should not be withheld as a method of punishment or discipline. There will be minimal operational impact due to development of policy and procedure and there is no anticipated fiscal impact.

§ 1372. Religious Program.

Section 1372 outlines the requirement of facility administrators to provide access to religious services and/or religious counseling. This section has been modified to replace “minor” with “youth” for consistency with language used throughout these regulations. Other modifications include replacing “other program activities” with “an activity outside of their room” because the change is necessary to ensure that non-participating youth are not confined to their rooms during religious program time. The language “and practices” has been added to subdivision (a) to allow that programs include religious practices which are not the same as services. There will be minimal operational impact due to development of policy and procedure and there is no anticipated fiscal impact.

§ 1373. Work Program.

Section 1373 outlines the requirements of facility administrators to develop policies and procedures on work programs. This section has been modified by replacing “minor” with “youth” for consistency with language used throughout these regulations. Language on “fair and consistent” assignment has been inserted because the change is necessary to ensure that all youth are being given fair opportunities to participate in work programs. A new requirement that “work programs shall not be imposed as a disciplinary measure” has been proposed to protect youth from being unfairly assigned as punishment. There will be minimal operational impact due to development of policy and procedure, there is no anticipated fiscal impact.

§ 1374. Visiting.

Section 1374 outlines the requirement for facility administrators to develop and implement written policies and procedures for visiting. The modifications to this section are necessary to ensure that youth are receiving visits with persons who are important to them, such as their own children, grandparents, siblings, and other supportive adults. For the safety and security of youth, staff, and the facility, visitors will need approval by the facility administrator or designee, who will ensure the following: it is in the youth’s best interest to see the visitor; visits will take place at reasonable times; visitors will not be denied solely for criminal history; staff will look at the risks of each visitor; and denials will be communicated to all parties.

The provisions regarding special visits have often been considered confusing, because of this view, this section proposes, for clarity, to add language that better explains that special visits are in addition to, and not part of, the two-hour minimum visiting time given to each youth per week. Accordingly, special visits will be accommodated as necessary and may occur outside of normal visiting hours whereas therapy and professional visits are not regulated by this section. The intent of these changes is to provide clear requirements for special visits, ensuring that each youth is receiving the minimum amount of visits.

To ensure that valuable in-person visits are not replaced with video-type visitation methods, “The facility may provide access to technology as an alternative, but not as a replacement, to in-person visiting” has been inserted.

There will be minimal operational impact due to development of policy and procedure and there is no anticipated fiscal impact.

§ 1376. Telephone Access.

Section 1376 outlines the requirement of administrators to develop and implement written policies and procedures to provide access to telephones. For consistency with language used throughout

these regulations, the word “minor” has been replaced with “youth.” There is no anticipated operational or fiscal impact.

§ 1377. Access to Legal Services.

Section 1377 outlines the requirement of facility administrators to develop written procedures to ensure youth have necessary access to the courts and legal services. For consistency with language used throughout these regulations, the word “minor” has been replaced with “youth.” There is no anticipated operational or fiscal impact.

§ 1378. Social Awareness Program.

This section outlined the requirements for social awareness programs in juvenile facilities. The section has been removed because it was deemed outdated, especially since relevant information on programs in facilities has been addressed and expanded upon in Section 1371. There is no anticipated operational or fiscal impact.

§ 1390. Discipline.

Section 1390 outlines the requirements of facility administrators to develop and implement written policies and procedures for the discipline of youth. While discipline itself is important, the regulation did not address necessary methods of support, intervention, and rehabilitation of youth that should be provided when disciplinary methods are employed. To address the needs of youth, the language “including the use of positive behavior interventions and supports...and, rehabilitative programming” has been inserted. There will be minimal operational impact due to development of policy and procedure and there is no anticipated fiscal impact.

§ 1391. Discipline Process.

Section 1391 outlines the requirement of facility administrators to develop and implement policies and procedures on discipline processes. This section did not address the need of positive interventions or accommodations for youth with disabilities, limited literacy, and English language learners. It is necessary that discipline processes address the needs of youth, language on trauma-informed approaches and positive behavior interventions, accommodations for youth with disabilities, limited literacy, and English language learners has been inserted. The language in subdivision (e) about “withdraw from group activities for 24 hours or more” was removed because it was confusing and addressed a discipline option rather than a process. There will be a minimal operational impact due to development of policy and procedure and there is no anticipated fiscal impact.

§ 1400. Responsibility for Health Care Services.

Section 1400 outlines the requirement of facility administrators to ensure that health care services are provided to all youth. For consistency with other sections of these regulations, the word “minor” has been replaced with “youth”, and “behavioral/” has been inserted before the title “mental health director.” There is no anticipated operational or fiscal impact.

§ 1401. Patient Treatment Decisions.

Section 1401 requires that all clinical decisions be made by licensed health care professionals, operating within the scope of their license and within facility policy that defines health care services. This section has been modified for consistency with other sections of these regulations by including “safety and” to describe the security policies and procedures that apply to staff and by replacing “minor” with “youth.” There is no anticipated operational or fiscal impact.

§ 1402. Scope of Health Care.

Section 1402 outlines the requirements for health administrators and facility administrators to develop policy and procedure on health care and the extent to which care may be provided. This section has been modified to provide language that is consistent with other sections of these regulations by replacing the word “physician” with “health care provider” and inserting “behavioral/” in front of “mental health.” The word “emergency” was inserted because it is a level of care which must be provided in facilities, and is already a common and necessary facility practice that had not previously been addressed in regulation. There will be minimal operational impact due to development of policy and procedure and there is no anticipated fiscal impact.

§ 1403. Health Care Monitoring and Audits.

Section 1403 outlines the requirements for health and facility administrators to develop and implement policy and procedures on health care monitoring and audits. For consistency with other sections of these regulations, the word “behavioral/” has been placed before “mental and dental services.” There is no anticipated operational or fiscal impact.

§ 1404. Health Care Staff Qualifications.

Section 1404 outlines how health administrators will develop education and experience requirements for the recruitment of health care staff. It is necessary that youth are receiving the best possible care from qualified professionals, therefore the following language has been added to clarify the needs of the facility and ensure the best care: “and understanding” of the facility population; and “hiring practices will take into consideration cultural awareness and linguistic competence.” For consistency with other sections of these regulations, the word “minor” has been replaced with “youth.” Regarding the availability of staff credentials, in subdivision (c) the word “accessible” has replaced “on file at the facility, or in another central location where they are available” because existing text did not recognize that many facilities are moving toward digital files. There will be minimal operational impact due to development of policy and procedure and there is no anticipated fiscal impact.

§ 1406. Health Care Records.

Section 1406 outlines the requirement for on-site health records. This section has been modified for clarity and to ensure that records are maintained as necessary, and correctly, by removing the word “complete” and inserting “when applicable.” There is no definition of what is a “complete” record is and not all files will contain each element listed in subdivisions (a)-(n). In subdivision (n), the addition of “individual treatment plan” is proposed to ensure that each youth is receiving individualized treatment and that necessary elements of treatment are being documented. Language on the safety of health care information has been modified to ensure privacy by requiring that files be secured electronically where applicable. The language “and/or behavioral/” has also been added to mental health records to ensure confidentiality extends to behavioral health records. The language “minors shall not be used to translate confidential medical information for other non-English speaking minors” has been moved to Section 1407(c) of these regulations because it does not relate to records and is better suited to the regulation on confidentiality. There will be minimal operational impact due to development of policy and procedure and there is no anticipated fiscal impact.

§ 1407. Confidentiality.

Section 1407 outlines the requirement that health administrators establish policy and procedures on confidentiality. This section has been modified for consistency with other sections of these regulations by replacing the word “minor” with “youth” and inserting the word “behavioral/” before “mental health services.” The language “consistent with HIPAA” has been added to reference

well-known regulations on medical information protection. Health care professionals in juvenile facilities already follow the requirements of HIPAA; however, the reference is necessary to ensure that local policy and procedure address it. The language in Section 1407(c) was taken and moved from Section 1406 because it relates more to confidentiality requirements than records. There will be a minimal operational impact due to development of policy and procedure and there is no anticipated fiscal impact.

§ 1408. Transfer of Health Care Summary and Records.

Section 1408 outlines the requirement of health administrators to establish written policy and procedures on health care summaries and relevant record transfers. This section has been modified for consistency with other sections of these regulations by replacing the word “minor” with “youth.” Other modifications include the rewording of 1408(c) because it does not use current industry terminology, the changes ensure that summaries and record information for youth with communicable diseases are provided to the appropriate staff, which may not be a specific person and/or a consistent title. The “advanced” notice provision was removed because it may not be feasible to require advanced notice in some cases where a youth’s movement is unplanned. In subdivision (d), “written” is replaced with “applicable” to clarify that authorization may be obtained by other means and is not limited to written authorization which may not always be possible or necessary. There will be minimal operational impact due to development of policy and procedure and there is no anticipated fiscal impact.

§ 1408.5 Release of Health Care Summary and Records.

Section 1408.5 is proposed because there was no existing requirement that a youth’s health care summary is transferred to the appropriate physician or care facility, as well as to the youth, their parents or guardians, upon request. This provision will ensure that important health care information about youth is being shared so that there is no lapse in care for those who have been released. There will be minimal operational impact due to development of policy and procedure and there is no anticipated fiscal impact.

§ 1412. First Aid/AED and Emergency Response.

Section 1412 outlines the requirements of health administrators and/or responsible physicians to establish facility-specific policies and procedures to ensure access to first aid and emergency services. This section has been modified for clarity by moving the existing language from subdivision (b) into subdivision (a) because it is a continuation of the first aid kit requirement. New language is proposed to ensure necessary lifesaving equipment is available, by adding subdivision (b) to require that automated external defibrillators (AED) be available in each facility and that the administrator will ensure that the device is maintained. The last sentence of 1412 has been modified to replace “child” with “youth” for consistency with language used throughout these regulations, “and AED” has been inserted to ensure that policy and procedure includes information of AED machines. The AED requirement is proposed after discussions on the lifesaving capabilities of AED machines and how many facilities already have them as a matter of common practice. There will be minimal operational impact due to development of policy and procedure and there may be minimal fiscal impact for facilities who do not already have an AED machine.

§ 1413. Individualized Treatment Plans.

Section 1413 outlines the requirement for the responsible physician, in cooperation with the facility administrator, to develop and implement policy and procedures that assure health care treatment plans are developed for all detained youth. This section has been modified for consistency with other sections of these regulations by including references to the “behavioral/mental health

director,” and “medical, behavioral/mental health or dental” to ensure that those important and necessary health services are not being overlooked in treatment plans. Other modifications include replacement of “have received” with “are receiving” because plans should be continually updated as needed; and for clarity and emphasis, moving the language “policies and procedures shall assure:” from subdivision (a) to section 1413 so it is clear that all policies and procedures address subdivisions (a) through (d). To ensure that youth receive necessary health care plans that are individualized to their own needs, and that plans are providing methods of continued care, subdivision (c) was modified to replace “Medical and mental” with “Relevant ... care treatment plan” and “treatment planning and implementation” was replaced with “implementation and continuity of care”. Subdivision (d) has been stricken because pre-release arrangements are already covered under subdivision (c), continuity of care. Language in subdivision (e) has been moved to subdivision (d) for formatting purposes. Language pertaining to policy and procedure for developmentally disabled persons has been moved to proposed Section 1418 because the requirement needed more visibility and this change will make it easier for regulation users to find. New language is proposed to address a youth’s treatment after release. These requirements will help youth transition back to their communities and continue receiving necessary health care services. To accomplish continued care, the following has been added: “Treatment planning by health care providers shall address:” “pre-release and discharge planning for continuing medical, dental and behavioral/mental health care; participation in relevant programs upon return to community; youth and family participation; cultural responsiveness, awareness and linguistic competence; physical and psychological safety; and traumatic stress and trauma reminders.” There will be minimal operational impact due to development of policy and procedure and there is no anticipated fiscal impact.

§ 1415. Health Education.

Section 1415 outlines the requirements of health administrators, in cooperation with facility administrators, to develop written policies and procedures on health education. This section has been modified to remove “and the local health officer” because the local health officer is not actually a participant in creating policy and procedure, but rather, annually inspects facilities. Language has been added on the types of health education. Specifically, this section requires that policy and procedure ensure health information includes “interactive and gender and developmentally appropriate medical, behavioral/mental health and dental” is “provided to youth.” These changes were deemed necessary to ensure that youth receive health education beyond that which is age and sex appropriate, and that educational information is provided rather than offered. Language on content and community has been added to the last sentence of this regulation to ensure that the education program’s content is updated and addresses community priorities and concerns. The word “and” was replaced with “that” for grammar. There will be minimal operational impact due to development of policy and procedure and there is no anticipated fiscal impact.

§ 1416. Reproductive Services and Sexual Health.

Section 1416 outlines the requirements for health administrators and facility administrators to develop policies and procedures on reproductive health services. Reproductive services are related to sexual health and it was deemed necessary to ensure policies and procedures address both reproductive services and sexual health together. This section has been modified to include “and sexual health” in the title and text, and to replace “both male and female minors” with “all youth in accordance with current public health guidelines” because more gender-neutral language was needed and to require that services are consistent with public health guidelines. There will be a minimal operational impact due to development of policy and procedure and there is no anticipated fiscal impact.

§ 1417. Pregnant/Post-Partum Youth.

This section outlines the requirements for health administrators and facility administrators to develop policies and procedures pertaining to pregnant youth. This section's title and text have been modified to include references to "post-partum youth" because the special needs of pregnant youth do not immediately cease once they have given birth. To extend the proper services that pregnant and post-partum youth require, this section has also been modified to remove language on diets and education because those topics are addressed elsewhere in regulation. Proposed revisions also insert necessary references to applicable Welfare and Institutions Codes and inserts a new section on policy and procedure that requires pregnant youth receive information on their options to continue pregnancy, terminate, or seek adoption of the child; on other topics like prenatal care, counseling, post-partum care, availability of breast pumps and lactation information; and, communication and continuation of health care. These policies and procedures are included to provide pregnant and post-partum youth with the necessary levels of care and information that are commensurate with what they would receive in the community. There will be a minimal operational impact due to development of policy and procedure and there is no anticipated fiscal impact.

§ 1418. Youth with Developmental Disabilities.

Proposed section 1418 outlines requirements for policy and procedures on the referral of youth to local Regional Centers for the Developmentally Disabled for purposes of diagnosis and/or treatment. While the section is new, the requirement is not. The requirement language was moved from Section 1413 because the subject needed better visibility, making the regulation easier to locate and ensures that the subject is addressed with separate policies and procedures from those on individualized treatment plans. There is no anticipated operational or fiscal impact.

§ 1430. Medical Clearance/Intake Health and Screening.

Section 1430 outlines the requirements for the health administrator/responsible physician, in cooperation with the facility administrator and mental health director to establish policies and procedures on intake health screening. This section has been heavily modified to ensure that youth are provided with all the necessary services, screening, and treatment that will protect them and others in the facility from serious health risks. To accomplish the goal of protecting the safety and security of youth, staff, and others, language on the following has been added or reorganized to provide clear requirements: documentation of intake health screening; policy and procedure specific to adjudicated youth confined for successive stays less than 96 hours including evaluation and screening for communicable disease; symptoms that require referral for outside medical attention prior to booking; documentation of medical clearance, and progress notes; added screening elements for medical, dental and behavioral/mental health concerns, health conditions that require treatment; and accommodations for physical, developmental disability, gender identity or medical holds. Other modifications include replacing the word "minor" with "youth" for consistency with language used throughout these regulations. There will be minimal operational impact due to development of policy and procedure and there is no anticipated fiscal impact.

§ 1431. Intoxicated Youth and Youth with a Substance Use Disorder.

Section 1431 outlines requirements for facility administrators to develop and implement policies and procedures addressing intoxicated and substance abusing youth. This title and text have been modified to replace "abusing youth" with "youth and youth with ...use disorder", to provide better descriptive language that is currently used in facilities. Other necessary modifications have been made to reorganize the section; such as moving the "health administrator/" directly before the "physician" as those positions often collaborate or fill the same role in facilities. Because

some language was not current, the word “drug” has been replaced with “substance,” and references to withdrawal and treatment have been added. For consistency with other sections of these regulations the word “behavioral/” has been added prior to “mental health.” For clarity and improved formatting of information, the first sentence of existing subdivision (c) was moved to subdivision (b)(1). The remaining text of subdivision (c) was removed and the issues therein have been updated with current practice and for consistency with subsections (9) through (12) of subdivision (b). The existing requirement that intoxication persisting beyond six hours has been changed to four hours, so youth that may have serious medical issues are identified sooner. There will be minimal operational impact due to development of policy and procedure and there is no anticipated fiscal impact.

§ 1432. Health Assessment.

Section 1432 outlines the requirement of health administrators and/or responsible physicians, in cooperation with facility administrators to develop and implement policy and procedure for health appraisal/medical examinations. This section has been modified to use current terminology by replacing “appraisals/medical examinations” with “assessment” clarify that assessments and health history are not limited to listed attributes by inserting “but is not limited to” and for consistency with other sections of these regulations, “drug” has been replaced with “substance.” Other changes include proposed requirements that health history include strengths and support available to youth, history of trauma, physical and sexual abuse, assault, neglect, violence, loss, stress symptoms and pregnancy needs. This change is so that youth’s needs can be better addressed and treated. Clarifying language on examinations was added to specify that examinations referenced are “physical”, and that “gross” hearing “tests” are now referred to as hearing “screening.” “Pap smears” was removed from the list of diagnostic tests because those tests are not typically performed as a matter of medical examination in this context. Subdivision (a)(1) was rewritten to specify that immunization records be reviewed, not just verified. “Health care provider” has replaced “responsible physician” in subdivision (a)(2) because the responsible physician is not always available to conduct examinations or determine testing components. Requirements that health and immunization review occur within 96 hours of admission and are updated annually are proposed to ensure that youth who are only held temporarily are still receiving these important and necessary services, and that youth detained for more than a year continue to receive the services. A reference to screening for tuberculosis in subdivision (b) has been changed to “communicable disease” because screenings may encompass other diseases beyond tuberculosis. In subdivision (c) “and from” has been inserted to ensure that necessary assessment information is communicated both ways and follows the youth to wherever they have been transferred; language on missing assessments has also been inserted to ensure that if a youth has not received a required assessment, they will within a determined amount of time, in this case, 96 hours. In subdivision (d) “record” has replaced “appraisal/medical examination” to ensure that a youth’s entire health record is reviewed prior to transfer because a review of just the assessment may not contain all of the important information on a youth’s health. There will be minimal operational impact due to development of policy and procedure and there is no anticipated fiscal impact.

§ 1433. Requests for Health Care Services.

This section outlines the requirements for the health administrator, in cooperation with the facility administrator, to develop policy and procedures on how youth request health care services. This section has been modified because not all the necessary services were included in policy and procedure, by inserting language on “medical, dental and behavioral/mental” health the necessary services are listed. Other modifications include rewording subdivision (a) for clarity, and ensuring that youth are given confidential methods of communication to request health services. For

consistency with other sections of these regulations the word “minor” has been replaced with “youth.” Subdivision (c) was modified and rewritten because the requirement that each youth is observed by staff for health issues was unclear; a requirement that staff observe youth for the “presence of trauma-related behaviors, injury and illness” has been added to ensure youth who exhibit these symptoms or signs are given proper treatment. There will be a minimal operational impact due to development of policy and procedure and there is no anticipated fiscal impact.

§ 1434. Consent and Refusal for Health Care.

Section 1434 outlines the requirements for health administrators, in cooperation with facility administrators, to establish policy and procedures on consent of health care. To ensure that facilities have the necessary policy and procedures that address situations that occur in facilities, the title and text of this regulation have been modified to include “refusal” and “denial” and a reference to “immunizations.” For consistency with other sections of these regulations the word “behavioral/” has been added before “mental health.” There will be a minimal operational impact due to development of policy and procedure and there is no anticipated fiscal impact.

§ 1436. Prostheses and Orthopedic Devices.

This section outlines the requirements of health administrators, in cooperation with facility administrators, to develop policy and procedure on prostheses and orthopedic devices. For consistency with other sections of these regulations, the word “minor” has been replaced with “youth.” There is no anticipated operational or fiscal impact.

§ 1437. Mental Health Services.

Section 1437 outlines the requirements of health administrators/responsible physicians, in cooperation with mental health directors and facility administrators, to establish policies and procedures on mental health services. The title and text of this regulation has been modified by moving language on “transfer to a treatment facility” to newly proposed section 1437.5 to reduce confusion and make it clear that all youth with mental health needs do not require transfers. For consistency with other sections of these regulations, the word “behavioral/” has been inserted before “mental health services”. Explanatory language that will help to identify the needs of youth is proposed to require specific, trained staff to perform screening for mental health problems and a list of types of issues or trauma that may require immediate attention. Other modifications are proposed to ensure youth are receiving necessary and essential mental health services, which include added language on assessment by behavioral/mental health provider when screening indicates it to be necessary and therapeutic, and preventative services where resources permit; initial and periodic medication support; and transition planning for continuation of care from behavioral/mental health providers, including providers in the community. There will be minimal operational impact due to development of policy and procedure and there is no anticipated fiscal impact.

§ 1437.5. Transfer to a Treatment Facility.

Proposed section 1437.5 outlines the requirements of health administrators/responsible physicians, in cooperation with the behavioral/mental health directors and administrators, to establish policies and procedures for the transfer of youth to a treatment facility. This section is proposed to ensure that youth are transferred to treatment facilities only when it is necessary for the safety and security of the youth or others. The requirement that “youth who appear to be a danger to themselves or others, or to be gravely disabled” has been moved from section 1437 to 1437.5(a) and expanded to provide clarifying language on mental health conditions. Section 1437.5(b) is proposed to ensure that youth receive timely referral and transfer to licensed mental health facilities and that necessary follow-ups occur when a youth’s needs exceed the capability

of the detention facility. The outlined changes are necessary to protect youth in juvenile facilities and ensure that they are receiving the behavioral and mental health services they need. There will be minimal operational impact due to development of policy and procedure and there is no anticipated fiscal impact.

§ 1438. Pharmaceutical Management.

Section 1438 outlines the requirement for health administrators, in consultation with a pharmacist and in cooperation with facility administrators, to develop and implement written policy, establish procedures, and provide space and accessories for the secure storage, controlled administration, and disposal of all legally obtained drugs. Modifications to this section were made to: ensure that the properly trained and/or licensed staff are performing specific and necessary duties by inserting “by medical staff” in subdivision (a)(9), and “licensed” to subdivision (b)(4); fix a grammatical error by moving “and,” to 1438(a)(10); provide added protection to the health of youth by inserting language on uninterrupted continuation of medication; and fix an incorrect reference to Section 4047.5 of the Business and Professions Code by replacing it with Section 4076 and 4076.5. There will be minimal operational impact due to development of policy and procedure and there is no anticipated fiscal impact.

§ 1439. Psychotropic Medications.

Section 1439 outlines the requirement for health administrators/responsible physicians, in cooperation with mental health directors and facility administrators, to develop and implement policies and procedures on the use of psychotropic medications. This section has been modified to ensure that youth receive services and medications from the proper staff members, and that psychotropic medications are used properly for the safety and security of youth. Modifications include necessary edits that ensure language is consistent with other sections of these regulations by adding “behavioral/” before “mental health”; replacing “physicians” with “health care providers”; removing “voluntary and involuntary” from when medications may be ordered because it was an unnecessary and unusable statement regarding time; adding clarifying language that requires medication to be prescribed only when clinically indicated; providing required verifications occur in a timely manner, and are conducted by a health care provider; stating that the continuance of medication, if needed, shall be determined by a health care provider; and clarifying that pre-release planning includes “uninterrupted” continuation of medication, “including authorization for transfer of prescriptions.” Other necessary modifications allow youth to refuse medication without disciplinary actions; recognize that youth who are an “imminent” danger to themselves may be involuntarily given medication; and that all involuntary administrations of psychotropic medication be documented and reviewed by the facility administrator or designee and health administrator. There will be minimal operational impact due to development of policy and procedure and there is no anticipated fiscal impact.

§ 1452. Collection of Forensic Evidence.

Section 1452 outlines the requirements for health administrators, in cooperation with the facility administrators, to establish policies and procedures on forensic evidence collection. For consistency with language used throughout these regulations the word “minor” has been replaced with “youth.” There is no anticipated operational or fiscal impact.

§ 1453. Sexual Assaults.

Section 1453 outlines the requirements for health administrators, in cooperation with facility administrators, to develop and implement policy and procedures for treating victims of sexual assault. This section has been modified to add language on the “preservation of evidence” to ensure that facilities are trying to collect necessary, and valuable evidentiary information on

sexual assaults. The language “when they occur in the facility” has been removed because all instances of sexual assault should be reported to law enforcement, regardless of whether it happened in the facility or not. There will be minimal operational impact due to development of policy and procedure and there is no anticipated fiscal impact.

§ 1454. Participation in Research.

Section 1454 outlines the requirements for health administrators, in cooperation with the facility administrators, to develop policy and procedures on participation in research. This section has been modified to provide clarity by inserting the language “human subjects” to explain who participates in research. The language “as verified by Institutional Review Board (IRB) approvals” has been inserted because information on who verifies the ethical, medical and legal standards for human research was necessary. Language pertaining to the collection and analyses of routine facility data, investigational new drug protocols, and prohibition of blind studies of disease have been removed as the language only spoke to studies that are not affected by this regulation, and was deemed unnecessary. There will be minimal operational impact due to development of policy and procedure and there is no anticipated fiscal impact.

§ 1460. Frequency of Serving.

Section 1460 outlines the requirement for the frequency of serving meals to youth in facilities. For clarity, the word “food” has been replaced with “meals,” both of which have been proposed as new definitions in Section 1006. For consistency with other sections of these regulations the word “minor” has been replaced with “youth.” The word “Supplemental” in the second sentence has been removed because it was unnecessary given the proposed definition of “food.” Language requiring that a snack be provided to youth between 2 and 4 hours after dinner is served has been inserted to ensure that youth are receiving enough food throughout the day. Anticipated operational and fiscal impacts are minimal.

§ 1461. Minimum Diet.

Section 1461 outlines the requirements for a minimum diet that will be provided to youth. To ensure that youth are receiving enough food and meals to satisfy nutritional standards, this section has been modified to include requirements on: meals being based on nutritional standards, which may include Federal Child Nutrition Meal Program; written processes for how vegetarian or vegan diets may be requested, granted or denied; and conforming to nutrition standards for religious, vegetarian and vegan diets. Language pertaining to facilities having a choice in providing vegetarian diets has been removed because vegetarianism may be related to youth’s religion or a youth’s choice, which should be respected in facilities. Other modifications include allowance of other protein groups to meet the three days a week serving of legumes. The change was included to appease a request that facilities serve less beans because it creates repetitive meals. Subdivision (e) was modified to ensure that facilities follow “recommended” daily caloric allowances with a minimum calorie value of 2500, not to exceed 3000. Subdivision (e) also ensures that calorie increases occur collaboratively with the facility manager, dietitian, food services manager and physician. For pregnant youth, the section requires they receive a diet approved by a doctor and a supplemental snack if medically indicated. To prevent chronic disease, this section also requires facilities to ensure that total dietary “saturated” fats do not exceed 10 percent; dietitians consider the recommendations of the 2015-2020 Dietary Guidelines of Americans in reducing sugar and sodium; and that herbs and spices may be used to improve food taste and visual appeal. Subdivision (f) was removed because sodium levels are addressed above in Subdivision (e). There will be minimal operational impact due to modifications of menus and diets. There may be minimal fiscal impact for providing recommended daily caloric allowances.

§ 1462. Medical Diets.

Section 1462 requires that only the attending physician prescribe a medical diet. For consistency with language used throughout these regulations the word “minor” has been replaced with “youth.” There is no anticipated operational or fiscal impact.

§ 1464. Food Service Plan.

Section 1464 requires that facilities have a written site-specific food service plan that shall comply with the applicable California Retail Food Code. This section has been modified to ensure that the food service manager “or designee,” or facility “manager,” “complete” a food service plan. These changes were made because a plan should be completed and useable, not just prepared, and that other responsible people within the facility may develop the plan if there is not a food service manager available to do so. Other modifications include the addition of policy and procedure on hazard analysis critical control point plan, and a provision of three-day meal retention for testing of food-borne illnesses. These changes were made because additional safety measures for food being serviced in facilities were necessary. There will be minimal operational impact due to development of plans, policy and procedure and there is no anticipated fiscal impact.

§ 1465. Food Handlers Education and Monitoring.

Section 1465 outlines the requirements of facility administrators, in cooperation with food services managers, to develop and implement policies and procedures on the education and monitoring of food handlers. This section has been modified to replace the word “administrator” with “manager” because that the proper level of staff is responsible for developing and implementing policies and procedures. There may be minimal operation impact and no fiscal impact is anticipated.

§ 1467. Food Serving and Supervision.

Section 1467 outlines the requirement that procedures be developed and implemented to ensure appropriate assignment and supervision of food handlers. This section has been modified for grammar by adding a dash between “site” and “specific,” and to add “/or” to clarify that food that is not prepared onsite shall also be served under the supervision of staff. There may be minimal operation impact and no fiscal impact is anticipated.

§ 1480. Standard Facility Clothing Issue.

Section 1480 outlines the requirements for personal clothing that youth are issued when detained in a juvenile facility. This section has been modified to include language requiring that clothing is free of holes and tears, that new non-disposable underwear shall be issued and remain with youth throughout their stay, and that suitable clothing is issued to pregnant youth. Other modifications include removal of the word “and” in several areas for grammar or formatting, and rewording language on bras, panties and shorts due to the new underwear requirements. These changes were made because youth should be treated with care and dignity and clothing which is in good repair and/or new is necessary. There may be minimal operational and fiscal impacts for facilities that must purchase new underwear for each youth.

§ 1482. Clothing Exchange.

Section 1482 outlines the requirements of facility administrators to develop and implement policies and procedures on exchange of clothing. This section has been modified for consistency with section 1480 by replacing undergarment and sock exchange language with language requiring that youth shall receive their own underwear back at exchange, and by inserting a new

requirement that tee shirts and bras be exchanged daily because youth should be wearing clean clothing that is free of strains or odors. There may be minimal operational impact and there is no anticipated fiscal impact.

§ 1483. Clothing, Bedding and Linen Supply.

Section 1483 outlines the requirements for clothing, bedding and linens. This section has been modified to include a new requirement that consideration be given to mattress type for pregnant youth or youth with other medical-related needs. This change is proposed to ensure that youth who are medically in need of specific sleeping amenities are provided with proper mattresses for comfort and as necessary to reduce any sleep-related injuries. There may be minimal operational and fiscal impact for facilities who do not already provide alternate mattress types.

§ 1484. Control of Vermin in Youths' Personal Clothing.

Section 1484 outlines the requirements of vermin control in the clothing of youth. This regulation has been modified for grammar by placing a dash between the words “site” and “specific,” and to include the term “ecto-parasites,” because ecto-parasites had not been included before as a type of parasite that falls under vermin that may live in clothing. Youth’s clothing should be free of any types of vermin or parasite and facilities should address these different types of vermin in policy and procedure to ensure eradication and prevent spread. Many facilities already have policy and procedures that address ecto-parasites, and thus, there may be minimal operation impacts and there is no anticipated fiscal impact.

§ 1485. Issue of Personal Care Items.

Section 1485 outlines the requirement for policies and procedures on the issue of personal care items. This regulation has been modified for grammar by placing a dash between the words “site” and “specific,” and to ensure that youth are receiving necessary sanitary items by including “panty liners” as “requested.” Other changes include replacing “dentifrice” because the more commonly-known term is “toothpaste;” moving “and,” for proper formatting, and adding “deodorant, lotion; shampoo; and post-shower conditioning hair products” as required minimum personal care items that shall be provided to youth because they are necessary to personal care. The proposed additions ensure that youth have the opportunity to maintain personal care in a manner that will keep them clean, well-kept, and free of odors. Many facilities already provide the proposed additional items, and thus, there may be minimal operational and fiscal impact for facilities that do not.

§ 1487. Shaving.

Section 1487 outlines the requirements for shaving in juvenile facilities. This section has been modified to remove references to gender and add inclusive language that allows all youth to have the ability to access razors daily, and have equal opportunity to shave their facial or body hair. The existing language only allowed for those identifying as “male” to shave their face and those who identify as “female” to shave their underarms and legs. This language was too narrow and did not allow for other genders to have opportunities to shave or for females or males to shave other areas. All youth should have opportunities maintain personal hygiene and present themselves in ways that make them feel good as they would outside of the facility. There may be minimal operational impact and there is no anticipated fiscal impact.

§ 1500. Standard Bedding and Linen Issue.

Section 1500 outlines the requirements and standards for bedding and linen issue. This section has been modified for consistency with other sections of these regulation by replacing “minor” with “youth.” Language on providing extra blankets has been modified by replacing “depending

upon climatic conditions” with “upon request” to ensure that youth receive extra blankets when they feel more blankets are necessary because the temperature is too cold for them, rather than only when the climate is cold. There may be minimal operational impact and there is no anticipated fiscal impact.

§ 1510. Facility Sanitation, Safety and Maintenance.

Section 1510 outlines the requirements for facility administrators to develop and implement policies and procedures on facility sanitation, safety and maintenance. This section has been modified for grammar by inserting a dash between “site” and “specific,” and to ensure the safety of youth and staff by inserting necessary language on the use of chemicals used in accordance with labels and safety data sheets, which may include the use of personal protection equipment. There may be minimal operational impact and there is no anticipated fiscal impact.

§ 1511. Smoke Free Environment.

Section 1511 outlines the requirements for facility administrators to develop policies and procedures on smoke free environments. This section has been modified to remove language on state laws prohibiting minors from smoking and ensuring that minors are not exposed to second-hand smoke inside the facility or while in custody of staff; and insert language on assuring youth are not exposed to use of tobacco products or electronic nicotine delivery system devices while in the facility or in custody of staff. This change was made because the existing language was outdated and did not account for electronic delivery system devices or other non-incendiary tobacco products. There may be minimal operation impact and there is no anticipated fiscal impact.

PURPOSE

The Board of State and Community Corrections (BSCC) conducted an in-depth review of the regulations using field experts, experienced facility staff, formerly incarcerated youth, community members and others who advocate for youth in detention facilities including physicians, mental health clinicians, parents, and attorneys. Hundreds of pages worth of comments on the conditions, policies and practices in facilities were received and considered during the preliminary rulemaking activities.

The overarching purpose of the proposed revisions is to provide for safe and secure facilities where youth are treated with care and dignity. Modifications to the text, which address a wide range of topics from mental health, gender and chemical weapons, to facility staffing and shaving, were made with the intent of creating improvements that include but are certainly not limited to: safety; education; gender equality; behavioral/mental, medical and health services; confidential methods of reporting abuse; protections for sexual abuse, assault, and harassment; improved methods of communication and collaboration; providing opportunities to visit with a youth’s child, siblings, or other supportive adults; clean garments; and nutritious diets that provide adequate nourishment.

Benefits of these regulations include but are not limited to: services and responses focused on trauma needs of youth, improved safety for youth, staff and others in the facility; improved health services and continuum of care; improved communication with facility staff, health staff, youth, parents, guardians, etc.; reduced uses of force; improved methods of suicide prevention, death and serious illness or injury response; improved screening and identification of service needs; consistent, clear, and gender neutral regulation language; and improved communication with family members and other supportive adults. These proposed changes will improve services to

youth and operations in facilities, increase overall safety and cultural security, and may positively affect morale.

PROBLEMS THIS PROPOSED REGULATION SEEKS TO ADDRESS

The proposed regulations sought to address outdated juvenile facility regulations. The BSCC had not conducted a complete review of these regulations since 2015. Modifications were made with the intent of ensuring that language is using up-to-date terminology; contains correct references; extends protections to youth, staff and others who work or are visiting in the facility; and, youth receive important positive interventions, treatment, and support.

BENEFITS ANTICIPATED FROM THE PROPOSED REGULATION

The BSCC anticipates several benefits from the proposed regulation adoption and amendment, including: regulation language will be clearer and more easily understood; references will lead readers to actual documents or laws that currently exist and are in use; youth will receive better coordinated health services and continued care plans for after release; increased protections of facility-related risks such as sexual abuse; processes in facilities, such as the grievance process, will be more easily understood by youth; youth will be given more information about their facility and how it is operated; youth will have more opportunities to keep in touch with their communities by increasing the type of people who may visit; morale of youth and facility staff will be positively affected due to improved methods of communication, safety, and service.

TECHNICAL, THEORETICAL, AND/OR EMPIRICAL STUDY, REPORTS, OR DOCUMENTS.

Except for the incorporated documents, listed below, the BSCC did not rely upon any other technical, theoretical, or empirical studies, reports or documents in proposing the adoption of these regulations.

- 2015-2020 Dietary Guidelines for Americans
- 2009 California Standards for the Teaching Profession

REASONABLE ALTERNATIVES TO THE REGULATION AND THE AGENCY'S REASONS FOR REJECTING THOSE ALTERNATIVES.

No other alternatives were presented to or considered by the BSCC.

REASONABLE ALTERNATIVES TO THE PROPOSED REGULATORY ACTION THAT WOULD LESSEN ANY ADVERSE IMPACT ON SMALL BUSINESS.

The BSCC has not identified any alternatives that would lessen any adverse impact on small businesses.

EVIDENCE SUPPORTING FINDING OF NO SIGNIFICANT STATEWIDE ADVERSE ECONOMIC IMPACT DIRECTLY AFFECTING BUSINESS.

The BSCC has determined that the proposed regulations would not have a significant statewide adverse economic impact directly affecting business because the regulations subject to this rulemaking are only applicable to the operation of juvenile detention facilities which are operated by county probation departments. The regulations do not affect private business.

ECONOMIC IMPACT ASSESSMENT PURPOSE

The BSCC is required by Welfare and Institutions Code Sections 210 and 885 to adopt minimum standards for juvenile facilities. The proposed revisions were made to provide necessary updates and improve the health, safety, and security of youth, staff and others in juvenile facilities.

THE CREATION OR ELIMINATION OF JOBS WITHIN THE STATE OF CALIFORNIA

The proposed amendments will not create or eliminate jobs within the state of California.

THE CREATION OF NEW BUSINESSES OR THE ELIMINATION OF EXISTING BUSINESSES WITHIN THE STATE OF CALIFORNIA

The proposed amendments will not create new businesses or eliminate existing businesses within the state of California.

THE EXPANSION OF BUSINESSES CURRENTLY DOING BUSINESS WITHIN THE STATE OF CALIFORNIA

The proposed amendments will not expand businesses currently doing business within the state of California.

BENEFITS OF THE REGULATIONS TO THE HEALTH AND WELFARE OF CALIFORNIA RESIDENTS, WORKER SAFETY, AND THE STATE'S ENVIRONMENT

The anticipated benefits from the proposed regulation adoption and amendment, include: Improved communications between youth and members of the public; improved facility operations; improved education, programming, and other related services; improved safety and security of youth, facility staff and others in juvenile facilities. Increased methods of communication and other listed improvements may also positively affect morale, coordination of services with community providers and continuum of care.