III. MEDICAL/MENTAL HEALTH EVALUATION
Juvenile Halls, Special Purpose Juvenile Halls and Camps

FACILITY NAME:	COUNTY:
Central Juvenile Hall	Los Angeles

FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE):

1605 Eastlake Avenue
Los Angeles, CA 90033
(818) 364-2011

CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1302:	JUVENILE HALL ☒	CAMP ☐

MEDICAL/MENTAL HEALTH EVALUATION	DATE EVALUATED: March 12, 16-17, 2021 DEFICIENCIES OR NON COMPLIANCE ISSUES NOTED: YES ☒ NO ☐

MEDICAL/MENTAL EVALUATOR(S) (NAME, TITLE, TELEPHONE):

Tia Mao, RN, BSN, MSHCM, PHN; Medical/Mental Health Inspector; (626) 430-5406

FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):

Facility:
Soledad Martinez, RN, Nurse Manager; (323) 226-8811, somartinez@dhs.lacounty.gov
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Donaldo Figueroa, OD, Eye Clinic; Tracie Bryant, Eye Clinic Assistant; (323) 226-8737
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Felicia Oliver, Service Director; (323) 226-8671, (310) 753-7600, felicia.oliver@probation.lacounty.gov
Administration:
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Purpose

Pursuant to Title 15, California Code of Regulations, Article 2, Section 1313, Subsection (c) "On an annual basis, or as otherwise required by law, each juvenile facility administrator shall obtain a documented inspection and evaluation from the local health officer, inspection in accordance with Health and Safety Code Section 101045."

Per California Health and Safety Code 101045, the county health officer shall annually investigate health and sanitary conditions in every operated detention facility in the county. He or she may make additional investigations of any county jail or other detention facility of the county as he or she determines necessary. He or she shall submit a report to the Board of State and Community Corrections (BSCC), to the person in charge of the detention facility and to the County Board of Supervisors.

Instructions

To complete the evaluation, assess each element listed and document the findings on the checklist. Columns in the checklist identify compliance as "Yes," "No" or "N/A" (not applicable). If the evaluator assessing the Medical and Mental Health of the facility "checks" a column to indicate that a facility is either out of compliance with all or part of a regulation or indicates that all or part of a regulation is not applicable, a brief explanation is required in the comments section. This explanation is critical. It assists both the BSCC and facility staff in understanding the rationale for the decision and highlights what needs correction.

Evaluators may elect to assess areas that are not covered by the inspection checklists. If this is done, the additional issues must be clearly delineated on a separate sheet to maintain their distinction from the BSCC Title 15 checklist. For information purposes, this additional sheet should be attached and distributed with the checklist.

Checklists and regulations are available on the BSCC website (http://www.bscc.ca.gov/s_fsoresources). Please contact the BSCC Field Representative assigned to your county at the number below or through e-mail access on the web site.

Board of State and Community Corrections; FSO Division
2590 Venture Oaks Way, Suite 200, Sacramento, CA 95833
Phone: 916-445-5073; http://www.bscc.ca.gov/

III. MEDICAL/MENTAL HEALTH EVALUATION
Juvenile Halls, Special Purpose Juvenile Halls and Camps

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 8. Health Services				
1400 Responsibility for Health Care Services The facility administrator shall ensure that health care services are provided to all youth.	X			A101 – Responsible Health Authority LAC-USC Medical Center provides emergency and on-going specialty care for youths.
The facility shall have a designated health administrator who, in cooperation with the behavioral/mental health director and facility administrator and pursuant to a written agreement, contract or job description, is administratively responsible to:	X			
(a) develop policy for health care administration;	X			A202 – Mission and Objectives, Juvenile Court Health Services A204 – Policies and Procedure Development
(b) identify health care providers for the defined scope of services;	X			Health care provider duties are identified in the job specification statements.
(c) establish written agreements as necessary to provide access to health care;	X			
(d) develop mechanisms to assure that those agreements are properly monitored; and,	X			
(e) establish systems for coordination among health care service providers.	X			A305 – Design Elements for New Services, Programs, and Processes
When the health administrator is not a physician, there shall be a designated responsible physician who shall develop policy in health care matters involving clinical judgments.	X			A203 – Medical Autonomy
1401 Patient Treatment Decisions Clinical decisions about the treatment of individual youth are the sole province of licensed health care professionals, operating within the scope of their license and within facility policy defining health care services.	X			A203 – Medical Autonomy
Safety and security policies and procedures that are applicable to youth supervision staff also apply to health care personnel.	X			G301 – Security
1402 Scope of Health Care (a) The health administrator, in cooperation with the facility administrator, shall develop and implement written policy and procedures to define the extent to which health care shall be provided within the facility and delineate those services that shall be available through community providers. Each facility shall provide:	X			C110 – Physician Coverage
(1) at least one health care provider to provide treatment; and,	X			Doctor's clinic is available 7 days per week. An on-call physician is available during after-hours.
(2) health care services which meet the minimum requirements of these regulations and be at a level to address emergency, acute symptoms and/or conditions and avoid preventable deterioration of health while in confinement.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(b) When health services are delivered within the juvenile facility, staff, space, equipment, supplies, materials, and resource manuals shall be adequate to the level of care provided.		X		H101 – Clinic Space, Equipment and Supplies See summary for details.
(c) Consistent with security requirements and public safety, written policy and procedures for juvenile facilities shall provide for parents, guardians, or other legal custodians, at their own expense, to authorize and arrange for medical, surgical, dental, behavioral/mental health or other remedial treatment of youth that is permitted under law.	X			
1403 Health Care Monitoring and Audits (a) In juvenile facilities with on-site health care staff, the health administrator, in cooperation with the facility administrator, shall develop and implement written policy and procedures to collect statistical data and submit at least annual summaries of health care services to the facility administrator.	X			A301 – Administrative Meeting and Reports F101 – Peer Review F104 – Quality Improvement JJMHP – Quality Assurance Program
(b) The health administrator, in cooperation with the responsible physician and the facility administrator, shall establish policies and procedures to assure that the quality and adequacy of health care services are assessed at least annually.	X			F202 – Risk Management Program Practice was confirmed. JCHS QIC, and JCHS Infectious Control 2020 meeting minutes and statistical reports reviewed and confirmed.
(1) Policy and procedures shall identify a process for correcting identified deficiencies in the medical, dental, mental health and pharmaceutical services delivered.	X			
(2) Based on information from these assessments, the health administrator shall provide the facility administrator with an annual written report on medical, dental, mental health and pharmaceutical services.	X			Reports are respectively filed at JCHS and JJMHS headquarters.
(c) Medical, behavioral/mental and dental services shall be reviewed at least quarterly, at documented administrative meetings between the health and facility administrators and other staff, as appropriate.	X			JCHS staff meetings are held monthly at the JCHS headquarter. JJMHS staff meetings are held quarterly at the JJMHS headquarter.
1404 Health Care Staff Qualifications (a) The health administrator shall, at the time of recruitment for health care positions, develop education and experience requirements that are consistent with the community standard and the needs and understanding of the facility population. Hiring practices will take into consideration cultural awareness and linguistic competence.	X			F102 – Credentialing of Care Providers F103 – Credentialing Process J101 – Employee Orientation, Competency, and Performance J102 – Continued Education for Qualified Healthcare Professionals DMH 600.08 – Professional Licenses DMH 613.01 – Credentialing/Re-credentialing of LAC-DMH Clinician Employees DMH 613.02 – Credentialing Review Committee JJMHP – R – Credentials

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(b) In all juvenile facilities providing on-site health care services, the health administrator, in cooperation with the facility administrator, shall establish policy and procedures to assure that State licensure, certification, or registration requirements and restrictions that apply in the community, also apply to health care personnel who provide services to youth.	X			
(c) Appropriate credentials shall be accessible for review. Policy and procedures shall provide that these credentials are periodically reviewed and remain current.	X			JCHS and JJMHS staff's credentials were reviewed and are current.
(d) The health administrator shall assure that position descriptions and health care practices require that health care staff receive the supervision required by their license and operate within their scope of practice.	X			J204 – Job Descriptions
1405 Health Care Staff Procedures The responsible physician for each facility providing on-site health care may determine that a clinical function or service can be safely and legally delegated to health care staff other than a physician. When this is done, the function or service shall be performed by staff operating within their scope of practice pursuant to written protocol, standardized procedures or direct medical order.	X			B102 – Healthcare Liaison
1406 Health Care Records In juvenile facilities providing on-site health care, the health administrator, in cooperation with the facility administrator, shall maintain individual and dated health records that include when applicable, but are not limited to:	X			E101 – Availability and Use of EMR Health Record JJMHP – L – Client Records Health records are maintained through an electronic medical record data bank known as PEMRS.
(a) intake health screening form;	X			
(b) health appraisals/medical examinations;	X			Initial medical/mental health screening is done by Nurses and Mental Health Therapist. Physical Exam is done by the physician. Psychiatrist is referred as appropriate for mental health.
(c) health service reports (e.g., emergency department, dental, psychiatric, and other consultations);	X			
(d) complaints of illness or injury;	X			
(e) names of personnel who treat, prescribe, and/or administer/deliver prescription medication;	X			PEMRS auto populate this information when staff documents any activities in PEMRS.
(f) location where treatment is provided;	X			
(g) medication records in conformance with Title 15, Section 1438;	X			
(h) progress notes;	X			
(i) consent forms;	X			
(j) authorizations for release of information;	X			
(k) copies of previous health records;	X			
(l) immunization records;	X			
(m) laboratory reports; and,	X			
(n) individual treatment plan.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Written policy and procedures shall provide for maintenance of the health record in a locked area or secured electronically, separate from the confinement record. Access to the medical and/or behavioral/mental health record shall be controlled by the health administrator and shall assure that all confidentiality laws related to the provider-patient privilege apply to the health record.	X			Health records are maintained through an electronic medical record data bank known as PEMRS.
Health care records shall be retained in accordance with community standards.	X			
1407 Confidentiality **(a)** For each juvenile facility that provides on-site health services, the health administrator, in cooperation with the facility administrator, shall establish policy and procedures, consistent with applicable laws, for the multi-disciplinary sharing of health information. These policies and procedures shall address the provision for providing information to the court, child supervision staff and to probation. Information in the youth's case file shall be shared with the health care staff when relevant. The nature and extent of information shared shall be appropriate to treatment planning, program needs, protection of the youth or others, management of the facility, maintenance of security, and preservation of safety and order.	X			B101 – Privacy of Care B109 – Patient Rights C122 – Chaperones During Physical Examination E101 – Availability and Use of EMR Health Record E102 – Medical Records Confidentiality DMH – Confidentiality Oath – LACDMH Workforce Members DSB 1709 – Confidentiality of Medical and Mental Health Services
(b) Medical and behavioral/mental health services shall be conducted in a private manner such that information can be communicated confidentially consistent with HIPAA.	X			E103 – PHI: Use and Disclosure Requiring Authorization Under HIPAA
(c) Youth shall not be used to translate confidential medical information for other non-English speaking youth.	X			B108 – Interpreter Services
1408 Transfer of Health Care Summary and Records The health administrator, in cooperation with the facility administrator, shall establish written policy and procedures to assure that a health care summary and relevant records are forwarded to health care staff in the receiving facility when a youth is transferred to another jurisdiction, and to the local health officer, when applicable. Policies shall include:	X			C111 – Youths Released from Detention to Placement
(a) a summary of the health record, or documentation that no record exists at the facility, is sent in an established format, prior to or at the time of transfer;	X			
(b) relevant health records are forwarded to the health care staff of the receiving facility;	X			
(c) notification to health care staff of the receiving facility prior to or at the time of the release or transfer of youth with known or suspected communicable diseases;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(d) applicable authorization from the youth and/or parent-legal guardian is obtained prior to transferring copies of actual health records, unless otherwise provided by court order, statute or regulation having the force and effect of law; and,	X			
(e) confidentiality of health records is maintained.	X			
1408.5 Release of Health Care Summary and Records After youth are released to the community, health record information shall be promptly transmitted to specific physicians or health care facilities in the community, upon request and with the written authorization of the youth and/or parent/guardian.	X			C108 – Release/Depart Process
In special purpose juvenile halls and other facilities that do not have on-site health care staff, policy and procedures shall assure that youth supervision staff forward non-confidential information on medications and other treatment orders prior to or at the time of transfer.			X	This facility is not a special purpose juvenile hall.
1409 Health Care Procedures Manual For juvenile facilities with on-site health care staff, the health administrator, in cooperation with the facility administrator, shall develop, implement and maintain a facility-specific health services manual of written policies and procedures that address, at a minimum, all health care related standards that are applicable to the facility.	X			JCHS Manual Date: 10/28/2020 Dental Manual Date: 6/15/2018 Laboratory Manual Date: 2/1/2019 HIM Manual Date: 6/15/2018 Optometry Manual Date: 6/15/2018 Pharmacy Manual Date: 2/12/2019 Infection Control Manual Date: 2/1/2019 DSB Manual Date: 2020 A204 – JCHS Policy and Procedure Development
Health care policy and procedure manuals shall be available to all health care staff, to the facility administrator, the facility manager, and other individuals as appropriate to ensure effective service delivery.	X			
Each policy and procedure for the health care delivery system shall be reviewed at least every two years and revised as necessary under the direction of the health administrator. The health administrator shall develop a system to document that this review occurs.	X			
The facility administrator, facility manager, health administrator and responsible physician shall designate their approval by signing the manual.	X			Signature page can be found in front of the policy and procedure manual.
1410 Management of Communicable Diseases The health administrator/responsible physician, in cooperation with the facility administrator and the local health officer, shall develop written policies and procedures to address the identification, treatment, control and follow-up management of communicable diseases. The policies and procedures shall address, but not be limited to:	X			C205 – Medically Fragile Youth and Medical Holds C119 – Tuberculosis Screening and Treatment C119.1 – Protocol for Monitoring Youths Receiving INH Therapy C119.2 – Isoniazid Rifapentine Regimen for Latent TB Infections G101 – Communicable Disease and Isolation
(a) intake health screening procedures;	X			Practice confirmed.
(b) identification of relevant symptoms;	X			
(c) referral for medical evaluation;	X			
(d) treatment responsibilities during detention;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(e) coordination with public and private community-based resources for follow-up treatment;	X			
(f) applicable reporting requirements; and,	X			
(g) strategies for handling disease outbreaks.	X			
The policies and procedures shall be updated as necessary to reflect communicable disease priorities identified by the local health officer and currently recommended public health interventions.	X			
1411 Access to Treatment The health administrator, in cooperation with the facility administrator, shall develop written policy and procedures to provide unimpeded access to health care.	X			A201 – Access to Care B101 – Hospital and Specialty Care Access B104 – Medical Housing Care C121 – Youth Escort for Health Care DSB 1804 – Medical Services DSB 1805 – Mental Health Services DSB 1806 – Substance Abuse
1412 First Aid/AED and Emergency Response The health administrator/responsible physician, in cooperation with the facility administrator, shall establish facility-specific policies and procedures to assure access to first aid and emergency services.	X			B101 – Hospital and Specialty Care Access DSB 517 – Use of Cardiopulmonary Resuscitation (CPR) Equipment and First Aid 911 calls are managed with Probation.
(a) First aid kits shall be available in designated areas of each juvenile facility. The responsible physician shall approve the contents, number, location and procedure for periodic inspection of the kits.	X			Located at the Nursing Station and respective housing units.
(b) Automated external defibrillators (AED) shall be available in each juvenile facility. The facility administrator shall ensure that device is maintained properly per manufacturer standard.	X			
Youth supervision and health care staff shall be trained and written policies and procedures established to respond appropriately to emergencies requiring first aid and AED.	X			B112 – Health Related Training for Probation Workers DSB 517 – Use of Cardiopulmonary Resuscitation (CPR) Equipment and First Aid
1413 Individualized Treatment Plans With the exception of special purpose juvenile halls, the health administrator and behavioral/mental health director responsible physician, in cooperation with the facility administrator, shall develop and implement policy and procedures to assure that coordinated and integrated health care treatment plans are developed for all youth who are receiving services for significant medical, behavioral/mental health or dental health care concerns.	X			B104 – Medical Housing Unit C201 – Interdepartmental Communication on Youth's Health Needs C205 – Medically Fragile Youth and Medical Holds C206 – Medical Alert Bracelets
Policies and procedures shall assure:	X			
(a) Health care treatment plans are considered in facility program planning.	X			
(b) Health care restrictions shall not limit participation of a youth in school, work assignments, exercise and other programs, beyond that which is necessary to protect the health of the youth or others.	X			
(c) Relevant health care treatment plan information shall be shared with youth supervision staff in accordance with Section 1407 for purposes of programming, implementation and continuity of care.	X			The use of the electronic medical records assures that all disciplines involved in caring for the youth have access 24/7.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(d) Accommodations for youth who may have special needs when using showers and toilets and dressing/undressing.	X			DSB 621 – Showers
Treatment planning by health care providers shall address:	X			
(a) Pre-release and discharge planning for continuing medical, dental and behavioral/mental health care, including medication, following release or transfer, which may include relevant authorization for transfer of information, insurance, or communication with community providers to ensure continuity of care.	X			C102 – Probation Aftercare Program Camps Multi-Disciplinary Team (MDT) meets on an ongoing basis to discuss the care and services that were provided to youths that are soon to be released. Discharge planning discussions are also discussed during MDT meetings.
(b) Participation in relevant programs upon return into the community to ensure continuity of care.	X			
(c) Youth and family participation (if applicable and available).	X			
(d) Cultural responsiveness, awareness and linguistic competence.	X			
(e) Physical and psychological safety.	X			
(f) Traumatic stress and trauma reminders when applicable.	X			
1414 Health Clearance for in-Custody Work and Program Assignments The health administrator/responsible physician, in cooperation with the facility administrator, shall develop health screening and monitoring procedures for work and program assignments that have health care implications, including, but not limited to, food handlers.	X			C107 – Juvenile Workers
1415 Health Education With the exception of special purpose juvenile halls, the health administrator for each juvenile facility, in cooperation with the facility administrator, shall develop written policies and procedures to assure that interactive and gender and developmentally appropriate medical, behavioral/mental health and dental health education and disease prevention programs are provided to youth.	X			I102 – Health Education, Health Promotion and Preventive Care DSB 1713 – Individualized Education Plan (IEP) / General Education Development (GED) Health Education is provided by the schools. Individual counseling and education is performed by medical staff during medical contact.
The education program content shall be updated as necessary to address current health and community priorities that meet the needs of the confined population.	X			Health education is supplemented through LACOE.
1416 Reproductive Services and Sexual Health For all juvenile facilities, the health administrator, in cooperation with the facility administrator, shall develop written policies and procedures to assure that reproductive and sexual health services are available to all youth in accordance with current public health guidelines	X			C203 – Care of the Pregnant Juvenile C210 – Reproductive Services
Such services shall include but not be limited to those prescribed by Welfare and Institutions Code Sections 220, 221 and 222 and Health and Safety Code Section 123450.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Section 1417. Pregnant/Post-Partum Youth With the exception of special purpose juvenile halls, the health administrator for each juvenile facility, in cooperation with the facility administrator, shall develop written policies and procedures pertaining to pregnant and post-partum youth as required by Penal Code Section 6030(e) and limitations on the use of restraints in accordance with Penal Code Section 6030(f) and Welfare and Institutions Code Sections 220, 221, and 222.	X			C203 – Care of Pregnant Juvenile No pregnant female youths for observation for this time.
Written policies and procedures shall also include the following: (a) Pregnant youth will receive information regarding options for continuation of pregnancy, termination of pregnancy and adoption.	X			
(b) Pregnant youth receive prenatal care, including physical examination, nutrition guidance, childbirth, breast feeding and parenting education, counseling and provisions for follow up and post-partum care,	X			B105 – Nutrition and Medical Diets
(c) Availability of a breast pump and procedures for storage, delivery or disposal for lactating youth.	X			
(d) Qualified medical professionals develop a plan for pregnant youth that includes direct communication of medical information and transfer of medical records regarding prenatal care to the obstetrician who will be providing prenatal care and delivery in the community.	X			
1418. Youth with Developmental Disabilities Policy and procedures shall require that any youth who is suspected or confirmed to have a developmental disability is referred to the local Regional Center for the Developmentally Disabled for purposes of diagnosis and/or treatment within 24 hours of identification, excluding holidays and weekends.	X			DSB 414 – Identification, Referral, Collaborative Care, Habilitative Treatment, Management and Discharge of Youths With or Suspected of Having a Developmental Disability Admitted to Juvenile Hall It is expected to be done during the first encounter with Probation, Intake Dispatch Control (IDC) and at the Juvenile Hall. No developmentally disabled youths were noted for review during this inspection cycle.
1430 Medical Clearance/Intake Health and Screening The health administrator/responsible physician, in cooperation with the facility administrator and behavioral/mental health director shall establish policies and procedures for a documented intake health screening procedure to be conducted immediately upon entry to the facility. Policies and procedures shall also define when a health evaluation and/or treatment shall be obtained prior to acceptance for booking.	X			C115 – Continuing of Health for Youth Transferring Between Probation Department Facilities C117 – Pre-Existing Emergent Medical Conditions DSB 407 – PEMRS Probation Initial Intake Screening Form Initial Intake Screening / Referral Questionnaire Form Probation from Movement Control completes the initial health screening form in PEMRS prior to acceptance for booking. An initial Nurse triage head to toe assessment is completed prior to the doctor's admission health appraisal.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
For adjudicated youth who are confined in any juvenile facility for successive stays, each of which totals less than 96 hours, the responsible physician shall establish a policy for a medical evaluation and clearance. This evaluation and clearance shall include screening for communicable disease.	X			
The responsible physician shall establish criteria defining the types of apparent health conditions that would preclude acceptance of a youth into the facility without a documented medical clearance. The criteria shall be consistent with the facility's resources to safely hold the youth.	X			All youths are cleared for camp by mental health, medical and dental assessments. The Camp Assessment Unit is responsible for the coordination for camp clearance.
Intake personnel shall ensure that youth who are unconscious, semi-conscious, profusely bleeding, severely disorientated, known to have ingested substances, intoxicated to the extent that they are a threat to their own safety or the safety of others, in alcohol or drug withdrawal or otherwise urgently in need of medical attention shall be immediately referred to an outside facility for medical attention and clearance for booking.	X			C202.1 – Intoxication and Withdrawal
Written documentation of the circumstances and reasons for requiring a medical clearance whenever a youth is not accepted for booking is required.	X			
Written medical clearance, and when possible, a medical evaluation with progress notes are required for admission to the facility.	X			
Procedures for an intake health screening shall consist of a defined, systematic inquiry and observation of every youth booked into the juvenile facility. The screening shall be conducted immediately upon entry to the facility and may be performed by either health care personnel or trained youth supervision staff.	X			Nurse documents in PEMRS a brief summary screening regarding completion of medical care orders and the identification of medical care/medications to be continued at the facility.
Screening procedures shall include but not be limited to: (a) Medical, dental and behavioral/mental health concerns that may pose a hazard to the youth or others in the facility;	X			
(b) Health conditions that require treatment while the youth is in the facility; and,	X			
(c) Identification of the need for accommodations, e.g., physical or developmental disabilities, gender identity or medical holds.	X			
Any youth suspected to have a communicable disease that could pose a significant risk to others in the facility shall be separated from the general population pending the outcome of an evaluation by healthcare staff.	X			Youths suspected of having a communicable disease are segregated at the Medical Observation Unit (MOU).
Procedures shall require timely referral for health care commensurate with the nature of any problems or complaint identified during the screening process.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1431 Intoxicated Youth and Youth With a Substance Use Disorder (a) The responsible health administrator/physician, in cooperation with the facility administrator, shall develop and implement written policy and procedures that address the identification and management of alcohol and other substance intoxication. Withdrawal, and treatment of substance use disorder in accordance with Section 1430.	X			C202 – Chemical Dependency and Abuse C202.1 – Intoxication and Withdrawal DMH 305.01 – Assessment and Treatment of Co-occurring Substance Abuse Probation Directive #1162 – Substance Abuse Treatment Services in Juvenile Hall Probation Directive #1285 – Juvenile Substance Abuse Treatment Services in Camps JCHS does not provide acute detoxification at any facilities. All juveniles requiring such treatments are transferred to higher level of care for further medical care and monitoring.
(b) Policy and procedures shall address: (1) a medical clearance shall be obtained prior to booking any youth who is intoxicated to the extent that they are a threat to themselves or others;	X			
(2) designated housing, including use of any intoxicated youth;	X			
(3) symptoms known history of ingestion or withdrawal that should prompt immediate referral for medical evaluation and treatment;	X			
(4) determining when the youth is no longer considered intoxicated and documenting when the monitoring requirements of this regulation are discontinued;	X			
(5) medical responses to youth experiencing intoxication or withdrawal reactions;	X			Youths would be referred to an outside hospital or housed in the MOU for continuous monitoring.
(6) management of pregnant youth who use alcohol or other substances;	X			High risk pregnant youths are being followed at LAC+USC Medical Center at the High Risk OBGYN clinic. No pregnant female youths for observation for this time.
(7) initiation of substance abuse counseling and/or treatment during confinement and referral procedures for continuation upon release to the community consistent with Section 1413 and Section 1355;	X			List of resources are provided by the Mental Health Staff during the discharge process so that youths can continue their treatments once they are released back into the community.
(8) coordination with behavioral/mental health services in cases of substance abusing youth with known or suspected mental illness.	X			Youths are referred to substance abuse treatment program that are spearheaded by Mental Health Therapist.
(9) how, when and by whom the youth will be monitored when intoxicated;			X	
(10) the frequency of monitoring and the documentation required;			X	
(11) that when a youth is intoxicated, experiencing progressive or severe intoxication or withdrawal, they shall be immediately medically evaluated; and,			X	
(12) that intoxication beyond four hours from the time of admission shall require a medical evaluation			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1432 Health Assessment The health administrator/responsible physician, in cooperation with the facility administrator for each juvenile hall, shall develop and implement written policy and procedures for a health assessment of youth and for the timely identification of conditions necessary to safeguard the health of the youth	X			B111 – Physcians Clinics C105 – Health Assessment Juvenile Hall
(a) The health assessment shall be completed within 96 hours of admission, excluding holidays, to the facility and result in a compilation of identified problems to be considered in classification, treatment, and the multi-disciplinary management of the youth while in custody and in pre-release planning. It shall be conducted in a location that protects the privacy of the youth and conducted by a physician, or other licensed or certified health professional working within his/her scope of practice and under the direction of a physician.		X		Per medical records review, practice inconsistent with policy. See summary for details.
(1) At a minimum, the health assessment shall include, but is not limited to, health history, examination, laboratory and diagnostic testing, and immunization reviews as outlined below:	X			
(A) The health history includes but is not limited to: Review of the intake health screening, history of illnesses, operations, injuries, medications, allergies, immunizations, systems review, exposure to communicable diseases, family health history, habits (e.g., tobacco, alcohol and other substances), developmental history including strengths and supports available to the youth (e.g., school, home, and peer relations, activities, interests), history of recent trauma-exposure which may require immediate attention (including physical and sexual abuse, sexual assault, neglect, violence in the home, traumatic loss) and current traumatic stress symptoms, pregnancy needs, sexual activity, contraceptive methods, reproductive history, physical and sexual abuse, neglect, history of mental illness, self-injury, and suicidal ideation.	X			Confirmed practice via medical records review.
(B) The physical examination includes but is not limited to: Temperature, height, weight, pulse, blood pressure, appearance, gait, head and neck, a preliminary dental and visual acuity screening, hearing screening, lymph nodes, chest and cardiovascular, breasts, abdomen, genital (pelvic and rectal examination, with consent, if clinically indicated), musculoskeletal, neurologic.	X			D402 – Audiometric Screening Confirmed practice via medical records review.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(C) Laboratory and diagnostic testing includes, but is not limited to: Tuberculosis screening and testing for sexually transmitted diseases for sexually active youth. Additional testing should be available as clinically indicated, including pregnancy testing, urinalysis, hemoglobin or hematocrit.	X			D401 – Diagnostic Studies Confirmed practice via medical records review.
(D) Review and update of the immunization records within two weeks in accordance with current public health guidelines.	X			Confirmed practice via medical records review.
(2) The physical examination and laboratory and diagnostic testing components of the health assessment may be modified by the health care provider, for youth admitted with an adequate examination done within the last 12 months, provided there is reason to believe that no substantial change would be expected since the last full evaluation. When this occurs, health care staff shall review the intake health screening form and conduct a face-to-face interview with the youth. The health history and immunization review should be done within 96 hours of admission excluding holidays.	X			
(3) Physical exams shall be updated annually for all youth.	X			
(b) For adjudicated youth who are confined in any juvenile facility for successive stays, each of which totals less than 96 hours, the responsible physician shall establish a policy for a medical assessment. If this assessment cannot be completed at the facility during the initial stay, it shall be completed prior to acceptance at the facility. This evaluation and clearance shall include screening for communicable disease.	X			All youths are cleared at the Hall from Medical, Mental Health and Dental prior to being admitted to any camp.
(c) For youth who are transferred to and from juvenile facilities outside their detention system, the health administrator, in cooperation with the facility administrator, shall develop and implement policy and procedures to assure that a health assessment:	X			
(1) is received from the sending facility at or prior to the time of transfer;	X			
(2) is reviewed by designated health care staff at the receiving facility; and,	X			
(3) is identified and any missing required assessments are scheduled within 96 hours.	X			
(d) The health administrator/responsible physician shall develop policy and procedures to assure that youth who are transferred among juvenile facilities within the same detention system, receive a written health care clearance. The health record shall be reviewed and updated prior to transfer and forwarded to facilities that have licensed on-site health care staff.	X			C101 – Camp Clearance Criteria All youths are cleared at the Hall from Medical, Mental Health and Dental prior to being admitted to any camp.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1433 Requests for Health Care Services The health administrator, in cooperation with the facility administrator, shall develop policy and procedures to establish a daily routine for youth to convey requests for emergency and non-emergency medical, dental and behavioral/mental health care services.	X			B109 – Patient Rights Medical request box is available in the youth's dorm. The morning shift Nurse checks the box every morning during morning med pass and triages the requests accordingly.
(a) Youth shall be provided the opportunity to confidentially convey either through, written or verbal communications, request for medical, dental or behavioral/mental health services. Provisions shall be made for youth who have language or literacy barriers.	X			Verbal medical requests occur during noon "med pass."
(b) Youth supervision staff shall relay requests from the youth, initiate referrals when a need for services is observed, and advocate for the youth when the need for medical, dental and behavioral/mental services appears to be urgent.	X			
(c) Staff shall inquire and make observations of each youth regarding their medical, dental and behavioral/mental health including the presence of trauma-related behaviors, injury and illness.	X			
(d) There shall be opportunities available on a twenty-four hour per day basis for youth and staff to communicate the need for emergency medical and behavioral/mental health care services.	X			
(e) Provision shall be made for any youth requesting medical, dental and behavioral/mental health care attention, or observed to be in need of health care, to be given that attention by licensed or certified health care personnel.	X			
(f) All medical, dental and behavioral/mental health care requests shall be documented and maintained.	X			Per interview, all requests are picked up every beginning of shift prior to med pass and later scanned into PEMRS.
1434 Consent and Refusal for Health Care The health administrator, in cooperation with the facility administrator, shall establish written policy and procedures to obtain informed consent for health care examinations and treatment.	X			C106 – Consent for Medical Treatment C114 – Right to Refuse Health Intervention DSB 1804 – Medical Consent
(a) All immunizations, examinations, treatments, and procedures requiring verbal or written informed consent in the community also require that consent for confined youth.	X			Superior Court 12.8.2005 (Court Authorization of Psychotropic Medication), Superior Court 12.8.2005 (Psychotropic Medication Protocol)
(b) There shall be provision for obtaining parental consent and obtaining authorization for health care services from the court when there is no parent/guardian or other person standing in loco parentis, including the requirements in Welfare and Institutions Code Section 739.	X			
(c) Policy and procedures shall be consistent with applicable statutes in those instances where the youth's consent for testing or treatment is sufficient or specifically required.	X			Youth consents are being used.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(d) Conservators can provide consent only within limits of their court authorization.	X			
Youth may refuse, verbally or in writing, non-emergency medical, dental and behavioral/mental health care.	X			
1435 Dental Care The health administrator, in cooperation with the facility administrator, shall develop and implement written policy and procedures to require that dental treatment be provided to youth as necessary to respond to acute conditions and to avert adverse effects on the youth's health and require preventive services as recommended by a dentist. Treatment shall not be limited to extractions.	X			D201 – Oral Care Program D202 – Dental Clinic Dental Procedure Manual reviewed. Initial dental screening and x-rays are performed. Youths who require simple extractions will have procedure done at the Hall. Youths who require advanced invasive treatment will be referred to LAC-USC Medical Center. Orthodontic care: Youths who have braces that are not under treatment can request removal with parental consent. The parent is responsible for arranging any ongoing follow up with private orthodontists for continuing treatment while the minor is in detention.
Annual dental exams shall be provided to any youth detained for longer than one year.	X			Practice confirmed via medical record review.
1436 Prostheses and Orthopedic Devices (a) The health administrator, in cooperation with the facility administrator and the responsible physician shall develop written policy and procedures regarding the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing aids.	X			C209 – Orthoses, Prosthesis and Other Aids to Impairment D301 – Vision Services
(b) Prostheses shall be provided when the health of the youth would otherwise be adversely affected, as determined by the responsible physician.	X			Eyeglasses are provided when the youths' vision falls within the eligibility criteria. Corrective glasses may be given once a year (if eligible).
(c) Procedures for retention and removal of prostheses shall comply with the requirements of Penal Code Section 2656.	X			
1437 Mental Health Services The health administrator/responsible physician, in cooperation with the behavioral/mental health director and the facility administrator, shall establish policies and procedures to provide behavioral/mental health services. These services shall include, but not be limited to:	X			C207 – Mental Health Services C208 – Youth Requiring Intensive Supervision JJMHP – V – A – Access to Mental Health Services Hours of operation are 7:00am-7:00pm Sunday through Saturday. There is an On-Call Psychiatrist available after hours.
(a) screening for behavioral/mental health problems at intake performed by either behavioral/mental/medical health personnel or trained youth supervision staff; history of recent exposure to trauma which may require immediate attention (including physical and sexual abuse, sexual assault, neglect, violence in the home, traumatic loss), current traumatic stress symptoms, and pregnancy needs	X			Practice confirmed via medical record review.
(b) assessment by a behavioral/mental health provider when indicated by the screening process;	X			Practice confirmed via medical record review.
(c) therapeutic services and preventive services where resources permit;	X			
(d) crisis intervention and the management of acute psychiatric episodes;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(e) stabilization of persons with mental disorders and the prevention of psychiatric deterioration in the facility setting;	X			
(f) initial and periodic medication support services;	X			
(g) assurance that any youth who displays significant symptoms of severe depression, suicidal ideation, irrational, violent or self-destructive behaviors, shall be provided a mental status assessment by a licensed behavioral/mental health clinician, psychologist, or psychiatrist.	X			
(h) transition planning for youth undergoing behavioral/mental health treatment, including arrangements for continuation of medication and services from behavioral/mental health providers, including providers in the community where appropriate.	X			
Absent an emergency, unless the juvenile facility has been designated as a Lanterman-Petris-Short (LPS) facility, and youth meet the criteria for involuntary commitment under the LPS Act in Welfare and Institutions Code Section 5000 et seq., all services shall be provided on a voluntary basis. Voluntary mental health admissions may be sought pursuant to Penal Code Section 4011.8 or Welfare and Institutions Code Section 6552.	X			Mental Health providers determine the need for the management of mentally disordered youths.
1437.5 Transfer to a Treatment Facility The health administrator/responsible physician, in cooperation with the behavioral/mental health director and the facility administrator, shall establish policies and procedures for the transfer of youth to a treatment facility. These policies and procedures shall include but are not limited to:	X			JJMHP – K – Transfer/Discharge Summary
(a) Youth who appear to be a danger to themselves or others, or to be gravely disabled, due to a mental health condition shall be evaluated either pursuant to applicable statute or by on-site health personnel to determine if treatment can be initiated at the juvenile facility, and	X			Referral can be made by anyone to the mental health professional in this facility.
(b) Provision for timely referral, transportation, and admission to licensed mental health facilities, and follow-up for youth whose psychiatric needs exceed the treatment capability of the facility.	X			Youths who have been identified as unsuitable for detention are referred to outside psychiatric facilities.
1438 Pharmaceutical Management For all juvenile facilities, the health administrator, in consultation with a pharmacist and in cooperation with the facility administrator, shall develop and implement written policy, establish procedures, and provide space and accessories for the secure storage, controlled administration, and disposal of all legally obtained drugs.	X			C103 – Health Care Provider Orders D101 – Medication Services
(a) Such policies, procedures, space and accessories shall include, but not be limited to, the following: (1) securely lockable cabinets, closets, and refrigeration units;	X			Confirmed via on-site observation.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(2) a means for the positive identification of the recipient of the prescribed medication;	X			B106 – Identification of Youths Receiving Medical Care
(3) administration/delivery of medicines to youth as prescribed;	X			Afternoon med pass observed and confirmed practice.
(4) confirmation that the recipient has ingested the medication;	X			Afternoon med pass observed and confirmed practice.
(5) documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason;	X			
(6) prohibition of the delivery of medication from one youth to another;	X			
(7) limitation to the length of time medication may be administered without further medical evaluation;	X			
(8) the length of time allowable for a physician's signature on verbal orders, not to exceed seven (7) days;	X			Signage is expected 7 days post verbal order.
(9) training by medical staff for non-licensed personnel which includes, but is not limited to: delivery procedures and documentation; recognizing common symptoms and side-effects that should result in contacting health care staff for evaluation; procedures for consultation for confirming ingestion of medication; and, consultation with health care staff for monitoring the youth's response to medication;			X	24/7 hours Nursing coverage.
(10) a written report shall be prepared by a pharmacist, no less than annually, on the status of pharmacy services in the institution. The pharmacist shall provide the report to the health authority and the facility administrator; and,	X			Practice confirmed and reviewed at the JCHS headquarter.
(11) transition planning, including plan for uninterrupted continuation of medication.	X			
(b) Consistent with pharmacy laws and regulations, the health administrator shall establish written protocols that limit the following functions to being performed by the identified personnel:	X			D103 – Pharmacist Intervention in Medication Orders – Escalation Process
(1) Procurement shall be done only by a physician, dentist, pharmacist, or other persons authorized by law.	X			Main pharmacy at Central Juvenile Hall procures medication and distributes to all other facilities.
(2) Storage of medications shall assure that stock supplies of legend medications shall only be accessed by licensed health personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and trained non-licensed personnel.	X			D102 – Controlled Drugs Medications are stored in Pyxis since 11/2014. Pyxis is an electronic storage cabinet that tracks each medication entry and removal by employee ID. Narcotic count process observed and is consistent with policy.
(3) Repackaging shall only be done by a physician, dentist, pharmacist, or other persons authorized by law.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(4) Preparation of labels can be done by licensed physician, dentist, pharmacist or other personnel, provided the label is checked and affixed to the medication container by the physician, dentist, or pharmacist before administration or delivery to the youth. Labels shall be prepared in accordance with Section 4076 and 4076.5 of the Business and Professions Code.	X			
(5) Dispensing shall only be done by a physician, dentist, pharmacist, or other person authorized by law.	X			
(6) Administration of medication shall only be done by licensed health personnel who are authorized to administer medication and acting on the order of a prescriber.	X			
(7) Licensed health care personnel and trained non-licensed personnel may deliver medication acting on the order of a prescriber.	X			24/7 hours Nursing coverage.
(8) Disposal of legend medication shall be done in accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or registered nurse. Controlled substances shall be disposed of in accordance with Drug Enforcement Administration disposal procedures.	X			
(c) The responsible physician shall establish policies and procedures for managing and providing over-the-counter medications to youth.	X			RN may administer OTC drugs based upon written standardized protocol.
1439 Psychotropic Medications The health administrator/responsible physician, in cooperation with the behavioral/mental health director and the facility administrator, shall develop and implement written policies and procedures governing the use of voluntary and involuntary psychotropic medications.	X			C104 – Psychiatric Emergencies C207 – Mental Health Services JJMHP – E – Pharmaceutical Services
(a) These policies and procedures shall include, but not be limited to:	X			
(1) protocols for health care providers written and verbal orders for psychotropic medications in dosages appropriate to the youth's need;	X			Superior Court 12.8.2009 (PMA)
(2) the length of time medications may be ordered and administered before re-evaluation by a health care provider;	X			
(3) provision that youth who are on psychotropic medications prescribed in the community are continued on their medications when clinically indicated pending verification in a timely manner by a health care provider	X			
(4) re-evaluation and further determination of continuing psychotropic medication, if needed, shall be made by a health care provider;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(5) provision that the necessity for uninterrupted continuation on psychotropic medications is addressed in pre-release planning and prior to transfer to another facility or program including authorization for transfer of prescriptions; and,	X			
(6) provision for regular clinical/administrative review of utilization patterns for all psychotropic medications, including every emergency situation.	X			
(b) Psychotropic medications shall not be administered to a youth absent an emergency unless informed consent has been given by the legally authorized person or entity.		X		See summary for details.
(1) Youth shall be informed of the expected benefits, potential side effects and alternatives to psychotropic medications.	X			
(2) Absent an emergency, youth may refuse psychotropic medication without disciplinary consequences.	X			
(c) Youth found by a health care provider to be an imminent danger to themselves or others by reason of a mental disorder may be involuntarily given psychotropic medication immediately necessary for the preservation of life or the prevention of serious bodily harm, and when there is insufficient time to obtain consent from the parent, guardian, or court before the threatened harm would occur. It is not necessary for harm to take place or become unavoidable prior to initiating treatment. All involuntary administrations of psychotropic medications shall be documented and reviewed by the facility administrator or designee and health administrator.	X			
(d) Assessment and diagnosis must support the administration of psychotropic medications. Administration of psychotropic medication is not allowed for coercion, discipline, convenience or retaliation.	X			
1452 Collection of Forensic Evidence The health administrator, in cooperation with the facility administrator, shall establish policies and procedures assuring that forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution are collected by appropriately trained medical personnel who are not responsible for providing ongoing health care to the youth.	X			C109 – Medical Evaluations for Evidentiary Purposes
1453 Sexual Assaults The health administrator, in cooperation with the facility administrator, shall develop and implement policy and procedures for treating victims of sexual assaults, preservation of evidence and for reporting such incidents to local law enforcement.	X			C211 – Sexual Assault – Clinical Care and Reference C213 – CSEC (Commercial Sexual Exploited Children) F301 – Reporting of Suspected Child Abuse and Neglect (Physical and Sexual Assault)

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The evidentiary examination and initial treatment of victims of sexual assault shall be conducted at a health facility that is separate from the custodial facility and is properly equipped and staffed with personnel trained and experienced in such procedures.	X			Sexual assault cases are conducted by Violence Intervention Program (VIP) located at LAC+USC Medical Center.
1454 Participation in Research The health administrator, in cooperation with the facility administrator, shall develop site specific policy and procedures governing biomedical or behavioral research involving youth. Human subjects' research shall occur only when ethical, medical and legal standards for human research are met as verified by Institutional Review Board (IRB) approvals. Written policy and procedure shall require assurances for the safety of the youth and informed consent.	X			B103 – Medical and Other Research
Participation shall not be a condition for obtaining privileges or other rewards in the facility. The court, health administrator, and facility administrator shall be informed of all such proposed actions.	X			
1329 Suicide Prevention Plan The facility administrator, in collaboration with the healthcare and behavioral/mental health administrators, shall plan and implement written policies and procedures which delineate a Suicide Prevention Plan. The plan shall consider the needs of youth experiencing past or current trauma. Suicide prevention responses shall be respectful and in the least invasive manner consistent with the level of suicide risk.	X			C118 – Suicide Prevention Program DMH 302.13 – Suicide Risk Assessment and Mitigation DSB 1600 – Suicide Prevention Probation Directive #1186 – Suicide Prevention
The plan shall include the following elements: (a) Suicide prevention training as required in Section 1322, Youth Supervision Staff Orientation, and Training and the Juvenile Corrections Officer Core Course.	X			DSB 1604 – Training
(b) Screening, Identification Assessment and Precautionary Protocols	X			
(1) All youth shall be screened for risk of suicide at intake and as needed during detention.	X			
(2) All youth supervision staff who perform intake processes shall be trained in screening youth for risk of suicide.	X			
(3) All youth who have been identified during the intake screening process to be at risk of suicide shall be referred to behavioral/mental health staff for a suicide risk assessment.	X			
(4) Precautionary protocols shall be developed to ensure the youth's safety pending the behavioral/mental health assessment.	X			
(c) Referral process to behavioral/mental health staff for assessment and/or services.	X			
(d) Procedures for monitoring of youth identified at risk for suicide.	X			
(e) Safety Interventions	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(1) Procedures to address intervention protocols for youth identified at risk for suicide which may include, but are not limited to:	X			
(A) Housing consideration	X			
(B) Treatment strategies including trauma-informed approaches	X			
(2) Procedures to instruct youth supervision staff how to respond to youth who exhibit suicidal behaviors.	X			
(f) Communication	X			
(1) The intake process shall include communication with the arresting officer and family guardians regarding the youth's past or present suicidal ideations, behaviors or attempts.	X			
(2) Procedures for clear and current information sharing about youth at risk for suicide with youth supervision, healthcare, and behavioral/mental health staff.	X			
(g) Debriefing of Critical Incidents Related to Suicides or Attempts	X			
(1) Process for administrative review of the circumstances and responses proceeding, during and after the critical incident.	X			
(2) Process for a debriefing event with affected staff.	X			
(3) Process for a debriefing event with affected youth.	X			
(h) Documentation	X			
(1) Documentation processes shall be developed to ensure compliance with this regulation	X			
Youth identified at risk for suicide shall not be denied the opportunity to participate in facility programs, services and activities which are available to other non-suicidal youth, unless deemed necessary for the safety of the youth or security of the facility. Any deprivation of programs, services or activities for youth at risk of suicide shall be documented and approved by the facility manager.	X			
Section 1357 Use of Force The facility administrator, in cooperation with the responsible physician, shall develop and implement written policies and procedures for the use of force, which may include chemical agents. Force shall never be applied as punishment, discipline, retaliation or treatment.	X			DSB 1000 – Safe Crisis Management and Use of Force DSB 2323 – Corporal Punishment
(a) At a minimum, each facility shall develop policies and procedures which: (1) restricts the use of force to that which is deemed reasonable and necessary, as defined in Section 1302 to ensure the safety and security of youth, staff, others and the facility.	X			
(2) outline the force options available to staff including both physical and non-physical options and define when those force options are appropriate.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(3) describe force options or techniques that are expressly prohibited by the facility.	X			
(4) describe the requirements of staff to report any inappropriate use of force, and to take affirmative action to immediately stop it.	X			
(5) define a standardized reporting format that includes time period and procedure for documenting and reporting the use of force, including reporting requirements of management and line staff and procedures for reviewing and tracking use of force incidents by supervisory and or management staff, which include procedures for debriefing a particular incident with staff and/or youth for the purposes of training as well as mitigating the effects of trauma that may have been experienced by staff and/or the youth involved.	X			
(6) Include an administrative review and a system for investigating unreasonable use of force.	X			
(7) define the role, notification, and follow-up procedures required after use of force incidents for medical, mental health staff and parents or legal guardians.	X			
(8) describe the limitations of use of force on pregnant youth in accordance with Penal Code Section 6030(f) and Welfare and Institutions Code Section 222.	X			
(b) Facilities that authorize chemical agents as a force option shall include policies and procedures that: (1) identify who is approved to carry and/or utilize chemical agents in the facility and the type, size and the approved method of deployment for those chemical agents.	X			DSB 1007 – Chemical Restraint Procedures
(2) mandate that chemical agents only be used when there is an imminent threat to the youth's safety or the safety of others and only when de-escalation efforts have been unsuccessful or are not reasonably possible.	X			
(3) outline the facility's approved methods and timelines for decontamination from chemical agents. This shall include that youth who have been exposed to chemical agents shall not be left unattended until that youth is fully decontaminated or is no longer suffering the effects of the chemical agent.	X			
(4) define the role, notification, and follow-up procedures required after use of force incidents involving chemical agents for medical, mental health staff and parents or legal guardians.	X			
(5) provide for the documentation of each incident of use of chemical agents, including the reasons for which it was used, efforts to de-escalate prior to use, youth and staff involved, the date, time and location of use, decontamination procedures applied and identification of any injuries sustained as a result of such use.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(c) Facilities shall develop policies and procedure which require that agencies provide initial and regular training in use of force and chemical agents when appropriate that address: (1) known medical and behavioral health conditions that would contraindicate certain types of force;	X			
(2) acceptable chemical agents and the methods of application.	X			
(3) signs or symptoms that should result in immediate referral to medical or behavioral health.	X			
(4) instruction on the Constitutional Limitations of Use of Force.	X			
(5) physical training force options that may require the use of perishable skills.	X			
(6) timelines the facility uses to define regular training.	X			
1358 Use of Physical Restraints The facility administrator, in cooperation with the responsible physician and mental health director, shall develop and implement written policies and procedures for the use of restraint devices. Restraint devices include any devices which immobilize a youth's extremities and/or prevent the youth from being ambulatory.	X			C116 – Restraints DSB 1006 – Mechanical Restraints Per policies and according to verbal interview, youths are not held in medical restraints. Only trained Probation Officer is allowed to apply restraints during movement or a mental health crisis.
Physical restraints may be used only for those youth who present an immediate danger to themselves or others, who exhibit behavior which results in the destruction of property, or reveals the intent to cause self-inflicted physical harm. Physical restraints should be utilized only when it appears less restrictive alternatives would be ineffective in controlling the youth's behavior.	X			
In no case shall restraints be used as punishment or discipline, or as a substitute for treatment. The use of restraint devices that attach a youth to a wall, floor or other fixture, including a restraint chair, or through affixing of hands and feet together behind the back (hogtying) is prohibited. The use of restraints on pregnant youth is limited in accordance with Penal Code Section 6030(f) and Welfare and Institutions Code Section 222.	X			
The provisions of this section do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain youth for movement or transportation within the facility. Movement within the facility shall be governed by Section 1358.5, Use of Restraint Devices for Movement Within the Facility.	X			
Youth shall be placed in restraints only with the approval of the facility manager or designee. The facility manager may delegate authority to place a youth in restraints to a physician. Reasons for continued retention in restraints shall be reviewed and documented at a minimum of every hour.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
A medical opinion on the safety of placement and retention shall be secured as soon as possible, but no later than two hours from the time of placement. The youth shall be medically cleared for continued retention at least every three hours thereafter.	X			
A mental health consultation shall be secured as soon as possible, but in no case longer than four hours from the time of placement, to assess the need for mental health treatment.	X			
Continuous direct visual supervision shall be conducted to ensure that the restraints are properly employed, and to ensure the safety and well-being of the youth. Observations of the youth's behavior and any staff interventions shall be documented at least every 15 minutes, with actual time of the documentation recorded.	X			
In addition to the requirements above, policies and procedures shall address:	X			
(a) documentation of the circumstances leading to an application of restraints.	X			
(b) known medical conditions that would contraindicate certain restraint devices and/or techniques.	X			
(c) acceptable restraint devices.	X			
(d) signs or symptoms which should result in immediate medical/mental health referral.	X			
(e) availability of cardiopulmonary resuscitation equipment.	X			
(f) protective housing of restrained youth. While in restraint devices, all youth shall be housed alone or in a specified housing area for restrained youth which makes provision to protect the youth from abuse.	X			
(g) provision for hydration and sanitation needs.	X			
(h) exercising of extremities.	X			
1358.5 Use of Restraint Devices for Movement and Transportation Within the Facility The Facility Administrator, in cooperation with the responsible physician and behavioral/mental health director, shall develop and implement written policies and procedures for the use of restraint devices when the purpose is for movement or transportation within the facility that shall include the following:	X			DSB 1006 – Mechanical Restraints
(a) identification of acceptable restraint devices, staff approved to utilize restraint devices and the required training.	X			
(b) the circumstances leading to the application of restraints must be documented.	X			
(c) an individual assessment of the need to apply restraints for movement or transportation that includes consideration of less restrictive alternatives, consideration of a youth's known medical or mental health conditions, trauma informed approaches, and a process for documentation and supervisor review and approval.	X			
(d) consideration of safety and security of the facility, with a clearly defined expectation that restraint devices shall not be used for the purposes of discipline or retaliation.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(e) the use of restraints on pregnant youth is limited in accordance with Penal Code Section 6030(f) and Welfare and Institutions Code Section 222.	X			
1359 Safety Room Procedures (a) The facility administrator, and where applicable, in cooperation with the responsible physician, shall develop and implement written policies and procedures governing the use of safety rooms, as described in Title 24, Part 2, Section 1230.1.13. The room shall be used to hold only those youth who present an immediate danger to themselves or others, who exhibit behavior which results in the destruction of property, or reveals the intent to cause self-inflicted physical harm. A safety room shall not be used for punishment or discipline, or as a substitute for treatment. Policies and procedures shall:	X			DSB 1109 – SHU Sanctions DSB 1300 – Specialized Living Units and Programs Per interview, safety rooms are now referred to the HOPE Center. The goal of the HOPE Center is to de-escalate the situation and return the minor to his own housing unit. Youths who exhibit self-destructive behaviors or other dangerous behaniors would be placed with continuous visual 1:1 contact with probation staff.
(1) include provisions for administration of necessary nutrition and fluids, access to a toilet, and suitable clothing to provide for privacy;	X			
(2) provide for approval of the facility manager, or designee, before a youth is placed into a safety room;	X			
(3) provide for continuous direct visual supervision and documentation of the youth's behavior and any staff interventions every 15 minutes, with actual time recorded;	X			Continuous 1:1 supervision when housed in the HOPE Center. No documentation of interventions was reviewed at the time of inspection.
(4) provide that the youth shall be evaluated by the facility manager, or designee, every four hours;	X			
(5) provide for immediate medical assessment, where appropriate, or an assessment at the next daily sick call; and,	X			
(6) provide a process for documenting the reason for placement, including attempts to use less restrictive means of control, and decisions to continue and end placement.	X			
(b)The placement of a youth in the safety room shall be accomplished in accordance with the following:	X			
(1) safety room shall not be used before other less restrictive options have been attempted and exhausted, unless attempting those options poses a threat to the safety or security of any youth or staff.	X			
(2) safety room shall not be used for the purposes of punishment, coercion, convenience, or retaliation by staff.	X			
(3) safety room shall not be used to the extent that it compromises the mental and physical health of the youth.	X			
(c) A youth may be held up to four hours in the safety room. After the youth has been held in the safety room for a period of four hours, staff shall do one or more of the following:	X			
(1) return the youth to general population.	X			
(2) consult with mental health or medical staff,	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(3) develop an individualized plan that includes the goals and objectives to be met in order to reintegrate the youth to general population.	X			
(d) If confinement in the safety room must be extended beyond four hours, staff shall develop an individualized plan that includes the requirements of Section 1354.5 and the goals and objectives to be met in order to integrate the youth to general population.	X			

Summary of medical/mental health evaluation:

The Probation Department is subdivided into five Bureaus: Juvenile Special Services Bureau (JSSB); Residential Treatment Services Bureau (RTSB); Juvenile Field Services Bureau (JFSB); Detention Services Bureau (DSB); Management Services Bureau (MSB). The Probation Department works in collaboration with the Juvenile Court Health Services (JCHS), Juvenile Justice Mental Health Services (JJMHS), and Los Angeles County Office of Education (LACOE) to provide quality of care and services to the incarcerated juvenile population within the Los Angeles County.

JCHS provides 24/7 non-urgent comprehensive medical care to juveniles when booked into the judicial system. Ancillary services such as Dental, Laboratory, Medical Records, Optometry and Pharmacy are also provided with defined hours of operation. The hours of operation vary at each Juvenile Hall facilities. JJMHS provides mental health care Monday to Friday with varying hours of operation at each facility. LACOE provides educational classes that allow the juveniles to continue their grammar school requirements while incarcerated.

Probation Electronic Medical Record System (PEMRS) is a data bank that allows access to all parties involved in providing care and services to the juveniles while detained in the Probation Juvenile Halls and Camps. Based on the review of the 2020 JCHS, 2018 JJMHS, Food Service, 2017 RTSB and 2020 DSB policy and procedure manuals, meeting minutes, performance audit reports, credentialing, facility's Mental Health Program synopses, staff interviews, onsite observations, and medical record reviews (via PEMRS), the following deficiencies have been identified:

1. PROBATION, JCHS AND JJMHS: (Repeat finding since 2019) When health services are delivered within the juvenile facility, staff, space, equipment, supplies, materials, and resource manuals shall be adequate to the level of care provided. The electronic medical record system aka PEMRS have issues with capturing the correct admit date, real time medication and psychotropic PMA status records. The status bar in PEMRS is displaying inaccurate pertinent information for the nurses to properly administer psychotropic medications. The admit date are also inconsistent with actual admission date vs. PEMRS status bar admit date. The admit date found in the PEMRS status bar is unknown. Corrective action plans should include but not limited to correcting the lack of capturing true real time electronic medication, PMA status records and admit date. It was also noted that the lack of capturing real time electronic medication occurs partially because of the juvenile's movement location were not updated in a timely manner within PEMRS. This will be reviewed during the next inspection cycle. **(T-1402(b))**
   ADDENDUM:
   8/31/2021, Reviewed a small sampling of medical records due to time constraint. The small sampling yielded the following findings:
   a. Capturing the youth location and admit date have been corrected.
   b. Real time medication documentation remains as a deficiency.
   c. Psychotropic PMA status record remains as a deficiency. 9/2/2021, received email from DMH. A ticket was generated with Cerner to correct the psychotropic PMA status record banner. Will review and confirm during next inspection cycle.

11/8/2021, Reviewed all medical records with admission dates on or after 10/1/2021. Based on review, there were a few medical records that had inconsistent admission dates; however, they were already known to Probation staff and were actively correcting the issue during the reinspection. Per BSCC Representative, the correction was verified to be corrected on 11/10/2021. Requested a sustainability plan to ensure continued compliance.

2. JCHS: (Repeat finding since 2017) Based on a focused medical records review, it was noted that the initial health appraisal was not consistently completed within the set timeframe set forth for initial health appraisals to be done by the physician. A physical examination is expected to be completed within 96 hours from the time of detainment. Corrective action is required. Will verify and confirm via medical record review during the next inspection cycle. NOTE: It was noted that a modified initial admission assessment process was implemented during the COVID-19 pandemic. There were occasions where a delayed initial health appraisal occurred due to the status of juvenile's COVID result. However, those instances were not included in this finding. **(T-15-1432)**
   ADDENDUM:
   8/31/2021, Reviewed a small sampling of medical records due to time constraint. The small sampling yielded the following findings:
   a. Health appraisals were still exceeding the 96 hours requirement.
   b. 9/1/2021, received email from JCHS Medical Director regarding corrective action plans on how to improve the 96 hours health appraisal requirement. JCHS Medical Director has proposed for a mobile health assessment cart that will include but not limited to a laptop with access to PEMRS, medical equipment needed to complete a comprehensive health appraisal, etc. Probation will help obtain all requested items. Will review and confirm through a larger sampling of randomized records during next inspection cycle. Will also observe quarantine area to confirm the changes stated in proposal.

   11/8/2021, Reviewed all medical records with admission dates on or after 10/1/2021. Based on review, this finding is corrected. Requested a sustainability plan to ensure continued compliance.

3. JJMHS: (Repeat finding since 2019) Based on the medical records review, it was noted that: 1) Approved PMAs were not consistently uploaded into PEMRS; 2) No PMA obtained for psychotropics that is being administered to the youth. Review and revise current PMA process to ensure PMA are made available in PEMRS in a timely manner is recommended. In addition, training on the importance of follow through and securing an approved PMA in PEMRS is also recommended. This will be verified and confirmed during next year's inspection cycle. **(T-15-1439(b))**
   ADDENDUM:
   8/31/2021, Reviewed a small sampling of medical records due to time constraint. The small sampling yielded the following findings:
   a. Inaccurate capturing of psychotropic medication consent remains as a deficiency.
   b. Per interview, realigning the way psychotropic medication consents are being obtained and uploaded into PEMRS is being discussed as part of their corrective action plan. Probation will assist as needed to bring this section up to compliance. Will review and confirm during next year's inspection cycle.

   11/8/2021, Reviewed all medical records with admission dates on or after 10/1/2021. Based on review, this finding is corrected. Requested a sustainability plan to ensure continued compliance.