Title 15 Minimum Standards for Juvenile Facilities

Table of Contents

Article 8. Health Services

§ 1400. Responsibility for Health Care Services.

The facility administrator shall ensure that health care services are provided to all youth. 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:

(a) develop policy for health care administration;

(b) identify health care providers for the defined scope of services;

(c) establish written agreements as necessary to provide access to health care;

(d) develop mechanisms to assure that those agreements are properly monitored; and,

(e) establish systems for coordination among health care service providers.

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.

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

SYTF SUBCOMMITTEE RECOMMENDATIONS

None.

PUBLIC COMMENT

Please see the following attachments:

- Attachment C – Pgs. 5-6
- Attachment E.1 – Pg. 69

IMPACT AND JUSTIFICATION

(1) (a) What existing problem is being addressed by this revision?

(b) How will this revision address/fix the problem? What is the rationale?

(2) What is the operational impact that will result from this revision; how will it change operations?

(3) (a) What is the fiscal impact that will result from this revision?

(b) How can it be justified?

(4) How will BSCC measure compliance with this revision?

(5) What national best practices were considered when reviewing this regulation?

(6) Summary of Workgroup Discussion and Intent:

§ 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.

Safety and security policies and procedures that are applicable to youth supervision staff also apply to health care personnel.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code.

SYTF SUBCOMMITTEE RECOMMENDATIONS

None.

PUBLIC COMMENT

Please see the following attachments:

- Attachment B – Pg. 14
- Attachment H

IMPACT AND JUSTIFICATION

(1) (a) What existing problem is being addressed by this revision?

(b) How will this revision address/fix the problem? What is the rationale?

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(3) (a) What is the fiscal impact that will result from this revision?

(b) How can it be justified?

(4) How will BSCC measure compliance with this revision?

(5) What national best practices were considered when reviewing this regulation?

(6) Summary of Workgroup Discussion and Intent:

§ 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:

(1) at least one health care provider to provide treatment; and,

(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.

(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.

(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.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code.

SYTF SUBCOMMITTEE RECOMMENDATIONS

None.

PUBLIC COMMENT

Please see the following attachments:

- Attachment B – Pg. 14
- Attachment H

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(3) (a) What is the fiscal impact that will result from this revision?

(b) How can it be justified?

(4) How will BSCC measure compliance with this revision?

(5) What national best practices were considered when reviewing this regulation?

(6) Summary of Workgroup Discussion and Intent:

§ 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.

(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.

(1) Policy and procedures shall identify a process for correcting identified deficiencies in the medical, dental, mental health and pharmaceutical services delivered.

(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.

(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.

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

SYTF SUBCOMMITTEE RECOMMENDATIONS

None.

PUBLIC COMMENT

Please see the following attachments:

- Attachment B – Pg. 14
- Attachment H

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(1) (a) What existing problem is being addressed by this revision?

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(3) (a) What is the fiscal impact that will result from this revision?

(b) How can it be justified?

(4) How will BSCC measure compliance with this revision?

(5) What national best practices were considered when reviewing this regulation?

(6) Summary of Workgroup Discussion and Intent:

§ 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.

(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.

(c) Appropriate credentials shall be accessible for review. Policy and procedures shall provide that these credentials are periodically reviewed and remain 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.

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

SYTF SUBCOMMITTEE RECOMMENDATIONS

None.

PUBLIC COMMENT

Please see the following attachments:

- Attachment E.1 – Pg. 71
- Attachment H

IMPACT AND JUSTIFICATION

(1) (a) What existing problem is being addressed by this revision?

(b) How will this revision address/fix the problem? What is the rationale?

(2) What is the operational impact that will result from this revision; how will it change operations?

(3) (a) What is the fiscal impact that will result from this revision?

(b) How can it be justified?

(4) How will BSCC measure compliance with this revision?

(5) What national best practices were considered when reviewing this regulation?

(6) Summary of Workgroup Discussion and Intent:

§ 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.

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

SYTF SUBCOMMITTEE RECOMMENDATIONS

None.

PUBLIC COMMENT

Please see the following attachments:

- Attachment H

IMPACT AND JUSTIFICATION

(1) (a) What existing problem is being addressed by this revision?

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(b) How can it be justified?

(4) How will BSCC measure compliance with this revision?

(5) What national best practices were considered when reviewing this regulation?

(6) Summary of Workgroup Discussion and Intent:

§ 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:

(a) intake health screening form;

(b) health appraisals/medical examinations;

(c) health service reports (e.g., emergency department, dental, psychiatric, and other consultations);

(d) complaints of illness or injury;

(e) names of personnel who treat, prescribe, and/or administer/deliver prescription medication;

(f) location where treatment is provided;

(g) medication records in conformance with Title 15, Section 1438;

(h) progress notes;

(i) consent forms;

(j) authorizations for release of information;

(k) copies of previous health records;

(l) immunization records;

(m) laboratory reports; and,

(n) individual treatment plan.

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. Health care records shall be retained in accordance with community standards.

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

SYTF SUBCOMMITTEE RECOMMENDATIONS

None.

PUBLIC COMMENT

Please see the following attachments:

- Attachment B – Pg. 14
- Attachment H

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(1) (a) What existing problem is being addressed by this revision?

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(2) What is the operational impact that will result from this revision; how will it change operations?

(3) (a) What is the fiscal impact that will result from this revision?

(b) How can it be justified?

(4) How will BSCC measure compliance with this revision?

(5) What national best practices were considered when reviewing this regulation?

(6) Summary of Workgroup Discussion and Intent:

§ 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.

(b) Medical and behavioral/mental health services shall be conducted in a private manner such that information can be communicated confidentially consistent with HIPAA and all other applicable state and federal laws related to information sharing and confidentiality.

(c) Youth shall not be used to translate confidential medical information for other non-English speaking youth.

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

SYTF SUBCOMMITTEE RECOMMENDATIONS

None.

PUBLIC COMMENT

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- Attachment B – Pg. 14
- Attachment H

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(b) How can it be justified?

(4) How will BSCC measure compliance with this revision?

(5) What national best practices were considered when reviewing this regulation?

(6) Summary of Workgroup Discussion and Intent:

§ 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:

(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;

(b) relevant health records are forwarded to the health care staff of the receiving facility;

(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;

(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,

(e) confidentiality of health records is maintained.

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

SYTF SUBCOMMITTEE RECOMMENDATIONS

None.

PUBLIC COMMENT

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- Attachment B – Pg. 14
- Attachment H

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(b) How can it be justified?

(4) How will BSCC measure compliance with this revision?

(5) What national best practices were considered when reviewing this regulation?

(6) Summary of Workgroup Discussion and Intent:

§ 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.

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.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code.

SYTF SUBCOMMITTEE RECOMMENDATIONS

None.

PUBLIC COMMENT

Please see the following attachments:

- Attachment B – Pg. 14
- Attachment H

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(1) (a) What existing problem is being addressed by this revision?

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(3) (a) What is the fiscal impact that will result from this revision?

(b) How can it be justified?

(4) How will BSCC measure compliance with this revision?

(5) What national best practices were considered when reviewing this regulation?

(6) Summary of Workgroup Discussion and Intent:

§ 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.

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.

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. The facility administrator, facility manager, health administrator and responsible physician shall designate their approval by signing the manual.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code.

SYTF SUBCOMMITTEE RECOMMENDATIONS

None.

PUBLIC COMMENT

Please see the following attachments:

- Attachment B – Pg. 14
- Attachment H

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(1) (a) What existing problem is being addressed by this revision?

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(3) (a) What is the fiscal impact that will result from this revision?

(b) How can it be justified?

(4) How will BSCC measure compliance with this revision?

(5) What national best practices were considered when reviewing this regulation?

(6) Summary of Workgroup Discussion and Intent:

§ 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:

(a) intake health screening procedures;

(b) identification of relevant symptoms;

(c) referral for medical evaluation;

(d) treatment responsibilities during detention;

(e) coordination with public and private community-based resources for follow-up treatment;

(f) applicable reporting requirements; and,

(g) strategies for handling disease outbreaks.

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.

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

SYTF SUBCOMMITTEE RECOMMENDATIONS

None.

PUBLIC COMMENT

Please see the following attachments:

- Attachment A – Pg. 31
- Attachment B – Pg. 15
- Attachment D – Pgs. 24-26
- Attachment H

IMPACT AND JUSTIFICATION

(1) (a) What existing problem is being addressed by this revision?

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(2) What is the operational impact that will result from this revision; how will it change operations?

(3) (a) What is the fiscal impact that will result from this revision?

(b) How can it be justified?

(4) How will BSCC measure compliance with this revision?

(5) What national best practices were considered when reviewing this regulation?

(6) Summary of Workgroup Discussion and Intent:

§ 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.

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

SYTF SUBCOMMITTEE RECOMMENDATIONS

None.

PUBLIC COMMENT

Please see the following attachments:

- Attachment B – Pg. 15
- Attachment E.1 – Pg. 76
- Attachment H

IMPACT AND JUSTIFICATION

(1) (a) What existing problem is being addressed by this revision?

(b) How will this revision address/fix the problem? What is the rationale?

(2) What is the operational impact that will result from this revision; how will it change operations?

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(b) How can it be justified?

(4) How will BSCC measure compliance with this revision?

(5) What national best practices were considered when reviewing this regulation?

(6) Summary of Workgroup Discussion and Intent:

§ 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.

(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.

(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.

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.

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

SYTF SUBCOMMITTEE RECOMMENDATIONS

None.

PUBLIC COMMENT

Please see the following attachments:

- Attachment H

IMPACT AND JUSTIFICATION

(1) (a) What existing problem is being addressed by this revision?

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(3) (a) What is the fiscal impact that will result from this revision?

(b) How can it be justified?

(4) How will BSCC measure compliance with this revision?

(5) What national best practices were considered when reviewing this regulation?

(6) Summary of Workgroup Discussion and Intent:

§ 1413. Individualized Treatment Plans.

(a) With the exception of special purpose juvenile halls, the health administrator and behavioral/mental health director responsible physician, in cooperation with the facility administrator, shall develop and implement policy and procedures to assure that coordinated and integrated health care treatment plans are developed for all youth who are receiving services for significant medical, behavioral/mental health or dental health care concerns. Policies and procedures shall assure:

(~~a~~1) Health care treatment plans are considered in facility program planning.

(~~b~~2) 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.

(~~c~~3) Relevant health care treatment plan information shall be shared with youth supervision staff in accordance with Section 1407 and applicable state and federal laws related to information sharing for purposes of programming, implementation and continuity of care.

(~~d~~4) Accommodations for youth who may have special needs when using showers and toilets and dressing/undressing.

(b) Treatment planning by health care providers shall address:

(~~a~~1) Pre-release and discharge planning for continuing medical, dental and behavioral/mental health care, including medication, following release or transfer, which may include relevant authorization for transfer of information, insurance, or communication with community providers to ensure continuity of care.

(~~b~~2) Participation in relevant programs upon return into the community to ensure continuity of care.

(~~c~~3) Youth and family participation (if applicable and available).

(~~d~~4) Cultural responsiveness, awareness and linguistic competence.

(~~e~~5) Physical and psychological safety.

(~~f~~6) Traumatic stress and trauma reminders when applicable.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code.

SYTF SUBCOMMITTEE RECOMMENDATIONS

- Include a reference to the Individual Rehabilitation Plan (IRP) required by Welfare and Institutions Code § 875.

PUBLIC COMMENT

Please see the following attachments:

- Attachment B – Pg. 15
- Attachment H

IMPACT AND JUSTIFICATION

(1) (a) What existing problem is being addressed by this revision?

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(b) How can it be justified?

(4) How will BSCC measure compliance with this revision?

(5) What national best practices were considered when reviewing this regulation?

(6) Summary of Workgroup Discussion and Intent:

§ 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.

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

SYTF SUBCOMMITTEE RECOMMENDATIONS

None.

PUBLIC COMMENT

Please see the following attachments:

- Attachment B – Pg. 15
- Attachment H

IMPACT AND JUSTIFICATION

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(3) (a) What is the fiscal impact that will result from this revision?

(b) How can it be justified?

(4) How will BSCC measure compliance with this revision?

(5) What national best practices were considered when reviewing this regulation?

(6) Summary of Workgroup Discussion and Intent:

§ 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 in an age and linguistically appropriate manner.

The education program content shall be updated as necessary to address current health and community priorities that meet the needs of the confined population.

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

SYTF SUBCOMMITTEE RECOMMENDATIONS

None.

PUBLIC COMMENT

Please see the following attachments:

- Attachment A – Pg. 31
- Attachment B – Pg. 15
- Attachment H

IMPACT AND JUSTIFICATION

(1) (a) What existing problem is being addressed by this revision?

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(b) How can it be justified?

(4) How will BSCC measure compliance with this revision?

(5) What national best practices were considered when reviewing this regulation?

(6) Summary of Workgroup Discussion and Intent:

§ 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.

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.

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

SYTF SUBCOMMITTEE RECOMMENDATIONS

None.

PUBLIC COMMENT

Please see the following attachments:

- Attachment B – Pg. 16
- Attachment H

IMPACT AND JUSTIFICATION

(1) (a) What existing problem is being addressed by this revision?

(b) How will this revision address/fix the problem? What is the rationale?

(2) What is the operational impact that will result from this revision; how will it change operations?

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(b) How can it be justified?

(4) How will BSCC measure compliance with this revision?

(5) What national best practices were considered when reviewing this regulation?

(6) Summary of Workgroup Discussion and Intent:

§ 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.

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.

(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,

(c) Availability of a breast pump and procedures for storage, delivery or disposal for lactating youth.

(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.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code. Reference: Section 6030(e), Penal Code; and Sections 220, 221 and 222, Welfare and Institutions Code.

SYTF SUBCOMMITTEE RECOMMENDATIONS

None.

PUBLIC COMMENT

Please see the following attachments:

- Attachment B – Pg. 16
- Attachment H

IMPACT AND JUSTIFICATION

(1) (a) What existing problem is being addressed by this revision?

(b) How will this revision address/fix the problem? What is the rationale?

(2) What is the operational impact that will result from this revision; how will it change operations?

(3) (a) What is the fiscal impact that will result from this revision?

(b) How can it be justified?

(4) How will BSCC measure compliance with this revision?

(5) What national best practices were considered when reviewing this regulation?

(6) Summary of Workgroup Discussion and Intent:

§ 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.

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

SYTF SUBCOMMITTEE RECOMMENDATIONS

None.

PUBLIC COMMENT

Please see the following attachments:

- Attachment B – Pg. 16
- Attachment H

IMPACT AND JUSTIFICATION

(1) (a) What existing problem is being addressed by this revision?

(b) How will this revision address/fix the problem? What is the rationale?

(2) What is the operational impact that will result from this revision; how will it change operations?

(3) (a) What is the fiscal impact that will result from this revision?

(b) How can it be justified?

(4) How will BSCC measure compliance with this revision?

(5) What national best practices were considered when reviewing this regulation?

(6) Summary of Workgroup Discussion and Intent:

§ 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.

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.

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.

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.

Written documentation of the circumstances and reasons for requiring a medical clearance whenever a youth is not accepted for booking is required.

Written medical clearance, and when possible, a medical evaluation with progress notes are required for admission to the facility.

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.

Screening procedures shall include but not be limited to:

(a) Medical, dental and behavioral/mental health concerns that may pose a hazard to the youth or others in the facility;

(b) Health conditions that require treatment while the youth is in the facility; and,

(c) Identification of the need for accommodations eg. physical or developmental disabilities, gender identity or medical holds.

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.

Procedures shall require timely referral for health care commensurate with the nature of any problems or complaint identified during the screening process.

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

SYTF SUBCOMMITTEE RECOMMENDATIONS

None.

PUBLIC COMMENT

Please see the following attachments:

- Attachment B – Pg. 16
- Attachment F.1 – Pg. 69
- Attachment H

IMPACT AND JUSTIFICATION

(1) (a) What existing problem is being addressed by this revision?

(b) How will this revision address/fix the problem? What is the rationale?

(2) What is the operational impact that will result from this revision; how will it change operations?

(3) (a) What is the fiscal impact that will result from this revision?

(b) How can it be justified?

(4) How will BSCC measure compliance with this revision?

(5) What national best practices were considered when reviewing this regulation?

(6) Summary of Workgroup Discussion and Intent:

§ 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.

(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;

(2) designated housing, including use of any protective environment for placement of intoxicated youth;

(3) symptoms known history of ingestion or withdrawal that should prompt immediate referral for medical evaluation and treatment;

(4) determining when the youth is no longer considered intoxicated and documenting when the monitoring requirements of this regulation are discontinued;

(5) medical responses to youth experiencing intoxication or withdrawal reactions;

(6) management of pregnant youth who use alcohol or other substances;

(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;

(8) coordination with behavioral/mental health services in cases of substance abusing youth with known or suspected mental illness.

(9) how, when and by whom the youth will be monitored when intoxicated;

(10) the frequency of monitoring and the documentation required;

(11) that when a youth is intoxicated, experiencing progressive or severe intoxication or withdrawal, they shall be immediately medically evaluated; and,

(12) that intoxication beyond four hours from the time of admission shall require a medical evaluation.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code.

SYTF SUBCOMMITTEE RECOMMENDATIONS

None.

PUBLIC COMMENT

Please see the following attachments:

- Attachment H

IMPACT AND JUSTIFICATION

(1) (a) What existing problem is being addressed by this revision?

(b) How will this revision address/fix the problem? What is the rationale?

(2) What is the operational impact that will result from this revision; how will it change operations?

(3) (a) What is the fiscal impact that will result from this revision?

(b) How can it be justified?

(4) How will BSCC measure compliance with this revision?

(5) What national best practices were considered when reviewing this regulation?

(6) Summary of Workgroup Discussion and Intent:

§ 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.

(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.

(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:

(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.

(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.

(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.

(D) Review and update of the immunization records within two weeks in accordance with current public health guidelines.

(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.

(3) Physical exams shall be updated annually for all youth.

(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.

(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:

(1) is received from the sending facility at or prior to the time of transfer;

(2) is reviewed by designated health care staff at the receiving facility; and,

(3) is identified and any missing required assessments are scheduled within 96 hours.

(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.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code.

SYTF SUBCOMMITTEE RECOMMENDATIONS

- Require all SYTF youth receive screening for trauma.

PUBLIC COMMENT

Please see the following attachments:

- Attachment B – Pg. 16
- Attachment H

IMPACT AND JUSTIFICATION

(1) (a) What existing problem is being addressed by this revision?

(b) How will this revision address/fix the problem? What is the rationale?

(2) What is the operational impact that will result from this revision; how will it change operations?

(3) (a) What is the fiscal impact that will result from this revision?

(b) How can it be justified?

(4) How will BSCC measure compliance with this revision?

(5) What national best practices were considered when reviewing this regulation?

(6) Summary of Workgroup Discussion and Intent:

§ 1433. Requests for Health Care Services.

The health administrator, in cooperation with the facility administrator, shall develop age and linguistically appropriate materials to inform youth of the availability of health care services and develop policy and procedures to establish a daily routine for youth to convey requests for emergency and non-emergency medical, dental and behavioral/mental health care services.

(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.

(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.

(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.

(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.

(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.

(f) All medical, dental and behavioral/mental health care requests shall be documented and maintained.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code.

SYTF SUBCOMMITTEE RECOMMENDATIONS

None.

PUBLIC COMMENT

Please see the following attachments:

- Attachment A – Pg. 32
- Attachment B – Pg. 16
- Attachment C – Pg. 4
- Attachment E – Pg. 5
- Attachment H
- Attachment L – Pg. 17

IMPACT AND JUSTIFICATION

(1) (a) What existing problem is being addressed by this revision?

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(2) What is the operational impact that will result from this revision; how will it change operations?

(3) (a) What is the fiscal impact that will result from this revision?

(b) How can it be justified?

(4) How will BSCC measure compliance with this revision?

(5) What national best practices were considered when reviewing this regulation?

(6) Summary of Workgroup Discussion and Intent:

§ 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.

(a) All immunizations, examinations, treatments, and procedures requiring verbal or written informed consent in the community also require that consent for confined youth.

(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.

(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.

(d) Conservators can provide consent only within limits of their court authorization.

Youth may refuse, verbally or in writing, non-emergency medical, dental and behavioral/mental health care.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code.

SYTF SUBCOMMITTEE RECOMMENDATIONS

None.

PUBLIC COMMENT

Please see the following attachments:

- Attachment H

IMPACT AND JUSTIFICATION

(1) (a) What existing problem is being addressed by this revision?

(b) How will this revision address/fix the problem? What is the rationale?

(2) What is the operational impact that will result from this revision; how will it change operations?

(3) (a) What is the fiscal impact that will result from this revision?

(b) How can it be justified?

(4) How will BSCC measure compliance with this revision?

(5) What national best practices were considered when reviewing this regulation?

(6) Summary of Workgroup Discussion and Intent:

§ 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.

Annual dental exams shall be provided to any youth detained for longer than one year.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code.

SYTF SUBCOMMITTEE RECOMMENDATIONS

None.

PUBLIC COMMENT

Please see the following attachments:

- Attachment B – Pg. 16
- Attachment F.1 – Pg. 74
- Attachment H

IMPACT AND JUSTIFICATION

(1) (a) What existing problem is being addressed by this revision?

(b) How will this revision address/fix the problem? What is the rationale?

(2) What is the operational impact that will result from this revision; how will it change operations?

(3) (a) What is the fiscal impact that will result from this revision?

(b) How can it be justified?

(4) How will BSCC measure compliance with this revision?

(5) What national best practices were considered when reviewing this regulation?

(6) Summary of Workgroup Discussion and Intent:

§ 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.

(b) Prostheses shall be provided when the health of the youth would otherwise be adversely affected, as determined by the responsible physician.

(c) Procedures for retention and removal of prostheses shall comply with the requirements of Penal Code Section 2656.

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

SYTF SUBCOMMITTEE RECOMMENDATIONS

None.

PUBLIC COMMENT

Please see the following attachments:

- Attachment B – Pg. 16
- Attachment H

IMPACT AND JUSTIFICATION

(1) (a) What existing problem is being addressed by this revision?

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(2) What is the operational impact that will result from this revision; how will it change operations?

(3) (a) What is the fiscal impact that will result from this revision?

(b) How can it be justified?

(4) How will BSCC measure compliance with this revision?

(5) What national best practices were considered when reviewing this regulation?

(6) Summary of Workgroup Discussion and Intent:

§ 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:

(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

(b) assessment by a behavioral/mental health provider when indicated by the screening process;

(c) therapeutic services and preventive services where resources permit;

(d) crisis intervention and the management of acute psychiatric episodes;

(e) stabilization of persons with mental disorders and the prevention of psychiatric deterioration in the facility setting;

(f) initial and periodic medication support services;

(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.

(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.

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.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code.

SYTF SUBCOMMITTEE RECOMMENDATIONS

- Prioritize mental health support for long-term stay.

PUBLIC COMMENT

Please see the following attachments:

- Attachment A – Pgs. 33-34
- Attachment B – Pgs. 16-17
- Attachment E – Pg. 5
- Attachment F – Pg. 3
- Attachment F.1 – Pgs. 74-75
- Attachment H
- Attachment M – Pg. 4 & 16

IMPACT AND JUSTIFICATION

(1) (a) What existing problem is being addressed by this revision?

(b) How will this revision address/fix the problem? What is the rationale?

(2) What is the operational impact that will result from this revision; how will it change operations?

(3) (a) What is the fiscal impact that will result from this revision?

(b) How can it be justified?

(4) How will BSCC measure compliance with this revision?

(5) What national best practices were considered when reviewing this regulation?

(6) Summary of Workgroup Discussion and Intent:

§ 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:

(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

(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.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code.

SYTF SUBCOMMITTEE RECOMMENDATIONS

- Include transfers to state hospitals.

PUBLIC COMMENT

Please see the following attachments:

- Attachment B – Pg. 17
- Attachment H

IMPACT AND JUSTIFICATION

(1) (a) What existing problem is being addressed by this revision?

(b) How will this revision address/fix the problem? What is the rationale?

(2) What is the operational impact that will result from this revision; how will it change operations?

(3) (a) What is the fiscal impact that will result from this revision?

(b) How can it be justified?

(4) How will BSCC measure compliance with this revision?

(5) What national best practices were considered when reviewing this regulation?

(6) Summary of Workgroup Discussion and Intent:

§ 1438. Pharmaceutical Management.

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

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

(1) securely lockable cabinets, closets, and refrigeration units;

(2) a means for the positive identification of the recipient of the prescribed medication;

(3) ~~administration/delivery of medicines~~administering and delivering medication to youth as prescribed;

(4) confirmation that the recipient has ingested the medication;

(5) documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason;

(6) prohibition of the delivery of medication from one youth to another;

(7) limitation to the length of time medication may be administered without further medical evaluation;

(8) the length of time allowable for a physician's signature on verbal orders, not to exceed seven (7) days;

(9) training 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;

(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,

(11) transition planning, including plan for uninterrupted continuation of medication.

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

(1) Procurement shall be done only by a physician, dentist, pharmacist, or other persons authorized by law.

(2) Storage of medications shall assure that stock supplies of legend ~~medications~~drugs shall only be accessed by licensed health personnel. Supplies of legend ~~medications~~drugs that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and trained non-licensed personnel.

(3) Repackaging shall only be done by a physician, dentist, pharmacist, or other persons authorized by law.

(4) Preparation of labels can be done by a 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.

(5) Dispensing shall only be done by a physician, dentist, pharmacist, or other person authorized by law.

(6) Administration of medication shall only be done by licensed health personnel who are authorized to administer medication and acting on the order of a prescriber.

(7) Licensed health care personnel and trained non-licensed personnel may deliver medication acting on the order of a prescriber.

(8) Disposal of legend ~~medication~~drugs shall be done in accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or registered nurse. Controlled substances shall be disposed of in accordance with Drug Enforcement Administration disposal procedures.

(c) The responsible physician shall establish policies and procedures for managing and providing over-the-counter medications to youth.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code.

SYTF SUBCOMMITTEE RECOMMENDATIONS

None.

PUBLIC COMMENT

Please see the following attachments:

- Attachment A – Pgs. 35-36
- Attachment B – Pg. 17
- Attachment H

IMPACT AND JUSTIFICATION

(1) (a) What existing problem is being addressed by this revision?

(b) How will this revision address/fix the problem? What is the rationale?

(2) What is the operational impact that will result from this revision; how will it change operations?

(3) (a) What is the fiscal impact that will result from this revision?

(b) How can it be justified?

(4) How will BSCC measure compliance with this revision?

(5) What national best practices were considered when reviewing this regulation?

(6) Summary of Workgroup Discussion and Intent:

§ 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.

(a) These policies and procedures shall include, but not be limited to:

(1) protocols for health care providers written and verbal orders for psychotropic medications in dosages appropriate to the youth's need;

(2) the length of time medications may be ordered and administered before re-evaluation by a health care provider;

(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

(4) re-evaluation and further determination of continuing psychotropic medication, if needed, shall be made by a health care provider;

(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,

(6) provision for regular clinical/administrative review of utilization patterns for all psychotropic medications, including every emergency situation.

(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.

(1) Youth shall be informed of the expected benefits, potential side effects and alternatives to psychotropic medications.

(2) Absent an emergency, youth may refuse psychotropic medication without disciplinary consequences.

(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.

(d) Assessment and diagnosis must support the administration of psychotropic medications. Administration of psychotropic medication is not allowed for coercion, discipline, convenience or retaliation.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code.

SYTF SUBCOMMITTEE RECOMMENDATIONS

None.

PUBLIC COMMENT

Please see the following attachments:

- Attachment B – Pg. 17
- Attachment H

IMPACT AND JUSTIFICATION

(1) (a) What existing problem is being addressed by this revision?

(b) How will this revision address/fix the problem? What is the rationale?

(2) What is the operational impact that will result from this revision; how will it change operations?

(3) (a) What is the fiscal impact that will result from this revision?

(b) How can it be justified?

(4) How will BSCC measure compliance with this revision?

(5) What national best practices were considered when reviewing this regulation?

(6) Summary of Workgroup Discussion and Intent:

§ 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.

Policies and procedures shall include informing the youth of forensic evidence collection processes and their rights to provide for refuse consent.

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

SYTF SUBCOMMITTEE RECOMMENDATIONS

None.

PUBLIC COMMENT

Please see the following attachments:

- Attachment H

IMPACT AND JUSTIFICATION

(1) (a) What existing problem is being addressed by this revision?

(b) How will this revision address/fix the problem? What is the rationale?

(2) What is the operational impact that will result from this revision; how will it change operations?

(3) (a) What is the fiscal impact that will result from this revision?

(b) How can it be justified?

(4) How will BSCC measure compliance with this revision?

(5) What national best practices were considered when reviewing this regulation?

(6) Summary of Workgroup Discussion and Intent:

§ 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, and ensuring that youth who are victims have access to a supportive adult throughout the process of investigation and treatment.

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.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code.

SYTF SUBCOMMITTEE RECOMMENDATIONS

None.

PUBLIC COMMENT

Please see the following attachments:

- Attachment B – Pg. 17
- Attachment E.1 – Pg. 92

IMPACT AND JUSTIFICATION

(1) (a) What existing problem is being addressed by this revision?

(b) How will this revision address/fix the problem? What is the rationale?

(2) What is the operational impact that will result from this revision; how will it change operations?

(3) (a) What is the fiscal impact that will result from this revision?

(b) How can it be justified?

(4) How will BSCC measure compliance with this revision?

(5) What national best practices were considered when reviewing this regulation?

(6) Summary of Workgroup Discussion and Intent:

§ 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.

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.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code.

SYTF SUBCOMMITTEE RECOMMENDATIONS

None.

PUBLIC COMMENT

None.

IMPACT AND JUSTIFICATION

(1) (a) What existing problem is being addressed by this revision?

(b) How will this revision address/fix the problem? What is the rationale?

(2) What is the operational impact that will result from this revision; how will it change operations?

(3) (a) What is the fiscal impact that will result from this revision?

(b) How can it be justified?

(4) How will BSCC measure compliance with this revision?

(5) What national best practices were considered when reviewing this regulation?

(6) Summary of Workgroup Discussion and Intent:

Article 3. Training, Personnel, and Management

§ 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. 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.

(b) Screening, Identification Assessment and Precautionary Protocols

(1) All youth shall be screened for risk of suicide at intake and as needed during detention.

(2) All youth supervision staff who perform intake processes shall be trained in screening youth for risk of suicide.

(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.

(4) Precautionary protocols shall be developed to ensure the youth's safety pending the behavioral/mental health assessment.

(c) Referral process to behavioral/mental health staff for assessment and/or services.

(d) Procedures for monitoring of youth identified at risk for suicide.

(e) Safety Interventions

(1) Procedures to address intervention protocols for youth identified at risk for suicide which may include, but are not limited to:

(A) Housing consideration

(B) Treatment strategies including trauma-informed approaches

(2) Procedures to instruct youth supervision staff how to respond to youth who exhibit suicidal behaviors.

(f) Communication

(1) The intake process shall include communication with the arresting officer or transporting officer and family, guardians, or person standing in loco parentis, regarding the youth's past or present suicidal ideations, behaviors or attempts.

(2) Procedures for clear and current information sharing about youth at risk for suicide with youth supervision, healthcare, and behavioral/mental health staff.

(g) Debriefing of Critical Incidents Related to Suicides or Attempts

(1) Process for administrative review of the circumstances and responses proceeding, during and after the critical incident.

(2) Process for a debriefing event with affected staff.

(3) Process for a debriefing event with affected youth.

(h) Documentation

(1) Documentation processes shall be developed to ensure compliance with this regulation

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.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code.

ESC RECOMMENDATIONS

Draft revisions shown above in strikeout and underline are based on ESC discussion that occurred at the November 2-3, 2022 ESC meeting.

SYTF SUBCOMMITTEE RECOMMENDATIONS

None.

PUBLIC COMMENT

Please see the following attachments:

- Attachment A – Pg. 27
- Attachment B – Pgs. 5-6
- Attachment H
- Attachment L – Pg. 4

IMPACT AND JUSTIFICATION

(1) (a) What existing problem is being addressed by this revision?

(b) How will this revision address/fix the problem? What is the rationale?

(2) What is the operational impact that will result from this revision; how will it change operations?

(3) (a) What is the fiscal impact that will result from this revision?

(b) How can it be justified?

(4) How will BSCC measure compliance with this revision?

(5) What national best practices were considered when reviewing this regulation?

(6) Summary of Workgroup Discussion and Intent:

Article 4. Records and Public Information

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

(~~1~~a) Death of a Youth.

(~~a~~1) The facility administrator, in cooperation with the health administrator and the behavioral/mental health director, shall develop written policies and procedures in the event of the death of a youth while detained~~, which include notifications to necessary parties, which may include the Juvenile Court, the parent, guardian or person standing in loco parentis and the youth's attorney of record~~. Policies and procedures shall ensure notification of necessary parties, which may include parents or guardians, persons standing in loco parentis, spouse of youth, the youth's attorney of record and the juvenile court.

(~~b~~2) The health administrator, in cooperation with the facility administrator, shall develop written policies and procedures to assure there is a medical and operational review of every in-custody death of a youth. The review team shall include the facility administrator and/or facility manager, the health administrator, the responsible physician and other health care and supervision staff who are relevant to the incident.

(~~c~~3) The administrator of the facility shall provide to the Board a copy of the report submitted to the Attorney General under Government Code Section 12525. A copy of the report shall be submitted to the Board within 10 calendar days after the death.

(~~d~~4) Upon receipt of a report of the death of a youth from the administrator, the Board may within 30 calendar days inspect and evaluate the juvenile facility, jail, lockup or court holding facility pursuant to the provisions of this subchapter. Any inquiry made by the Board shall be limited to the standards and requirements set forth in these regulations.

(5) In the event of a death, the facility administrator shall ensure the availability of grief resources for youth.

(~~2~~b) Serious Illness or Injury of a Youth.

(~~a~~1) The facility administrator, in cooperation with the health administrator, shall develop written policies and procedures ~~for the notification to necessary parties, which may include the Juvenile Court, the parent, guardian or person standing in loco parentis and the youth's attorney of record~~ in the ~~case~~event of a serious illness or injury of a youth. Policies and procedures shall ensure notification to necessary parties, which may include parents or guardians, persons standing in loco parentis, spouse of youth, the youth's attorney of record, and the juvenile court, if appropriate.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code.

ESC RECOMMENDATIONS

Draft revisions shown above in strikeout and underline are based on ESC discussion that occurred at the November 2-3, 2022 ESC meeting.

SYTF SUBCOMMITTEE RECOMMENDATIONS

- Require notification to parent, guardian, spouse, family members, etc., when a youth is ill or injured, and if they are taken to the hospital.

PUBLIC COMMENT

Please see the following attachments:

- Attachment A – Pg. 7
- Attachment B – Pg. 6
- Attachment L – Pg. 4

IMPACT AND JUSTIFICATION

(1) (a) What existing problem is being addressed by this revision?

(b) How will this revision address/fix the problem? What is the rationale?

(2) What is the operational impact that will result from this revision; how will it change operations?

(3) (a) What is the fiscal impact that will result from this revision?

(b) How can it be justified?

(4) How will BSCC measure compliance with this revision?

(5) What national best practices were considered when reviewing this regulation?

(6) Summary of Workgroup Discussion and Intent:

Article 5. Classification and ~~Segregation~~Separation

§ 1350. Admittance Procedures.

The facility administrator shall develop and implement written policies and procedures for admittance of youth that emphasize respectful and humane engagement with youth, and reflect that the admission process may be traumatic to youth who may have already experienced trauma. Policies shall be trauma-informed, culturally relevant, and responsive to the language and literacy needs of youth. In addition to the requirements of Sections 1324 and 1430 of these regulations:

(a) the admittance process shall include documentation of:

(1) Access to two free phone calls within one hour of admittance in accordance with the provisions of Welfare and Institutions Code Section 627;

(2) Offer of a shower;

(3) ~~Documented s~~Secure storage of personal belongings;

(4) Offer of food upon arrival considering a youth's dietary restrictions;

(5) Screening for physical and behavio~~u~~ral health and safety issues, intellectual or developmental disabilities;

(6) Screening for physical and developmental disabilities in accordance with Sections 1329, 141~~3~~8, and 1430 of these regulations;

(7) Contact with Regional Center for the Developmentally Disabled for youth that are suspected of or i~~n~~dentified as having a developmental disability, pursuant to Section 141~~3~~8; and,

(8) Procedures consistent with Section 1352.5.

(9) Contact with the youth's social worker if the youth is identified as a dependent pursuant to Welfare and Institutions Code section 300.

(b) juvenile hall administrators shall establish written criteria for detention that considers the least restrictive environment.

(c) juvenile camps and post-dispositional programs in juvenile halls shall develop policies and procedures that advise the youth of the estimated length of stay, inform them of program guidelines and provide written screening criteria for inclusion and exclusion from the program.

(d) juvenile halls shall develop policies and procedures that advise any committed youth of the estimated length of his/her stay.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code.

ESC RECOMMENDATIONS

Draft revisions shown above in strikeout and underline are based on ESC discussion that occurred at the November 2-3, 2022 ESC meeting.

SYTF SUBCOMMITTEE RECOMMENDATIONS

None.

PUBLIC COMMENT

Please see the following attachments:

- Attachment A – Pgs. 8-9
- Attachment B – Pgs. 6-7
- Attachment H
- Attachment L – Pgs. 4-5

IMPACT AND JUSTIFICATION

(1) (a) What existing problem is being addressed by this revision?

(b) How will this revision address/fix the problem? What is the rationale?

(2) What is the operational impact that will result from this revision; how will it change operations?

(3) (a) What is the fiscal impact that will result from this revision?

(b) How can it be justified?

(4) How will BSCC measure compliance with this revision?

(5) What national best practices were considered when reviewing this regulation?

(6) Summary of Workgroup Discussion and Intent:

§ 1351. Release Procedures.

The facility administrator shall develop and implement written policies and procedures for release of youth from custody which provide for:

(a) verification of identity/release papers;

(b) return of personal clothing and valuables;

(c) notification to the youth's parents ~~or~~, guardians, persons standing in loco parentis, or spouse;

(d) notification to the facility health care provider in accordance with Sections 1408 and 1437 of these regulations, for coordination with outside agencies; and,

(e) notification of school staff;

(f) notification of facility mental health personnel.

~~The facility administrator shall develop and implement policies and procedures for post-disposition youth to coordinate the provision of transitional and reentry services including, but not limited to, medical and behavioral health, education, probation supervision and community-based services.~~

The facility administrator shall develop and implement written policies and procedures for the furlough of youth from custody.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code.

ESC RECOMMENDATIONS

Draft revisions shown above in strikeout and underline are based on ESC discussion that occurred at the November 2-3, 2022 ESC meeting.

SYTF SUBCOMMITTEE RECOMMENDATIONS

None.

PUBLIC COMMENT

- Attachment A – Pgs. 9-10
- Attachment B – Pg. 7
- Attachment L – Pgs. 5
- Attachment P – Pg. 3
- Attachment U – Pgs. 8 and 18

IMPACT AND JUSTIFICATION

(1) (a) What existing problem is being addressed by this revision?

(b) How will this revision address/fix the problem? What is the rationale?

(2) What is the operational impact that will result from this revision; how will it change operations?

(3) (a) What is the fiscal impact that will result from this revision?

(b) How can it be justified?

(4) How will BSCC measure compliance with this revision?

(5) What national best practices were considered when reviewing this regulation?

(6) Summary of Workgroup Discussion and Intent:

§ 1352.5. Transgender, Nonbinary, and Intersex Youth.

The facility administrator shall develop written policies and procedures ensuring respectful and equitable treatment of transgender, nonbinary, and intersex youth. The policies shall provide that:

(a) Facility staff shall respect every youth's gender identity, and shall refer to the youth by the youth's preferred name and gender pronoun, regardless of the youth's legal name. Facilities may prohibit the use of gang or slang names or names that otherwise compromise facility operations as determined by the facility manager or designee, and shall document any decision made on this basis.

(b) Facility staff shall permit youth to dress and present themselves in a manner consistent with their gender identity, and shall provide youth with the institution's clothing and undergarments consistent with their gender identity.

(c) Facility staff shall house youth in the unit or room that best meets their individual needs, and promotes their safety and well-being. Staff may not automatically house youth according to their external anatomy, and shall document the reasons for any decision to house youth in a unit that does not match their gender identity. In making a housing decision, staff shall consider the youth's preferences, as well as any recommendations from the youth's health or behavioral health provider.

(d) Facility administrators shall ensure that transgender, nonbinary, and intersex youth have access to gender-affirming care and treatment by medical and behavioral health providers qualified to provide care and treatment to transgender, nonbinary, and intersex youth.

(e) Consistent with the facility's reasonable and necessary security considerations and physical plant, facility staff shall make every effort to ensure the safety and privacy of transgender, nonbinary, and intersex youth when the youth are using the bathroom or shower, or dressing or undressing.

Facility staff shall not conduct physical searches of any youth for the purpose of determining the youth's anatomical sex. Whenever feasible, the facility shall respect the youth's preference regarding the gender of the staff member who conducts any search of the youth.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code.

ESC RECOMMENDATIONS

Draft revisions shown above in strikeout and underline are based on ESC discussion that occurred at the November 2-3, 2022 ESC meeting.

SYTF SUBCOMMITTEE RECOMMENDATIONS

None.

PUBLIC COMMENT

Please see the following attachments:

- Attachment A – Pgs. 10 & 28
- Attachment B – Pg. 7
- Attachment H

IMPACT AND JUSTIFICATION

(1) (a) What existing problem is being addressed by this revision?

(b) How will this revision address/fix the problem? What is the rationale?

(2) What is the operational impact that will result from this revision; how will it change operations?

(3) (a) What is the fiscal impact that will result from this revision?

(b) How can it be justified?

(4) How will BSCC measure compliance with this revision?

(5) What national best practices were considered when reviewing this regulation?

(6) Summary of Workgroup Discussion and Intent:

§ 1354.5. Room Confinement.

(a) The facility administrator shall develop and implement written policies and procedures addressing ~~the~~room confinement ~~of youth in their room~~ that are consistent with Welfare and Institutions Code Section 208.3. Policies and procedures shall:

(1) define required institutional operations that may result in placement of youth in a single-person room for brief periods of locked room confinement and set forth reasonable minimum and maximum time limits for those operations, not to exceed two hours.

(2) require documentation of each youth's placement in room confinement, including the reasons for placement, date and time of placement, and date and time of removal from room confinement.

(b) The placement of a youth in room confinement shall be accomplished in accordance with the following guidelines:

(1) Room confinement shall not be used before other, less restrictive, options have been attempted and exhausted, unless attempting those options poses a threat to the safety or security of any youth or staff.

(2) Room confinement shall not be used for the purposes of punishment, coercion, convenience, or retaliation by staff.

(3) Room confinement shall not be used to the extent that it compromises the mental and physical health of the youth or as an intervention for youth identified as at risk for suicide by the policies and procedures developed under Section 1329.

(4) Minors and wards who are confined shall be provided reasonable access to toilets at all hours, including during normal sleeping hours.

(~~b~~c) A youth may be held up to four hours in room confinement; however, youth shall be removed from room confinement as soon as practicable while considering the safety and security of the youth, staff, and other youth in the facility. ~~After~~If the youth has been held in room confinement for a period of four hours, staff shall do one or more of the following:

(1) Return the youth to general population.

(2) Consult with mental health or medical staff.

(3) Develop an individualized plan that includes the goals and objectives to be met in order to reintegrate the youth to general population.

(4) If room confinement must be extended beyond four hours, staff shall do each of the following:

(A) Document the reasons for room confinement and the basis for the extension, the date and time the youth was first placed in room

confinement, and when ~~he or she~~the youth is eventually released from room confinement.

(B) Develop an individualized plan that includes the goals and objectives to be met in order to integrate the youth to general population.

(C) Obtain documented authorization by the facility superintendent or his or her designee every four hours thereafter.

(~~5~~d) This section is not intended to limit the use of single-person rooms ~~or cells~~ for the housing of youth in juvenile facilities and does not apply to normal sleeping hours, except as provided in subsection (a).

(~~6~~e) This section does not apply to youth or wards in court holding facilities or adult facilities.

(~~7~~f) Nothing in this section shall be construed to conflict with any law providing greater or additional protections to youth.

(~~8~~g) This section does not apply during an extraordinary emergency circumstance that requires a significant departure from normal institutional operations, including a natural disaster or facility-wide threat that poses an imminent and substantial risk of harm to multiple staff or youth. This exception shall apply for the shortest amount of time needed to address this imminent and substantial risk of harm.

(~~9~~h) This section does not apply when a youth is placed in a locked ~~cell~~room or sleeping room to treat and protect against the spread of a communicable disease for the shortest amount of time required to reduce the risk of infection, with the written approval of a licensed physician or nurse practitioner, when the youth is not required to be in an infirmary for an illness. Additionally, this section does not apply when a youth is placed in a locked ~~cell~~room or sleeping room for required extended care after medical treatment with the written approval of a licensed physician or nurse practitioner, when the youth is not required to be in an infirmary for illness.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code.

ESC RECOMMENDATIONS

Draft revisions shown above in strikeout and underline are based on ESC discussion that occurred at the November 2-3, 2022 ESC meeting.

SYTF SUBCOMMITTEE RECOMMENDATIONS

None.

PUBLIC COMMENT

Please see the following attachments:

- Attachment A – Pgs. 11, 18-21, 29-30, & 66
- Attachment B – Pg. 8
- Attachment C – Pg. 3

- Attachment F – Pg. 3
- Attachment F.1 – Pgs. 38-39
- Attachment G
- Attachment H
- Attachment L – Pgs. 7-9
- Attachment O – Pg. 7

IMPACT AND JUSTIFICATION

(1) (a) What existing problem is being addressed by this revision?

(b) How will this revision address/fix the problem? What is the rationale?

(2) What is the operational impact that will result from this revision; how will it change operations?

(3) (a) What is the fiscal impact that will result from this revision?

(b) How can it be justified?

(4) How will BSCC measure compliance with this revision?

(5) What national best practices were considered when reviewing this regulation?

(6) Summary of Workgroup Discussion and Intent:

§ 1357. Use of Force.

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 force in accordance with the minimum standards set forth in Government Code Section 7286, which may include chemical agents. ~~Force shall never be applied as punishment, discipline, retaliation or treatment.~~

(a) At a minimum, each facility shall develop policies and procedures which:

(1) prohibit use of force as punishment, discipline, retaliation, or as a substitute for treatment.

(~~1~~2) restrict~~s~~ the use of force to that which is deemed reasonable and necessary force, as defined in Section 1302 to ensure the safety and security of youth, staff, others and the facility. Force shall be the minimum necessary to ensure safety and security and shall end when the basis for the force has passed.

(~~2~~3) outline the force options available to staff including both physical and non-physical options and define when those force options are appropriate.

(~~3~~4) describe force options or techniques that are expressly prohibited by the facility.

(5) outline de-escalation techniques.

(6) describe trauma-informed approaches.

(~~4~~7) describe the requirements of staff to report any inappropriate use of force, and to take affirmative action to immediately stop it.

(~~5~~8) ~~define~~outline a standardized ~~reporting~~ format ~~that includes~~and time period ~~and procedure~~ for documenting ~~and~~, reporting ~~the~~, and reviewing use of force incidents~~, 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~~.

(9) require a log that documents all use of force incidents, including the date, time, location, reason, number of youth affected, type of force, staff and youth involved, efforts to deescalate prior to force, including non-force options employed, amount of chemical agents used (if any), injuries (if any), and medical assistance provided.

(~~6~~10) Include an administrative review ~~and~~, which include procedures for debriefing with staff and/or youth.

(11) a system for investigating unreasonable use of force.

(~~7~~12) define the role, notification, and follow-up procedures required after use of force incidents for medical, mental health staff and parents, ~~or legal~~ guardians, persons standing in loco parentis, or spouse.

(~~8~~13) describe the limitations of use of ~~force~~restraint devices on pregnant youth in accordance with Penal Code Section ~~6030(f)~~3407 and Welfare and Institutions Code Section 222.

(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.

(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.

(3) prohibit the use of chemical agents on youth who are in restraint devices including handcuffs, and youth for whom the use of chemical agents is medically contraindicated, including but not limited to pregnant youth, youth with respiratory and/or cardiovascular conditions, and youth with mental illnesses. The facility administrator, in cooperation with the health administrator and behavioral/mental health director, shall develop policies for identifying youth for whom the use of chemical agents is contraindicated and ensuring that staff are aware of such youth.

~~(3)~~(4) outline the facility's approved methods and timelines for immediate decontamination from chemical agents. This shall include that youth who have been exposed to chemical agents ~~shall not be left unattended~~remain under direct visual supervision until that youth is ~~fully~~ decontaminated or is no longer suffering the effects of the chemical agent, whichever is later.

~~(4)~~(5) 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, persons standing in loco parentis, or spouse.

~~(5)~~(6) 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.

(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~~:~~.

(2) acceptable chemical agents and the methods of application and decontamination.

(3) signs or symptoms that should result in immediate referral to medical or behavioral health.

(4) instruction on the Constitutional Limitations of Use of Force.

(5) physical training force options that may require the use of perishable skills.

(6) timelines the facility uses to define regular training.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code. Reference: Section ~~6030(f)~~3407, Penal Code; and Section 222, Welfare and Institutions Code.

§ 1357. Use of Force. (*Alternative - Prohibits Chemical Agents*)

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.

(a) At a minimum, each facility shall develop policies and procedures which:

(1) prohibit use of force as punishment, discipline, retaliation, or as a substitute for treatment.

(~~1~~2) restrict~~s~~ 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. Force shall be the minimum necessary to ensure safety and security and shall end when the basis for the force has passed.

(~~2~~3) outline the force options available to staff including both physical and non-physical options and define when those force options are appropriate.

(~~3~~4) describe force options or techniques that are expressly prohibited by the facility. The use of chemical agents shall be prohibited.

(5) outline de-escalation techniques.

(6) describe trauma-informed approaches.

(~~4~~7) describe the requirements of staff to report any inappropriate use of force, and to take affirmative action to immediately stop it.

(~~5~~8) ~~define~~outline a standardized ~~reporting~~ format ~~that includes~~and time period ~~and procedure~~ for documenting ~~and~~, reporting ~~the~~, and reviewing use of force incidents~~, 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~~.

(9) require a log that documents all use of force incidents, including the date, time, location, reason, number of youth affected, type of force, staff and youth involved, efforts to deescalate prior to force, including non-force options employed, amount of chemical agents used (if any), injuries (if any), and medical assistance provided.

(~~6~~10) Include an administrative review ~~and~~, which include procedures for debriefing with staff and/or youth.

(11) a system for investigating unreasonable use of force.

(~~7~~12) define the role, notification, and follow-up procedures required after use of force incidents for medical, mental health staff and parents or legal guardians, persons standing in loco parentis, or spouse.

(~~8~~13) describe the limitations of use of ~~force~~restraint devices on pregnant youth in accordance with Penal Code Section ~~6030(f)~~3407 and Welfare and Institutions Code Section 222.

~~(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.~~

~~(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.~~

~~(3) outline the facility's approved methods and timelines for decontamination from chemical agents. This shall include that youth who have been exposed to chemical agents shall not be left unattended until that youth is fully decontaminated or is no longer suffering the effects of the chemical agent.~~

~~(4) define the role, notification, and follow-up procedures required after use of force incidents involving chemical agents for medical, mental health staff and parents or legal guardians. (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.~~

~~(c)~~(b) 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~~;~~.

(2) acceptable ~~chemical agents and the~~ methods of application.

(3) signs or symptoms that should result in immediate referral to medical or behavioral health.

(4) instruction on the Constitutional Limitations of Use of Force.

(5) physical training force options that may require the use of perishable skills.

(6) timelines the facility uses to define regular training.

Note: Authority cited: Sections 210 and 885, Welfare and Institutions Code. Reference: Section ~~6030(f)~~3407, Penal Code; and Section 222, Welfare and Institutions Code.

ESC RECOMMENDATIONS

Draft revisions shown above in strikeout and underline are based on ESC discussion that occurred at the March 23, 2023 ESC meeting.

SYTF SUBCOMMITTEE RECOMMENDATIONS

- Add training for how and when chemical agents should not be used, the effects and experience of overspray, and experience of its use on asthmatic youth.
- Prohibit use of chemical agents on youth with asthma.
- Require facilities to report use of chemical agents to BSCC.

PUBLIC COMMENT

Please see the following attachments:

- Attachment A – Pgs. 21-26, 30 & 66
- Attachment B – Pgs. 9-10
- Attachment C – Pg. 2
- Attachment F – Pg. 5
- Attachment F.1 – Pg. 42
- Attachment H
- Attachment L – Pgs. 10-11
- Attachment N
- Attachment O – Pg. 7
- Attachment S
- Attachment T

IMPACT AND JUSTIFICATION

(1) (a) What existing problem is being addressed by this revision?

(b) How will this revision address/fix the problem? What is the rationale?

(2) What is the operational impact that will result from this revision; how will it change operations?

(3) (a) What is the fiscal impact that will result from this revision?

(b) How can it be justified?

(4) How will BSCC measure compliance with this revision?

(5) What national best practices were considered when reviewing this regulation?

(6) Summary of Workgroup Discussion and Intent:

§ 1358. Use of ~~Physical~~ Restraint~~s~~ Devices.

(a) 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. Restraint devices include any devices which immobilize a youth's extremities and/or prevent the youth from being ambulatory. 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.

(b) The following requirements shall apply to use of restraint devices:

(1) ~~Physical r~~Restraint~~s~~ devices 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. Restraint devices must be removed when a youth no longer presents an immediate danger to themselves or others.

(2) Where applicable, the facility manager shall use the restraint device manufacturer's recommended maximum time limits for placement.

(3) ~~Physical r~~Restraint~~s~~ devices should be utilized only when ~~it appears less restrictive alternatives would be ineffective in controlling the youth's behavior~~de-escalation efforts have been unsuccessful or are not reasonably possible.

(4) In no case shall restraint~~s~~ devices be used as punishment ~~or~~, discipline, retaliation or as a substitute for treatment.

(5) 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.

(6) The use of restraint~~s~~ devices on pregnant youth is limited in accordance with Penal Code Section ~~6030(f)~~3407 and Welfare and Institutions Code Section 222.

~~The provisions of this section do not apply to the use of handcuffs, shackles or other restraint devices when used to 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.~~

(7) Continuous direct visual supervision shall be conducted to ensure that the restraint devices are properly employed, and to ensure the safety and well-being of the youth.

(8) Youth shall be placed in restraint~~s~~ devices only with the approval of the facility manager or designee. The facility manager may delegate authority to place a youth in restraint~~s~~ devices to a physician.

(9) 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. Reasons for continued retention in restraint~~s~~ devices shall be reviewed and documented at a minimum of every ~~hour~~30 minutes.

(10) A medical opinion on the safety of placement and retention shall be secured as soon as possible, but no later than ~~two~~one hour~~s~~ from the time of placement. The youth shall be medically cleared for continued retention at least every ~~three~~ hour~~s~~ thereafter.

(11) A mental health consultation shall be secured as soon as possible, but in no case longer than ~~four~~one hour~~s~~ from the time of placement, to assess the need for mental health treatment.

(12) All use of restraint devices shall be included on the log that documents all use of force incidents as specified in Section 1357, and shall include documentation of the circumstances leading to the application of restraints, date, time, location, number of youth affected, efforts to deescalate prior to use of restraints, including non-force options employed, type of restraint device used, identification of the person approving and the person applying the restraint device, length of time in restraint device, injuries (if any), and medical assistance provided.

~~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.~~

(c) In addition to the requirements above, policies and procedures shall address:

~~(a) documentation of the circumstances leading to an application of restraints.~~

(~~b~~1) known medical conditions that would contraindicate certain restraint devices and/or techniques.

(~~c~~2) acceptable restraint devices.

(~~d~~3) signs or symptoms which should result in immediate medical/mental health referral.

(~~e~~4) availability of cardiopulmonary resuscitation equipment.

(~~f~~5) 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.

(~~g~~6) provision for hydration and sanitation needs.

(~~h~~7) exercising of extremities.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code. Reference: Section ~~6030(f)~~3407, Penal Code; and Section 222, Welfare and Institutions Code.

ESC RECOMMENDATIONS

Draft revisions shown above in strikeout and underline are based on ESC discussion that occurred at the March 23, 2023 ESC meeting.

SYTF SUBCOMMITTEE RECOMMENDATIONS

None.

PUBLIC COMMENT

Please see the following attachments:

- Attachment A – Pg. 26, 30, 31
- Attachment B – Pg. 10
- Attachment C – Pg. 4
- Attachment F – Pg. 5
- Attachment F.1 – Pg. 43
- Attachment H

IMPACT AND JUSTIFICATION

(1) (a) What existing problem is being addressed by this revision?

(b) How will this revision address/fix the problem? What is the rationale?

(2) What is the operational impact that will result from this revision; how will it change operations?

(3) (a) What is the fiscal impact that will result from this revision?

(b) How can it be justified?

(4) How will BSCC measure compliance with this revision?

(5) What national best practices were considered when reviewing this regulation?

(6) Summary of Workgroup Discussion and Intent:

§ 1359. Safety Room Procedures.

(a) The facility administrator, and where applicable, in cooperation with the responsible physician and behavioral/mental health director, 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:

(1) include provisions for administration of necessary nutrition and fluids, access to a toilet, and suitable clothing to provide for privacy;

(2) provide for approval of the facility manager, or designee, before a youth is placed into a safety room;

(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;

~~(4) provide that the youth shall be evaluated by the facility manager, or designee, every four hours;~~

(5) provide for immediate medical assessment and mental health consultation~~, where appropriate, or an assessment at the next daily sick call~~; and,

(6) provide a process for documenting the date and time of placement, reason for placement, including attempts to use less restrictive means of control, and decisions to continue and end placement.

(b) The placement of a youth in the safety room shall be accomplished in accordance with the following:

(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.

(2) safety room shall not be used for the purposes of punishment, coercion, convenience, or retaliation by staff.

(3) safety room shall not be used to the extent that it compromises the mental and physical health of the youth.

(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:

(1) return the youth to general population.

(2) consult with mental health or medical staff,

(3) develop an individualized plan that includes the goals and objectives to be met in order to reintegrate the youth to general population.

(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.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code.

ESC RECOMMENDATIONS

Draft revisions shown above in strikeout and underline are based on ESC discussion that occurred at the March 23, 2023 ESC meeting.

SYTF SUBCOMMITTEE RECOMMENDATIONS

None.

PUBLIC COMMENT

Please see the following attachments:

- Attachment A – Pg. 26
- Attachment B – Pg. 11
- Attachment H
- Attachment L – Pg. 11

IMPACT AND JUSTIFICATION

(1) (a) What existing problem is being addressed by this revision?

(b) How will this revision address/fix the problem? What is the rationale?

(2) What is the operational impact that will result from this revision; how will it change operations?

(3) (a) What is the fiscal impact that will result from this revision?

(b) How can it be justified?

(4) How will BSCC measure compliance with this revision?

(5) What national best practices were considered when reviewing this regulation?

(6) Summary of Workgroup Discussion and Intent: