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1.6 Provide the annual cost of outside medical treatment for the term of the contract

FY 2013-2014 \$27,527

FY 2014-2015 \$33,388

Overview of services and Fiscal Year 2014/2015 expenditures attached.

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1.13 Estimated ADP: What are the revised estimates for the new contract?

Santa Maria Juvenile Hall (SMJH)

- Annual Average Daily Population (ADP) Fiscal Year (FY) 2013/14= 59.83; FY 2014/15= 60.44

Los Prietos Boys Camp (LPBC)

- ADP FY 2013/2014 = 39.98; FY 2014/2015 = 35.61 (The ADP in the last quarter of 2014/15 and for calendar year 2015 to date shows an increase and LPBC currently is operating at its staffed capacity.

The estimated ADP for the Probation facilities will trend slightly upward for year 1 and year 2 of the contract extension, for a total population of 110. The cap population for the Corizon contract is 185 for the juvenile facilities. Should either the Sheriff's Office or Probation Department exceed their cap ADP, Corizon would then have the right to charge the affected Department a per diem rate. This would insure adequate medical staffing is maintained to provide service to the population. During this contract period, the population for the Probation Department has not exceeded the contract maximum ADP.

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1.26 Nursing Supervisor/Discharge Planner: Need to confirm that there is a registered nurse on staff.

Discharge planner is a contract service for the Jail. For the Probation facilities, there is a Registered Nurse (RN) 14 hours a day on weekdays and 6 hours a day on weekends. A Licensed Vocational Nurse (LVN) is on site Saturday and Sunday evenings for 4 hours to administer medication.

What "health care teaching programs" have been developed and how does the RN "Coordinate discharge planning for inmates?

All information regarding follow up appointments for youth is communicated in writing and released with youth at discharge. Medical places follow up information in the youth's personals and Probation staff give the form to parent/guardian and have parent sign the follow up form acknowledging receipt of information. Medical staff make needed referrals to Public Health (e.g. positive TB tests) for continued treatment and tracking. Routine outreach to the youth's family physician occurs whenever a youth presents with an ongoing medical condition (e.g. diabetes) and continuing care is coordinated while the youth is in the facility.

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2.2 Extension of the agreement: Since "pricing" for the new agreement would be discussed, why wasn't there a decrease given the reduction of ADA? (ADA=ADP)

The staffing for the Juvenile facilities was adjusted at the beginning of the current contract in 2013 based on identified ADP trends in the population of Probation youth. The staffing level was reviewed again prior to the 2015 renewal, and the current level was determined to be appropriate to insure coverage and hours of operation. It is anticipated that the population trend downward has bottomed out and there will be a slight increase in the probation youth population over the next few years, however projections are that the current staffing pattern is appropriate.

3.1 Please define "screening at intake"...is it immediate, within 2 hours, or? What does the intake consist of and how long does it usually take?\*

It is first helpful to know Youth taken into custody by Law Enforcement or Probation Officers that have immediate recognizable health issues, such as being under the influence of drugs or alcohol, injury, or loss of consciousness, must be cleared at the hospital prior to being accepted for booking at the Juvenile Hall. Upon arrival at the Juvenile Hall, a screening check-list is completed immediately by Intake Officers. If medical issues are identified upon intake via the check list, or by direct observation by the intake officer, medical is notified. If on-site, Medical will respond to the intake area and triage any health issues. This is usually within one to five minutes of being called by Probation staff, and they will respond at once to any emergency. For non-emergent issues, such a scrape or if the youth presents with symptoms of a cold, the nurse will see the youth in the intake area within the first 10-45 minutes of arrival. After hours, the on-call physician is contacted.

There is an on-call physician assigned to the Probation facilities and available 24/7, weekends, and holidays. Based on the situation, the physician may instruct monitoring and intervention at the facility pending the arrival of medical in the morning, or that the youth be taken to the hospital for further evaluation and/or treatment.

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3.2a Confirm with documentation that the 14 day requirement of a complete health appraisal is being done.

In Juvenile facilities, a 96 hour evaluations window is followed as per title 15 guidelines. These are tracked and reported out on monthly stats and MAC meeting. Any missed 96 hour evaluations require a Quality Assurance study to determine root cause and any corrective action that is needed. Tracking of missed 96 hour evaluations is contained in the statistical report reviewed at the Medical, Mental Health, and Corrections Committee (MAC) meetings. During the contract period one youth's 96 hour evaluation was late. This was addressed as a training issue for Probation staff.

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3.2d Provide an accounting for any and all "medically required equipment..." during the term of the contract

N/A

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3.5d What is the procedure for an inquiry, complaints, grievances, etc. to be filed? How many have been received during the term of the contract?

Standard juvenile grievance procedure as per SMJH Section 4123, see informational binder for details. Over the term of the contract there have been three (3) medical grievances. Two in 2013, zero in 2014, and one thus far in 2015. Copies of the grievances are also provided in the informational binder. The youth in the juvenile facilities have the right to make a grievance at any time.

3.6c There is an exclusion to pay for the cost "related to medical treatment of health care services provided to medically stabilize any inmate presented at booking with a life threatening injury or illness or in immediate need of emergency medical care" however, will treatment be provided anyway?

This section pertains to inmates. In Probation facilities, Corizon medical staff will render aide in any medical emergency pending the response by paramedics and the patient's transportation to the emergency room/hospital.

3.6d. What is the average time for an inmate to be cleared for booking?

This section pertains to inmates. In terms process in the juvenile facilities, any significant medical issues require the arresting officer to have the youth medically cleared at the hospital prior to booking in the SMJH. Examples include intoxication, loss of consciousness, or any injury/ illness requiring immediate emergency medical care. Once that is done there would be no delay in booking and the process described in 3.1 will occur.

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4.1.2 "Prescribed medication is dispensed when only samples are available". When samples are not available "contractor shall prescribe medication... from Medi-Cal formulary list". A "prescriber" may order medication off the formulary list provided that the medication ordered goes through the proper prior approval process..." Provide documentation of how often this has occurred and how long it takes to get "proper prior approval"

Probation is not currently using samples. For psychotropic medications, because ADMHS provides the psychiatric care for the youth, "prior approval" is not required. The psychiatrists at the juvenile facilities generally use the Medi-Cal formulary.

4.1.2 Confirm that this [4.1.2] requirement has been met every month.

Yes, this requirement has been met. Each month, the pharmacy invoice and supporting documentation is sent to Probation for review. The Corizon Health Services Administrator also reviews the invoice and attaches all of the order receipts for the month's medications to verify that they have in fact been received and the billing from the pharmacy is correct. This is provided to Probation fiscal who verify and pay the invoice.

Also, Pharmacy and Annual Board of State and Community Corrections inspections by Public Health are attached.

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4.1.3 Insure that all protocols are followed when administering psychotropic medication.

Yes. At Probation facilities ADMHS has their own procedure manual with protocols that interfaces with Corizon.

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3.1 What is the cost for the new contract, first year?

The extension would total \$4,856,243. Cost to Probation FY 2015-2016 is \$831,418 plus a budget of \$90,855 for pharmaceuticals (cost will be based on actual expenditure).

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5.5 What provisions or amendments possible if the ADP is lower than estimated?

An amendment to the contract would need to be negotiated between the parties and the modification taken to the Board of Supervisors for final approval.

5.6 Has contractor eve3 (sic) had a staffing shortfall?

The contract allows a 2% staff vacancy rate, with a deduction based on any missed time beyond that amount. In FY 2013/2014 there was a deduction in of approx. 0.1%, or \$930.46, and in FY 2014/2015 the deduction was approx. 0.46% or \$3685.22.

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6.1.2 \*\* Provide the report that the contractor prepares for the Medical Audit Committee (MAC):

Copies are included for your review in the informational binder, see attached.

6.2 Provide minutes of the MAC-

Copies are included in the informational binder for your review.

6.3 Provide annual statistical report

Copies are included in the informational binder for your review (see 6.1.2)

6.5 County retains right to access all data and records ...to monitor contract services.

Yes, this requirement is met.

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6.7 Provide documentation for quality indicators that are to be reported quarterly

Copies are included in the informational binder. (This is the same information as noted in 6.1.2)

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7.2 Provide quarterly reports of staff license reports

Staff license reports are kept monthly a quarterly sample is provided, please see attached.

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8.10 Provide the formal policy for complaints:

Santa Maria Juvenile Hall Grievance procedure is included in the informational binder, see attached.

\*\*According to the final settlement in the Alameda County case earlier this year [Martin Harrison vs County of Alameda, and Corizon Health, Inc., et al] filed 2/27/2015, Corizon is to use RNs to "conduct all receiving screenings and assessments....throughout the State of California"\* . Has this occurred at the Santa Barbara County Jail?

<https://www.drivecms.com/uploads/haddadandsherwin.com/Harrison.Settlement%20Order.pdf>

*\*p.2: "Licensed California Registered Nurses or a higher level care provider (Physician, Physican's Assistant or nurse practitioner) will conduct all receiving screenings and patient assessments on all inmates in Alameda County jails and in all facilities throughout the State of California where Corizon Health, Inc., or any of its related corporations provide correctional health care services"*

*RNs do assessments. The LVN administers medications, triages sick calls and orders medication. The LVN is supervised by the on-site RN. There are two 4 hour weekend shifts where the LVN is on site without an on-site RN. The LVN is tasked with medication pass at that time.*

<b>CONTRACT QUALITY INDICATOR</b>	<b>2013</b>	<b>2014</b>	<b>2015*</b>
1. 100% of known pregnant youth and HIV/AIDS patients shall be referred to PHD within 7 days of booking.	100%	100%	100%
2. 100% of the Youth sick call requests shall be seen within 24 hours or the first subsequent day medical personnel are available, but not to exceed 3 days.	100%	100%	100%
3. 100% of the Youth held more than 72 hours shall have a Health Appraisal within 96 hours of the booking date.	100%	100%	99%
4. Contractor will test 100% of female Youth annually for Chlamydia annually.	93%	97%	100%
5. Upon leaving the facility, 100% youth and their parents will receive appropriate instructions for their continued physical health needs in writing and prescriptions as appropriate.**			

\*January through May 2015

\*\* Please see program description noted below in the section titled, "Facility Release."

### 1. Referral of Known Pregnant and HIV/AIDS Patients

There have been no known cases of HIV positive youth at either juvenile facility. HIV testing is offered to all youth during the intake exam and more frequently to high risk youth.

### 2. Youth Sick Call Requests

At Santa Maria Juvenile Hall (SMJH), per Title 15 and IMQ, youth must have unlimited access to medical services. Youth at SMJH may request confidential medical attention in writing. Request for Medical Attention forms (RMAs) are completed by youth or staff and placed in confidential medical boxes. These forms are collected at least twice daily (once in the morning and once after lunch) and triaged and evaluated by the nurse. Any urgent medical need is communicated to medical directly with prompt evaluation.

At the Los Priestos Boys Camp (LPBC), nursing is available on site five (5) days a week. RMAs completed over the weekend are evaluated Monday morning. The LPBC staff has access to the nurse at SMJH and the on-call physician for any urgent medical issues.

### 3. Health Appraisals for Youth

All youth booked into the facility are evaluated by medical within 72 hours but most are seen within 24 hours. In 2015, there was one missed 96 hour health appraisal. An investigation into the cause discovered that medical did not receive a copy of the receiving screening from probation and the youth's name was not on the daily intake sheet that probation provides to medical each day.

Youth with acute or chronic medical issues are seen at intake by the RN. Upon a youth's initial intake and annually thereafter, a full history and physical is completed as per the American Academy of Pediatrics Guidelines. Youth who return to the facility within the year receive a targeted physical exam focusing on any new medical issues, sexual health, alcohol and drug use, and mental health issues.

#### **4. Annual Chlamydia Testing**

Youth correctional facilities have the second highest rate of chlamydia in the state. All female youth receive chlamydia screening upon entering the facility and at least, annually. Testing for chlamydia and other sexually transmitted diseases (STDS) is done more frequently than annually for females per our site policy. A quality improvement investigation done in 2013 and 2014 showed two sources for missed chlamydia testing: females were released from facility before seeing medical and lack of knowledge of protocol from a new RN. Corizon Health provided education and re-training on the chlamydia policy.

#### **5. Facility Release**

Our practice is that all youth leaving will receive a copy of their immunization record if vaccines were given during their incarceration. If a youth has an acute or chronic medical condition that needs follow-up, we complete a "follow up" form and place it in the youth's "personals" which he/she gets when released. The intake senior probation staff has the parent or guardian signs the form and makes a copy for medical.

We continue to work on this Quality Indicator as youth often get released from court in Santa Barbara without our knowledge. Consequently, much of the continued physical health/prescription information is not given to parent. In those instances, Corizon Health calls the parent/guardian to let them know of an upcoming appointment or the need to follow up with their primary care physician.

Outpatient Services -SMJH

Specialty	2013	2014	2015
Radiology (cxr and hand mostly)	76	56	15
Dental	29	15	18
Vision	21	14	12
Orthopedics	24	10	5
Orthodontist	5	5	3
ENT	3	2	3
Endocrinology	0	2	1
Neurology	3	2	2
Gynecology/OB	24	2	5
GI	2	2	0
Surgery	4	1	1
Urology	0	0	1
Dermatology	3	0	0
Other	2		5

Outpatient Services – LPBC

Specialty	2013	2014	2015
Radiology	14	5	3
Dental	26	31	14
Orthopedist	8	8	3
Orthodontist	19	17	1
Vision	19	9	6
Endocrinology	0	3	0
Physical Therapy	0	3	0
Surgery	1	1	0
GI	1	1	0
ENT	5	0	2
Oral Surgeon	2	0	0
Urology	1	0	0
Lab			1
Other			3

ED visits-

	2013	2014	2015
SMJH	12 (1 admission)	14 (3 admissions)	21(2 admissions)
LPBC	9 (no admissions)	10 (no admissions)	1



**Report : Expenditure Transactions**

Selection Criteria: Fund = 0001; Department = 022; BudgetProgram = 02; LineItemAccount = 7400; Vendor = 1383901  
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 Last Updated: 8/4/2015 4:40:43 AM

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JE - 0113561	1/31/2015	0001	7400	PHD Med Serv - SBJH - Strm 01-11-15	60	
					40,788	
JE - 0107713	9/25/2014	0001	7400	Title 15 Detention Trng Apr 2014, D Schultz	94	
					94	
CLM - 0304459	9/30/2014	0001	7400	Dental Care PIN#4012109 (#3 / 9/23/2014)	204	004924
CLM - 0308134	10/28/2014	0001	7400	Dental Care PIN#4013136 (#3 / 10/07/2014)	1,527	004924
CLM - 0316771	1/6/2015	0001	7400	Dental Care PIN#4012629	2,340	004924
CLM - 0322658	2/13/2015	0001	7400	Dental Care PIN#4012109	1,323	004924
CLM - 0326163	3/6/2015	0001	7400	Dental Care PIN#4015208 (#14 / 2/16/2015)	1,527	004924
					6,922	
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CLM - 0316836	1/6/2015	0001	7400	Physical therapy for detainee	150	006215
CLM - 0322402	2/10/2015	0001	7400	Nursing pads for detainees	27	006215
CLM - 0322402	2/10/2015	0001	7400	Dr visit co-pay for detainee	150	006215
CLM - 0328371	3/19/2015	0001	7400	Dental work for juvenile detainee	197	006215
CLM - 0328371	3/19/2015	0001	7400	Dental work for juvenile detainee	250	006215
CLM - 0329853	4/2/2015	0001	7400	Dr, consultation fee for juvenile detainee	764	006215
CLM - 0338491	6/9/2015	0001	7400	Tooth removal (detainee)	300	006215
					1,913	
CLM - 0317101	1/8/2015	0001	7400	Ctrl Cst Radiology/Juv Medical/January 2015	7	008205
					7	
CLM - 0341023	6/18/2015	0001	7400	12/29/14 Coastal Hand Therapy	75	011145
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MIC - 0065259	4/6/2015	0001	7400	Marian Regional Med Ctr/Juv Med/CPT 76870/Apr '15	39	197457

MIC - 0066372	5/7/2015	0001	7400	Marian Regional Med Ctr/Juv Med/CPT /May '15	16	197457
MIC - 0066372	5/7/2015	0001	7400	Marian Regional Med Ctr/Juv Med/CPT /May '15	18	197457
MIC - 0066372	5/7/2015	0001	7400	Marian Regional Med Ctr/Juv Med/CPT /May '15	222	197457
MIC - 0066372	5/7/2015	0001	7400	Marian Regional Med Ctr/Juv Med/CPT /May '15	127	197457
MIC - 0066372	5/7/2015	0001	7400	Marian Regional Med Ctr/Juv Med/CPT /May '15	16	197457
MIC - 0066372	5/7/2015	0001	7400	Marian Regional Med Ctr/Juv Med/CPT /May '15	10	197457
MIC - 0067528	6/9/2015	0001	7400	Marian Regional Med Ctr/Juv Med/CPT 71010 /June'15	153	197457
MIC - 0067528	6/9/2015	0001	7400	Marian Regional Med Ctr/Juv Med/CPT 93303/June'15	77	197457
MIC - 0067528	6/9/2015	0001	7400	Marian Regional Med Ctr/Juv Med/CPT 93320/June'15	78	197457
MIC - 0067528	6/9/2015	0001	7400	Marian Regional Med Ctr/Juv Med/CPT 93325/June'15	21	197457
MIC - 0067528	6/9/2015	0001	7400	Marian Regional Med Ctr/Juv Med/CPT 7207/June '15	16	197457
MIC - 0067528	6/9/2015	0001	7400	Marian Regional Med Ctr/Juv Med/CPT 72069/June '15	15	197457
MIC - 0067528	6/9/2015	0001	7400	Marian Regional Med Ctr/Juv Med/CPT 73610/June '15	45	197457
MIC - 0067528	6/9/2015	0001	7400	Marian Regional Med Ctr/Juv Med/CPT 99283/June '15	10	197457
MIC - 0067528	6/9/2015	0001	7400	Marian Regional Med Ctr/Juv Med/CPT 71010/June '15	3,151	
CLM - 0294530	7/22/2014	0001	7400	PIN # 4012729	135	219663
CLM - 0300183	9/2/2014	0001	7400	AMR/PIN #4007328	135	219663
CLM - 0304026	9/25/2014	0001	7400	PIN # 4013741/DOS 7-28-14	179	219663
CLM - 0304026	9/25/2014	0001	7400	PIN # 4014916/DOS 7-29-14	179	219663
CLM - 0304026	9/25/2014	0001	7400	PIN # 4013741/DOS 8-3-14	135	219663
CLM - 0313197	12/9/2014	0001	7400	AMR/Trip #437-14034455-00/PIN #4007720	342	219663
CLM - 0324373	2/27/2015	0001	7400	AMR/#4371500219900/1-17-15	135	219663
CLM - 0317108	1/8/2015	0001	7400	GV Cottage Hosp/Juv Medical Bills/Jan 2015	345	320780
CLM - 0325277	3/17/2015	0001	7400	GV Cottage Hosp/Juv Medical Bills/March 2015	89	320780
CLM - 0329928	4/6/2015	0001	7400	GV Cottage Hosp/Juv Medical Bills/April 2015	35	320780
MIC - 0067527	6/5/2015	0001	7400	GVC Hosp/Juv Medical Bills/CPT 99284/June '15	68	320780
MIC - 0067527	6/5/2015	0001	7400	GVC Hosp/Juv Medical Bills/CPT 93005/June '15	16	320780
MIC - 0067527	6/5/2015	0001	7400	GVC Hosp/Juv Medical Bills/CPT 73130/June '15	15	320780
MIC - 0067527	6/5/2015	0001	7400	GVC Hosp/Juv Medical Bills/CPT 99283/June '15	45	320780
CLM - 0315775	12/22/2014	0001	7400	Medical copping for juvenile detainee	613	
CLM - 0319919	1/22/2015	0001	7400	Detainee's therapy co-pay	125	402551
CLM - 0293137	7/10/2014	0001	7400	LM Vly Med Ctr/Juv Medical Bills /July '14	75	402551
MIC - 0057960	9/4/2014	0001	7400	LM Vly Med Ctr/Juv Medical Bills/Sept '14	200	
MIC - 0057960	9/4/2014	0001	7400	LM Vly Med Ctr/Juv Medical Bills/Sept '14	24	483993
CLM - 0293136	7/10/2014	0001	7400	CPT 92012	56	483993
CLM - 0313194	12/4/2014	0001	7400	Elite Eyecare/CPT 92012	45	483993
					125	
					37	556501
					37	556501

CLM - 0304373	9/30/2014	0001	7400	Dental Care: PIN#4012109	74	563670
CLM - 0307050	10/17/2014	0001	7400	Dental Care: PIN#4012729	97	563670
CLM - 0307945	10/28/2014	0001	7400	Dental Care: PIN#4004650	163	563670
CLM - 0309114	10/31/2014	0001	7400	Dental Care: PIN#4006734	84	563670
CLM - 0312180	11/26/2014	0001	7400	Dental Care: PIN#4012629	60	563670
CLM - 0316764	1/7/2015	0001	7400	Dental Care: PIN#4014707	84	563670
CLM - 0316846	1/7/2015	0001	7400	Dental Care: PIN#4005605	124	563670
MIC - 0063359	2/4/2015	0001	7400	Dental Care: PIN#4011571	175	563670
MIC - 0063359	2/4/2015	0001	7400	Dental Care: PIN#4014707	60	563670
MIC - 0064289	2/4/2015	0001	7400	Dental Care: PIN#4015783	87	563670
MIC - 0064289	3/6/2015	0001	7400	Dental Care: PIN#4007720	163	563670
MIC - 0064289	3/6/2015	0001	7400	Dental Care: PIN#4008665	163	563670
CLM - 0327931	3/20/2015	0001	7400	Dental Care: PIN#4008203	97	563670
CLM - 0325285	3/4/2015	0001	7400	Juv Med Bills - March 2015	163	563670
CLM - 0296878	8/13/2014	0001	7400	Nobbe Ortho/Juv Medical Bills/Aug '14/PIN #4014819	1,520	581782
CLM - 0300214	9/2/2014	0001	7400	Nobbe Ortho/ PIN #4013741	68	590244
CLM - 0321256	2/6/2015	0001	7400	Nobbe Ortho/CPT L3807/feb 2015	68	590244
MIC - 0061235	12/23/2014	0001	7400	Hot Springs/Pre-Authorized/PIN #4011448	47	593704
MIC - 0061235	12/23/2014	0001	7400	Hot Springs/Pre-Authorized/PIN #4011448	84	593704
MIC - 0061235	12/23/2014	0001	7400	Hot Springs/Pre-Authorized/PIN #4011448	5,887	593704
CLM - 0331208	4/14/2015	0001	7400	Hot Springs Med Surgical/Juv Medical Bill	1,902	593704
MIC - 0056482	7/25/2014	0001	7400	Pueblo Radiology/PIN #4003923	109	593704
MIC - 0056482	7/25/2014	0001	7400	Pueblo Radiology/PIN #4014370	7,981	648722
MIC - 0056122	7/11/2014	0001	7400	Diagnostic Imaging of SM/Juv Med Bills/July '14	50	648722
MIC - 0056122	7/11/2014	0001	7400	Diagnostic Imaging of SM/Juv Med Bills/July '14	75	648722
MIC - 0056122	7/11/2014	0001	7400	Diagnostic Imaging of SM/Juv Med Bills/July '14	125	648722
MIC - 0056122	7/11/2014	0001	7400	Diagnostic Imaging of SM/Juv Med Bills/July '14	10	651103
MIC - 0056122	7/11/2014	0001	7400	Diagnostic Imaging of SM/Juv Med Bills/July '14	10	651103
MIC - 0056964	8/13/2014	0001	7400	Diagnostic Imaging of SM/Juv Med Bills/August '14	10	651103
MIC - 0056964	8/13/2014	0001	7400	Diagnostic Imaging of SM/Juv Med Bills/August '14	7	651103
MIC - 0056964	8/13/2014	0001	7400	Diagnostic Imaging of SM/Juv Med Bills/August '14	8	651103
MIC - 0056964	8/13/2014	0001	7400	Diagnostic Imaging of SM/Juv Med Bills/August '14	11	651103
					10	651103



MIC - 0063176	2/2/2015	0001	7400	Diagnostic Imaging/CPT 71020/Juv Med Bills/Feb '15	651103	10
MIC - 0063176	2/2/2015	0001	7400	Diagnostic Imaging/CPT 71020/Juv Med Bills/Feb '15	651103	10
MIC - 0063176	2/2/2015	0001	7400	Diagnostic Imaging/CPT 73140/Juv Med Bills/Feb '15	651103	6
MIC - 0063176	2/2/2015	0001	7400	Diagnostic Imaging/CPT 71020/Juv Med Bills/Feb '15	651103	10
MIC - 0063176	2/2/2015	0001	7400	Diagnostic Imaging/CPT 73130/Juv Med Bills/Feb '15	651103	10
MIC - 0063176	2/2/2015	0001	7400	Diagnostic Imaging/CPT 72069/Juv Med Bills/Feb '15	651103	11
MIC - 0063176	2/2/2015	0001	7400	Diagnostic Imaging/CPT 72125/Juv Med Bills/Feb '15	651103	93
MIC - 0063176	2/2/2015	0001	7400	Diagnostic Imaging/CPT 70450/Juv Med Bills/Feb '15	651103	79
MIC - 0063176	2/2/2015	0001	7400	Diagnostic Imaging/CPT 71020/Juv Med Bills/Feb '15	651103	10
MIC - 0064141	3/4/2015	0001	7400	Diagnostic Imaging of SM/Juv Med Bills/March '15	651103	6
MIC - 0064141	3/4/2015	0001	7400	Diagnostic Imaging of SM/Juv Med Bills/March '15	651103	6
MIC - 0064141	3/4/2015	0001	7400	Diagnostic Imaging of SM/Juv Med Bills/March '15	651103	24
MIC - 0065254	4/3/2015	0001	7400	Diagnostic Imaging of SM/Juv Med Bills/April '15	651103	10
MIC - 0065254	4/3/2015	0001	7400	Diagnostic Imaging of SM/Juv Med Bills/April '15	651103	26
MIC - 0066371	5/6/2015	0001	7400	Diagnostic Imaging of SM/Juv Med Bills/May '15	651103	10
MIC - 0066371	5/6/2015	0001	7400	Diagnostic Imaging of SM/Juv Med Bills/May '15	651103	12
MIC - 0066371	5/6/2015	0001	7400	Diagnostic Imaging of SM/Juv Med Bills/May '15	651103	10
MIC - 0067526	6/9/2015	0001	7400	Diagnostic Imaging of SM/Juv Med Bills/June '15	651103	7
MIC - 0067526	6/9/2015	0001	7400	Diagnostic Imaging of SM/Juv Med Bills/June '15	651103	10
MIC - 0067526	6/9/2015	0001	7400	Diagnostic Imaging of SM/Juv Med Bills/June '15	651103	10
MIC - 0067526	6/9/2015	0001	7400	Diagnostic Imaging of SM/Juv Med Bills/June '15	651103	7
MIC - 0067526	6/9/2015	0001	7400	Diagnostic Imaging of SM/Juv Med Bills/June '15	651103	79
MIC - 0067526	6/9/2015	0001	7400	Diagnostic Imaging of SM/Juv Med Bills/June '15	651103	79
MIC - 0067526	6/9/2015	0001	7400	Diagnostic Imaging of SM/Juv Med Bills/June '15	651103	10
MIC - 0067526	6/9/2015	0001	7400	Diagnostic Imaging of SM/Juv Med Bills/June '15	651103	14
MIC - 0067526	6/9/2015	0001	7400	Diagnostic Imaging of SM/Juv Med Bills/June '15	651103	11
MIC - 0067526	6/9/2015	0001	7400	Diagnostic Imaging of SM/Juv Med Bills/June '15	651103	10
MIC - 0067526	6/9/2015	0001	7400	Diagnostic Imaging of SM/Juv Med Bills/June '15	651103	7
						1,166
CLM - 0296876	8/13/2014	0001	7400	MMC EPMG/Juv Medical Bills/Aug '14	666945	45
CLM - 0321314	2/6/2015	0001	7400	MMC EPMG/Juv Medical Bills/CPT 99284	666945	68
CLM - 0321314	2/6/2015	0001	7400	MMC EPMG/Juv Medical Bills/CPT 93010	666945	12
MIC - 0062117	2/13/2015	0001	7400	MMC EPMG/Juv Medical Bills/Jan '15	666945	68
MIC - 0062117	2/13/2015	0001	7400	MMC EPMG/Juv Medical Bills/Jan '15	666945	68
MIC - 0066380	5/7/2015	0001	7400	MMC EPMG/Juv Medical Bills/May '15	666945	68
MIC - 0066380	5/7/2015	0001	7400	MMC EPMG/Juv Medical Bills/May '15	666945	24
MIC - 0067530	6/8/2015	0001	7400	MMC EPMG/Juv Medical Bills/CPT 99283/June '15	666945	45



MIC - 0067530	6/8/2015	0001	7400	MMC EPMG/Juv Medical Bills/CPT 99053/June '15	0	666945
MIC - 0067530	6/8/2015	0001	7400	MMC EPMG/Juv Medical Bills/CPT 11730/June '15	32	666945
MIC - 0067530	6/8/2015	0001	7400	MMC EPMG/Juv Medical Bills/CPT 99282/June '15	24	666945
MIC - 0067530	6/8/2015	0001	7400	MMC EPMG/Juv Medical Bills/CPT 99282/June '15	24	666945
MIC - 0067530	6/8/2015	0001	7400	MMC EPMG/Juv Medical Bills/CPT 99053/June '15	0	666945
			480			
MIC - 0059040	10/3/2014	0001	7400	SBCH/Juv Medical Bills/Oct '14	219	704172
MIC - 0059040	10/3/2014	0001	7400	SBCH/Juv Medical Bills/Oct '14	232	704172
CLM - 0313222	12/8/2014	0001	7400	SB Cottage Hosp/In Patient Juv Medical/Dec '14	1,599	704172
			2,050			
CLM - 0329953	4/3/2015	0001	7400	SB RADIOLOGY/Juv Medical Bills/CPT 71010/Apr '15	7	715940
CLM - 0329953	4/3/2015	0001	7400	SB RADIOLOGY/Juv Medical Bills/CPT 74177/Apr '15	187	715940
			194			
CLM - 0329954	4/6/2015	0001	7400	Juvenile Medical Bills -Apr '15/Phcy	22	723196
CLM - 0329954	4/6/2015	0001	7400	Juvenile Medical Bills -Apr '15/CPT 80053	12	723196
CLM - 0329954	4/6/2015	0001	7400	Juvenile Medical Bills -Apr '15/CPT 85025	9	723196
CLM - 0329954	4/6/2015	0001	7400	Juvenile Medical Bills -Apr '15/CPT 81001	4	723196
CLM - 0329954	4/6/2015	0001	7400	Juvenile Medical Bills -Apr '15/CPT 72131	195	723196
CLM - 0329954	4/6/2015	0001	7400	Juvenile Medical Bills -Apr '15/CPT 74176	117	723196
CLM - 0329954	4/6/2015	0001	7400	Juvenile Medical Bills -Apr '15/CPT 99284	68	723196
			426			
CLM - 0304942	10/3/2014	0001	7400	S Cst Emerg Med Grp/Juv Medical Bills/Oct '14	68	732068
CLM - 0313224	12/9/2014	0001	7400	S Cst Emerg Med Grp/Juv Medical Bills/Dec '14	68	732068
CLM - 0321330	2/6/2015	0001	7400	S Cst Emerg Med Grp/CPT 99284/Juv Med Bills/Feb15	68	732068
			205			
CLM - 0296870	8/13/2014	0001	7400	Flower Vly Emerg Phys/Juv Medical Bills/Aug '14	45	804087
CLM - 0317105	1/22/2015	0001	7400	Flower Vly Emerg Phys/Juv Medical Bills/Jan 2015	68	804087
			113			
MIC - 0056948	8/7/2014	0001	7400	Vision Care: PIN#4010466 Exam, frames & Lenses	110	855081
MIC - 0056948	8/7/2014	0001	7400	Vision Care: PIN#4006323 Exam, frames & Lenses	110	855081
CLM - 0307940	10/28/2014	0001	7400	Vision Exam/Frames PIN #4008755	21	855081
MIC - 0059947	10/29/2014	0001	7400	Vision Care: PIN#4009987 Exam, Frames & Lenses	110	855081
MIC - 0059947	10/29/2014	0001	7400	Vision Care: PIN#4011571 Exam, frames & Lenses	110	855081
CLM - 0309115	10/31/2014	0001	7400	Vision Exam/Glasses PIN #4005605	121	855081
CLM - 0310915	11/14/2014	0001	7400	Vision Exam/Glasses PIN #4008450	110	855081
CLM - 0311751	11/19/2014	0001	7400	Vision Exam/Glasses PIN #3117852	110	855081
CLM - 0316758	1/6/2015	0001	7400	Vision Exam/Glasses PIN #4015208	110	855081

From 7/1/2014 to 6/30/2015

Vendor Name

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CENTRAL COAST RADIOLOGY ASSOCIATES

COASTAL HAND AND OCCUPATIONAL THERAPY  
COASTAL HAND AND OCCUPATIONAL THERAPY

PACIFIC CENTRAL COAST HEALTH CENTERS  
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AMERICAN EXPRESS  
AMERICAN EXPRESS

LOMPOC VALLEY MEDICAL CENTER  
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LOMPOC VALLEY MEDICAL CENTER

ELITE EYECARE MEDICAL GROUP  
ELITE EYECARE MEDICAL GROUP









CLM - 0321138	2/2/2015	0001	7400	Vision Exam/Glasses PIN #4011289	58	855081
MIC - 0063134	2/2/2015	0001	7400	Vision Care: PIN#4014815 Frames & Lenses	52	855081
MIC - 0063134	2/2/2015	0001	7400	Vision Care: PIN#4014707 Exam, frames & Lenses	52	855081
CLM - 0321814	2/5/2015	0001	7400	Glasses PIN #4002235	58	855081
CLM - 0323272	2/13/2015	0001	7400	Vision Exam/Glasses PIN #4013833	73	855081
MIC - 0064321	3/5/2015	0001	7400	Vision Care: PIN#4009852 Exam, Frames & Lenses	110	855081
MIC - 0064321	3/5/2015	0001	7400	Vision Care: PIN#4007607 Lenses	37	855081
CLM - 0328087	3/20/2015	0001	7400	Vision Exam/Glasses PIN #4015613	125	855081
CLM - 0329022	3/27/2015	0001	7400	Vision Exam/Glasses PIN #4013873	110	855081
CLM - 0331017	4/13/2015	0001	7400	Vision Exam/Glasses PIN #4011862	110	855081
CLM - 0336168	5/20/2015	0001	7400	Glasses PIN #4007139	52	855081
MIC - 0066907	5/22/2015	0001	7400	Vision Care: PIN#4010629 Frames & Lenses	58	855081
MIC - 0066907	5/22/2015	0001	7400	Vision Care: PIN#4014815 Exam, frames & Lenses	92	855081
MIC - 0068728	6/30/2015	0001	7400	Vision Care: PIN#4012730 Frames & Lenses	111	855081
MIC - 0068728	6/30/2015	0001	7400	Vision Care: PIN#3116835 Frames & Lenses	110	855081
MIC - 0068728	6/30/2015	0001	7400	Vision Care: PIN#4011410 Exam, frames & Lenses	110	855081
					2,238	
CLM - 0304945	10/3/2014	0001	7400	R.P.Wikholm/Juv Med Bills/Oct '14	120	881075
CLM - 0329955	4/6/2015	0001	7400	R.P.Wikholm/Juv Med Bills/CPT 99203/Apr '15	57	881075
CLM - 0343454	6/30/2015	0001	7400	R.P.Wikholm/Juv Med Bills/Jul '15/CPT 99203	57	881075
					235	
CLM - 0309288	11/6/2014	0001	7400	CPT 99223 TC	80	999999
					80	

<b>Total Corizon</b>	874,280
<b>Total ADMHS</b>	964,779
<b>Total PHD</b>	40,788
<b>Total Other</b>	33,388
<b>Total Institution Medical FY14-15</b>	<u>1,913,235</u>

## SMJH Chapter 4123

### XI. Detainee Grievance Procedure

#### A. General information

During a detainee's stay at the Juvenile Hall, if they have a complaint relative to any condition of their confinement, including but not limited to health care services, classification decisions, program participation, telephone, mail or visiting procedures, food, clothing, or bedding, or a disciplinary action they received, they have a right to file a grievance, appeal the decision rendered and have a fair hearing in order to resolve the problem.

#### Attachment

#### D

1. The Grievance Process is discussed during the Intake and Orientation process. Grievance forms (English and Spanish) are available within each of the living units and will be made available to detainees. Detainees are instructed how to properly complete the form and will be given an opportunity to complete the grievance at the first available time. The detainee does not need to explain the reason he/she is requesting the grievance form.

#### Chapter 4109

a. Grievances will be handled at the lowest appropriate staff level and there will be no refusal for a detainee requesting to utilize the grievance procedure. The detainee can request to explain their version to a staff not directly involved in the event leading to the grievance.

b. If this intervention does not resolve the matter, it will be referred to the Shift Supervisor. This problem-solving session should be conducted as soon as possible, but no later than 24 hours, without compromising the safety and security of the institution.

c. The Shift Supervisor will review the grievance form and will talk to the detainee, giving them the opportunity to explain their side of the story.

d. If the decision of the Shift Supervisor is unsatisfactory to the detainee, the detainee can appeal this decision to the SPO, who will review it within 24 hours, excluding weekends and holidays. If the decision of the SPO is unsatisfactory to the detainee, the detainee can appeal this decision to the Probation Manager, who will review it within 24 hours, excluding weekends and holidays.

e. The grievance form must reflect the evidence relied upon and the reasons for the decision. The final written decision of the grievance may be read by the detainee. The detainee is required to sign and date the grievance form at the completion of the hearing.

f. Each detainee will receive a written copy of the decision made on his/her grievance.

g. Copies of all grievances will be registered in a grievance log that is kept at Intake.

#### B. Confidential Grievance

1. Detainees shall have the right to submit a confidential grievance, to be reviewed specifically by the facility's SPO.

a. A confidential grievance is submitted via a separate, locked box, marked "Confidential Grievances Only." The confidential grievance will not be read by staff prior to being placed in the confidential grievance box. This confidential box will be checked only by the SPO at the end of the 1<sup>st</sup> shift on weekdays, Monday - Friday. The confidential box will indicate that review will take place Monday-Friday, excluding weekends and holidays.

b. The SPO will review the confidential grievance.

c. If the SPO determines the grievance warrants a direct meeting with the detainee, the SPO will talk to the detainee, giving them the opportunity to explain their concern.

(1). If the decision of the SPO is unsatisfactory to the detainee, the detainee can appeal the decision to the Probation Manager.

d. If the SPO determines that the grievance does not need to be handled confidentially, the SPO will advise the detainee and the grievance will be returned to the unit for completion, and will proceed through the normal grievance channels as described in Subsection A of this section.

## **XII. Citizen Complaint Procedures**

Concerns voiced by parents, guardians, staff or other parties will be documented by staff on a Worker Special Report and forwarded to the SPO/Probation Manager for resolution. The SPO/Probation Manager, after reviewing and researching the concerns presented, will respond to the reporting party within 72 hours. They will offer a citizens' complaint form to any individual expressing a desire to file a complaint. Should a form be completed and returned, procedures outlined in Chapter 1132 of the Administrative Manual will be followed.

D. DAINEE GRIEVANCE FORM

Name of Detainee: [REDACTED] DOB: 5/17/ [REDACTED]

What is your Grievance?  
im in pain!!!! Nobody is doing  
Anything for me here! its like  
nobody cares!!! obviously  
Need Help & Medical Attention!

What do you want done?  
I want to talk to somebody ASAP  
about this whole situation! probably a  
SR. DPO!  
Detainee Signature: [REDACTED] Date: 8/2/3 Time: 1800  
Juvenile Institutions Officer (JIO) Decision /Comments:  
Youth has been seen by institution nurse daily.

JIO Signature: [Signature] Date: 8/2/3 Time: 2003  
 Agree/Do Not Wish To Pursue  Desire To Pursue Further

Detainee Signature: [REDACTED] Date: \_\_\_\_\_ Time: \_\_\_\_\_  
JIO, Sr Decision/Comments:

JIO, Sr. Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Agree/Do Not Wish To Pursue  Desire To Pursue Further

Detainee Signature: \_\_\_\_\_

Deputy Probation Officer, Senior (DPO, Sr.) Decision/Comments:

DPO, Sr Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Agree/Do Not Wish To Pursue  Desire To Pursue Further

Detainee Signature: \_\_\_\_\_

Deputy Probation Officer, Supervising (SFO) Decision/Comments:

SFO Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Agree/Do Not Wish To Pursue  Desire To Pursue Further

Detainee Signature: \_\_\_\_\_

Director Decision/Comments:

Signature Of Director: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

COPY OF GRIEVANCE HEARING RESULTS GIVEN TO DETAINEE ON:  
Detainee Signature: [REDACTED] Date: 8/2/3 Time: \_\_\_\_\_

DETAINEE GRIEVANCE FORM

# 7

Name of Detainee: [Redacted]

DOB: 11/27/11

What is your Grievance?  
I want get my Athletic foot cream, I'm supposed to get it for 5 days but only got it for 3

What do you want done?  
I want my foot cream because my feet are itchy and hurt

Detainee Signature: [Redacted] Date: 12/4/13 Time: AM

Juvenile Institutions Officer (JIO) Decision /Comments:  
A medical referral was submitted for this youth.

JIO Signature: [Signature] Date: 12/4/13 Time: 1350  
\_\_\_ Agree/Do Not Wish To Pursue \_\_\_ Desire To Pursue Further

Detainee Signature: [Redacted] Date: 11/4 Time: PM  
JIO, Sr Decision/Comments:

JIO, Sr. Signature: \_\_\_ Date: \_\_\_ Time: \_\_\_  
\_\_\_ Agree/Do Not Wish To Pursue \_\_\_ Desire To Pursue Further

Detainee Signature: \_\_\_\_\_

Deputy Probation Officer, Senior (DPO, Sr.) Decision/Comments:

DPO, Sr Signature: \_\_\_ Date: \_\_\_ Time: \_\_\_  
\_\_\_ Agree/Do Not Wish To Pursue \_\_\_ Desire To Pursue Further

Detainee Signature: \_\_\_\_\_

Deputy Probation Officer, Supervising (SPO) Decision/Comments:

SPO Signature: \_\_\_ Date: \_\_\_ Time: \_\_\_  
\_\_\_ Agree/Do Not Wish To Pursue \_\_\_ Desire To Pursue Further

Detainee Signature: \_\_\_\_\_

Director Decision/Comments:

Signature Of Director: \_\_\_ Date: \_\_\_ Time: \_\_\_

COPY OF GRIEVANCE HEARING RESULTS GIVEN TO DETAINEE ON:  
Detainee Signature: [Signature] Date: 11/4/13 Time: PM

**Youth Grievance Hearing Form**

Name of Youth: [REDACTED]

DOB: 7-29- [REDACTED]

What is your Grievance?

Medical staff need to do a better job with these patients. For example, I want to get my meds & while I was in the room I had a question about some marks on my forearm. She didn't even bother to look at my arm. She just replied "notin a medical request. Then I asked it "Tomorrow". All I was asking was if I could not she wanted to be done with her patients to go home. I said I wouldn't blame her, but she can atleast treat me like a patient like another medical request she never to get over with.

What do you want done? Also, today's staff needed instructions on my meds. The nurse forgot to leave instructions & was stuck on med-iso due to the fact that the nurse forgot to leave instructions on what to do with me. I felt really frustrated & thought it was unfair to leave me on med-iso. All I ask is if you can do to the nurses & ask them to do a better job or something, not just "thanks".

Youth Signature: [REDACTED]

Date: 4-18-15

Time: 9:00 AM

**Juvenile Institutions Officer (JIO)**

Counselling/Comments/Decision.

Date: 4/18/15

Time: 1123

I JIO BALECHIA INFORMED SERGIO THAT HE WOULD NEED TO BE PATIENT AT THIS POINT. MEDICAL WILL PROVIDE FURTHER INSTRUCTIONS IN REGARDS TO HIS MED-ISO STATUS. I SUBMITTED A MENTAL HEALTH REQUEST AS PER HIS REQUEST. [REDACTED] WAS ALSO REMINDED TO STOP ANY NEGATIVE BEHAVIOR DUE TO HIS FRUSTRATION. THUS, IT WOULD NOT HELP HIS SITUATION IN ANY WAY.

JIO Signature: BALECHIA

Badge# 428

Agree/Will Not Pursue

Wish To Pursue

Youth Signature: [REDACTED]

**Senior Juvenile Institutions Officer (SR JIO)**

Counselling/Comments/Decision.

Date: 4-18-15

Time: 1405

Medical staff have a protocol they have to follow. A request needs to be filled out prior to being seen, Sergio can not walk into any medical facility & get immediate attention. Part of growing up and taking responsibility. As Sergio grows up hopefully he will understand more.

SR JIO Signature: Brian Anderson

Badge#

Agree/Will Not Pursue

Wish To Pursue

Youth Signature: [REDACTED]

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

**Santa Maria Juvenile Hall**

Date: 12/13/2013

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 8. Health Services</b>				
<b>1400 Responsibility For Health Care Services</b>				
Health care services are provided to all minors.	X			Medical and Dental services are contracted through CORIZON which is under the supervision of Health Service Administrator, Debra Mood. Mental Health Services is contracted to Adult Drug & Mental Health Services (ADMHS) under the supervision of Dr. Tilton, Psychiatrist.
There is a designated health administrator who, in cooperation with the mental health director and the facility administrator, has responsibility for administrative health care policies.	X			
A responsible physician is designated to develop policy in health care matters involving clinical judgments.	X			
<b>1401 Patient Treatment Decisions</b>				
Clinical decisions about the treatment of individual minors are the sole province of licensed health care professionals operating within the scope of their license and within facility policy.	X			
Security policies and procedures apply to both child supervision and health care personnel.	X			
<b>1402 Scope of Health Care</b>				
Policy and procedures define which health care services are provided in the facility and which services are provided through community providers.	X			
There is at least one physician available to provide treatment.	X			Dr. Carrick Adam is the physician on staff at the Santa Maria Juvenile Hall.
Health care services meet the minimum requirements of these regulations and are provided at a level to address acute symptoms and/or conditions and avoid preventable deterioration of the minor's health while in confinement.	X			
Staff, space, equipment, supplies, materials and resource manuals are adequate for the level of health care provided in the facility.	X			
There is provision for parents, guardians, or other legal custodians to arrange for health care that is permitted by law, at their expense.	X			
<b>1403 Health Care Monitoring and Audits</b> <i>(Applicable to facilities with on-site health care staff)</i>				
There are policies and procedures to collect statistical data and submit at least annual summaries of health care services to the facility administrator.	X			
There are policies and procedures requiring that the quality and adequacy of health care services are assessed at least annually.	X			
There is a process for correcting identified deficiencies in the medical, dental, mental health and pharmaceutical services delivered.	X			



ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The health administrator provides the facility administrator with an annual written report on medical, dental, mental health and pharmaceutical services. <i>(Inspectors are requested to verify existence of these reports.)</i>	X			
At least quarterly, there are documented administrative meetings between health and facility administrators to review medical, mental health and medical services.	X			
<b>1404 Health Care Staff Qualifications</b> <i>(Applicable to facilities with on-site health care staff)</i>	X			
Recruitment education and experience requirements are consistent with those in the community.				
There are policies and procedures to assure that state license, certification, or registration requirements and restrictions that apply in the community, also apply to health care personnel in the facility	X			
Health care staff credentials are on file at the facility or another central location where they are available for review. Policies and procedures require that these credentials are periodically reviewed and remain current.	X			All nursing and medical licenses are current. CPR licenses are current.
Position descriptions and actual practice reflect that health care staff receive the supervision required by their license and operate within the scope of their practice.	X			
<b>1405 Health Care Procedures</b> <i>(Applicable to facilities with on-site health care staff)</i>	X			
When the responsible physician determines that a clinical function can be delegated to health care staff other than a physician, that function is performed by staff operating within their scope of practice, pursuant to written protocol standardized procedures or direct medical order.	X			
<b>1406 Health Care Records</b> <i>(Applicable to facilities with on-site health care staff)</i>	X			Random chart reviews were complete and up-to-date.
Complete, individual and dated health records are maintained and include, but are not limited to:				
Intake health screening form <i>(Note: The intake screening form may also be included in the probation file as a non-confidential document. See guidelines for discussion.)</i>	X			
Health appraisals/medical examinations;				
Health service reports (e.g., emergency department, dental, psychiatric and other consultations);	X			
Complaints of illness or injury;	X			
Names of personnel who treat prescribe, and/or administer/deliver prescription medication;	X			
Location where treatment is provided;	X			
Medication records in conformance with Title 15 § 1438;	X			
Progress notes;	X			
Consent forms;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Authorization for release of information;	X			
Copies of previous health records;	X			
Immunization records; and,	X			
Laboratory reports.	X			
Policies/procedures and practice require that health records are in a locked area separate from the confinement record.	X			The Santa Maria Juvenile Hall keeps all Health records in locked Medical Office.
The health administrator controls access to health records and confidentiality laws related to provider-patient privilege apply. Minors are not used to translate confidential medical information for non-English speaking minors.	X			
Health records are retained in accordance with community standards.	X			
<b>1407 Confidentiality</b>				
Policy and procedures for multi-disciplinary sharing of health information, address providing information to the court, child supervision staff and to probation. Information from minors' (probation) case files is shared with health care staff when relevant.	X			
The nature and extent of information shared is appropriate to: treatment planning; program needs; protecting the minor or others; facility management; security or preservation of safety; and order.	X			
Information can be communicated confidentially at the time of health encounters.	X			
<b>1408 Transfer of Health Care Summary Records</b>				
Policy and procedures assure that:				
A summary of the health record, in an established format, or documentation that no health record exists in the facility, is transferred to another jurisdiction prior to or at the time of transfer;	X			
Relevant health records are forwarded to the health care staff of the receiving facility;	X			
Advance notification is provided to the local health officer in the sending jurisdiction and the responsible physician of the receiving facility prior to the release or transfer of minors with known or suspected active tuberculosis disease;	X			
Written authorization from the parent and/or legal guardian is obtained prior to transferring copies of actual health records, unless otherwise provided by court order, statute or regulation having the force and effect of law; and,	X			
Confidentiality of health records is maintained during transfer.	X			
After minors are released to the community, health record information is transmitted to community physicians or health care facilities upon the request and with written authorization of the minor and/or parent or guardian.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
In facilities without on-site health care staff, policies and procedures assure that child supervision staff forward non-confidential information on medications and other treatment orders, prior to or at the time of transfer.	X			
<b>1409 Health Care Procedures Manual</b> ( <i>Applicable to facilities with on-site health care staff</i> )  There is a facility-specific health services manual for written policies and procedures that, at a minimum, address all health care related standards that are applicable to the facility. ( <i>Note: "Facility specific" means that policies and procedures for that facility are included. In multi-facility systems policies and procedures for more than one facility in that system may be included in the same manual.</i> )	X			CORIZON has a medical procedure manual for health care services on location in Medical Office.
The manual is available to all health care staff, the facility administrator, the facility manager, and other individuals as appropriate to ensure effective service delivery.	X			
There is a documented annual review of the health care procedures manual, with revisions as necessary.	X			
The facility administrator, the facility manager, the health administrator and the responsible physician have approved and signed the manual.	X			
<b>1410 Management of Communicable Diseases</b>  Policy and procedures have been developed in cooperation with the local health officer to address the identification, treatment, control and follow-up management of communicable diseases. Policy and procedures include:	X			Dr. Charity Thoman --Deputy Health Officer consults on Infectious Disease.
Intake health screening procedures;	X			
Identification of relevant symptoms;	X			
Referral for medical evaluation;	X			
Treatment responsibilities during detention;	X			
Coordination with public and private community-based resources for follow-up treatment;	X			
Applicable reporting requirements, and,	X			
Strategies for handling disease outbreaks.	X			
Policies and procedures are updated as necessary to reflect local disease priorities.	X			
<b>1411 Access to Treatment</b>	X			
Policy and procedures provide unimpeded access to health care.	X			
<b>1412 First Aid and Emergency Response</b>	X			C.O. Emergency Policy and Procedure: 4119
Policy and procedures assure access to first aid and emergency services.	X			
First aid kits are available in designated areas of each juvenile facility.	X			First Aid Kits in Units and office with out-of-date supplies. Epi-Pen Trainer found in Unit Emergency kit. Oxygen tank empty. Glucometer not up-to-date with quality assurance testing.
The responsible physician approved the contents, number, location and procedure for periodic inspection of the first aid kits.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Child supervision and health care staff is trained and there are policies and procedures to respond to emergencies requiring first aid.	X			
<b>1413 Individualized Treatment Plans</b> (Excluding Special Purpose Juvenile Halls)				
Policy and procedures direct that health care treatment plans are developed for minors who receive services for significant health care concerns.	X			
Health care treatment plans are considered in facility program planning.	X			
Health care restrictions do not limit participation in school, work, exercise and other programs beyond what is necessary to protect the health of the minor or others.	X			
Medical and mental health information is shared with supervision staff in accordance with §1407 for purposes of programming, treatment planning and implementation.	X			
Program planning includes pre-release arrangements for continuing health care, together with participation in relevant programs upon release.	X			
Minors who are suspected or confirmed to be developmentally disabled are referred to the local Regional Center for the Developmentally Disabled within 24 hours of identification, excluding holidays and weekends. (See also Title 15 § 1355, Assessment and Plan)	X			
<b>1414 Health Clearance for in-Custody Work and Program Assignments</b>				
There are health screening and monitoring procedures for work and program assignments that have health care implications, including, but not limited to food handlers. (See also Title 15 § 1465.)	X			
<b>1415 Health Education</b> (Excluding Special Purpose Juvenile Halls)				
Policy and procedures assure that age- and sex-appropriate health education and disease prevention programs are offered to minors.	X			
The health education programs are updated as necessary to reflect current health priorities and meet the needs of the offender population.	X			
<b>1416 Reproductive Services</b>				
Policy and procedures assure that reproductive health services are available to both male and female minors.	X			Policy G O-7 states Public Health will consult on reproductive issues, and may be referred to Planned Parenthood. If pregnant will see OB at Public Health. Birth control offered.
Reproductive services include but are not be limited to those prescribed in WIC § 220, 221 and 222, and HSC § 123450.	X			
<b>Section 1417. Pregnant Minors.</b>				
<b>Policies and procedures pertaining address a diet, vitamins, education and limitations on the use of restraints.</b>	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1430 Intake Health Screening</b>				
Policies and procedures define when a health evaluation and/or treatment must be obtained prior to acceptance for booking, and establish a documented intake screening procedure to be conducted immediately upon entry into the facility.	X			
Consistent with facility resources to safely hold a minor, the responsible physician has identified health conditions that would preclude a minor's acceptance into a facility without a documented medical clearance. At a minimum, intake criteria provide that:	X			
Unconscious minors are not accepted;	X			Minors will be transported to Marian Hospital for evaluation.
Minors who are known to have ingested or who appear to be under the influence of intoxicating substances are cleared in accordance with Title 15 § 1431, ( <i>Intoxicated and Substance Abusing Minors</i> )	X			
Circumstances and reasons for requiring a medical clearance are documented whenever a minor is not accepted for booking; and,	X			Minors will be transported to Marian Hospital for evaluation and clearance.
Written medical clearance is received prior to accepting any minor who was referred for pre-booking treatment and clearance.	X			
An intake screening, consisting of a defined, systematic inquiry and observation of every minor booked into the facility is conducted by health care or trained child supervision staff at the time of entry into the facility.	X			
Screening procedures address medical, dental and mental health concerns that may pose a hazard to the minor or others in the facility, as well as health conditions that require treatment while the minor is in the facility.	X			
Minors suspected of having a communicable disease are separated from the general population pending the outcome of an evaluation by medical staff.	X			
There is provision for a timely referral for health care commensurate with the nature of any problems or compliant identified during the screening process.	X			
<b>1431 Intoxicated and Substance Abusing Minors</b>				Youth may be sent to Marian Hospital for clearance. Adult Drug and Mental Health Services are provided for youth with substance abuse problems Policy-Y-G-08.0 Withdrawal Policy-Y-G-06.00
There are policy and procedures for the identification and management of alcohol and other drug intoxication that address:	X			
Designated housing, including protective environments for placement of intoxicated minors;	X			Correctional Officers use Juvenile Facility Detoxification Checklist while youth is under the influence of a substance
Symptoms or known history of ingestion that should prompt immediate referral for medical evaluation and treatment;	X			
Determining when the minor is no longer considered intoxicated and documenting when the monitoring requirements of this regulation are discontinued;	X			
Medical responses to minors experiencing intoxication or withdrawal reactions;	X			Policy and Procedure: Y-G-06.00

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Management of pregnant minors who use alcohol or other drugs;	X			
Initiation of substance abuse counseling during confinement and referral procedures for continuation upon release to the community, consistent with Title 15 § 1413 and Title 15 § 1355; and,	X			
Coordination of mental health services in cases of substance abusing minors with known or suspected mental illness.	X			
A medical clearance is obtained prior to booking any minor who displays outward signs of intoxication or is known or suspected to have ingested any substance that could result in a medical emergency.	X			
Supervision of intoxicated minors who are cleared to be booked into a facility includes monitoring no less often than every 15 minutes until resolution of the intoxicated state.	X			
The monitoring observations are documented, with actual time of occurrence recorded.	X			
Medical, or child supervision staff operating pursuant to medical protocols, conduct a medical evaluation for all minors whose intoxicated behavior persists beyond six hours from the time of admission.	X			
<b>1432 Health Appraisals/Medical Examinations</b>				
Policy and procedures require a health appraisal/medical examination of minors.	X			
The health appraisal/medical examination is completed within 96 hours of admission, in a location that protects the minor's privacy and by a physician or other licensed or certified health professional working under direction of a physician.	X			The Santa Maria Juvenile Hall is compliant with conducting Health exams on all minors within 96-hours.
This health evaluation includes a health history, medical examination, laboratory and diagnostic testing and necessary immunizations.	X			
The health history includes: 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 drugs), developmental history (e.g., school, home, and peer relations), sexual activity, contraceptive methods, reproductive history, physical and sexual abuse, neglect, history of mental illness, self-injury, and suicidal ideation.	X			
The examination includes: Temperature, height, weight, pulse, blood pressure, appearance, gait, head and neck, a preliminary dental and visual acuity screening, gross hearing test, lymph nodes, chest and cardiovascular, breasts, abdomen, genital (pelvic and rectal examination, with consent, if clinically indicated), musculoskeletal neurological.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Laboratory and diagnostic testing includes: Tuberculosis testing, pap smears and testing for sexually transmitted diseases for sexually active minors. Additional testing is available as clinically indicated, including pregnancy testing, urinalysis, hemoglobin or hematocrit.	X			
Immunizations are verified and, within two weeks of the Health Appraisal/ Medical Examination, a program is started to bring the minor's immunizations up-to-date in accordance with current public health guidelines.	X			The Santa Maria Juvenile Hall verifies immunization status using CAIRS and/or consults with youth's Private Medical Provider Biological specimens found in vaccine refrigerator.
The responsible physician may modify the health examination for minors admitted with an adequate examination done within the previous 12 months, provided there is reason to believe that no substantial change would have occurred since the full evaluation. When this is done, health care staff review the intake health screening form and conduct a face-to-face interview with the minor.	X			
There are policy and procedures for a medical evaluation and clearance for adjudicated minors who are confined in any juvenile facility for successive stays, each of which totals less than 96 hours.  When this evaluation and clearance cannot be completed at the facility during the initial stay, it is completed prior to acceptance at the facility and includes screening for tuberculosis.	X			
For minors who are transferred to jails and juvenile facilities outside their detention system, policy and procedures assure that the health appraisal/medical examination:	X			
Is received from the sending facility;	X			
Is reviewed by designated health care staff at the receiving facility; and,	X			
Absent a previous appraisal/examination or receipt of the record, a health appraisal/medical examination, as outlined in this regulation, is completed on the minor within 96 hours of admission.	X			
Policy and procedures require that minors who are transferred among juvenile facilities within the same detention system, receive a written health care clearance. The health appraisal/medical examination is reviewed and updated prior to transfer and forwarded to facilities that have licensed on-site health care staff.	X			
<b>1433 Requests for Health Care Services</b>				Minors may submit at any time, a Medical Request Form for medical attention or notify a Correctional Officer.
Policy and procedures establish a daily routine for minors to convey requests for emergency and non-emergency health care requests and include the following:	X			
There is opportunity for both written and verbal requests, with provision for minors having language or literacy barriers.	X			
Supervision staff relays requests from the minor, initiate referrals when the need for health care services is observed, and advocate for the minor when the need for services appears urgent.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Designated staff inquires and make observations regarding the health of each minor on a daily basis and in the event of possible injury.	X			
There is 24-hour opportunity for minors and staff to communicate the need for emergency health care services.	X			
There is provision for any minor requesting health care, or observed to need such care, to be given that attention by licensed or certified health care staff.	X			
All health care requests are documented and maintained.	X			
<b>1434 Consent for Health Care</b>				Parental consent is obtained when feasible; otherwise, court ordered consent obtained at intake.
Policy and procedures require informed consent for health care examinations.	X			
Examinations, treatments, and procedures requiring verbal or written consent in the community also require that consent for confined minors.	X			
There is 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.	X			
Policy and procedures are consistent with applicable statute in those instances where the minor's consent for testing or treatment is sufficient or specifically required.	X			
Conservators provide consent only within limits of their court authorization.	X			
Minors may refuse non-emergency medical and mental health care, verbally or in writing.	X			
<b>1435 Dental Care</b>				
Policy and procedures require that dental treatment is provided to minors as necessary to respond to acute conditions and to avert adverse effects on the minor's health. Treatment is not limited to extractions.	X			
<b>1436 Prostheses and Orthopedic Devices</b>				
Policy and procedures address the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing aids.	X			
Prostheses are provided when the responsible physician determines that the health of the minor would be adversely affected without them.	X			
Procedures for the retention and removal of prostheses comply with the requirements of Penal Code § 2656. (See guidelines discussion.)	X			
<b>1437 Mental Health Services and Transfer to a Treatment Facility</b>				Adult Drug & Mental Health Service is responsible for the established policies and procedures for mental health services under CORIZON. When ADMHS not present, will refer to SAFETY.
Policy and procedures require providing mental health services that include but not limited to:	X			
Screening for mental health problems at intake;	X			
Crisis intervention and the management of acute psychiatric episodes;	X			
Stabilization of the mentally ill and prevention of psychiatric deterioration in the facility setting;	X			



ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Elective therapy services and preventive treatment, where resources permit;	X			
Medication support services; and,	X			
Provision for referral and admission to licensed mental health facilities for minors whose psychiatric needs exceed the treatment capability of the facility.	X			
<u>The minor may be evaluated by licensed health personnel to determine if treatment can be initiated at the juvenile facility.</u>	X			Any youth may submit Medical Request Form for Mental Health Services.
Any minor who displays significant symptoms of severe depression, suicidal ideation, irrational, violent or self destructive behaviors, or who is receiving psychotropic medication, is provided a mental status assessment by a licensed mental health clinician, psychologist or psychiatrist.	X			
A mentally disordered minor who appears to be a danger to himself or others or to be gravely disabled, is evaluated pursuant to Penal Code § 4011.6 or Welfare and Institutions Code § 6551. Absent an emergency, unless the facility has been designated as a Lanterman-Petris-Short (LPS) facility, and minors meet the criteria for involuntary commitment under the LPS Act in Welfare and Institutions Code § 5000 et seq., all services are provided on a voluntary basis. Voluntary mental health admissions may be sought pursuant to Penal Code § 4011.8 or Welfare and Institutions Code § 6552,	X			
<b>1438 Pharmaceutical Management</b>	X			Expired medicines in cabinet will need to rotate stock correctly to reduce waste.
Pharmaceutical policies, procedures, space and accessories include but not be limited to:	X			
Securely lockable cabinets, closets and refrigeration units;	X			
A means for the positive identification of the recipient of the prescribed medication;	X			
Administration/delivery of medicines to minors as prescribed;	X			
Confirmation that the recipient has ingested the medication;	X			
Documenting that prescribed medications have or have not been administered by whom, and if not, for what reason;	X			
Prohibition of the delivery of drugs from one minor to another;	X			
Limitation to the length of time medication may be administered without further medical evaluation;	X			
The length of time allowable for a physician's signature on verbal orders;	X			
Training for non-licensed personnel 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 confirming ingestion of medication; and, consultation with health care staff for monitoring the minor's response to medication; and,	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
At least annually, a pharmacist prepares a written report on the status of pharmacy services in the facility. The report is provided to the health authority and the facility administrator. (See also Title 15 § 1403.)	X			MAXOR Pharmacy and Dr. Carrick Adam prepare annual report and inspection which deems the Santa Maria Juvenile Hall compliant with regulations.
Written protocols are consistent with pharmacy laws and regulations and limit the following functions to being performed by the identified personnel:	X			
Procurement is done only by a physician, dentist, pharmacist, or other person authorized by law.	X			
Medication storage assures that stock supplies of legend medications are accessed only by licensed health care personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and trained non-licensed staff.	X			
Repackaging is done only by a physician, dentist, pharmacist, or other persons authorized by law.	X			
Labels are prepared by a physician, dentist, pharmacist or other personnel, either licensed or trained non-licensed, provided the label is checked and affixed to the medication container by the physician, dentist, or pharmacist before administration or delivery to the minor. Labels are prepared in accordance with Business and Professions Code § 4047.5.	X			
Dispensing is only done by a physician, dentist, pharmacist, or other person authorized by law.	X			
Administration of medication is only done by licensed health care personnel who are authorized to administer medication and acting on the order of a prescriber.	X			
Licensed and trained non-licensed personnel may deliver medication acting on the order of a prescriber.	X			
Disposal of legend medication is done accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or reregistered nurse. Controlled substances are disposed of in accordance with Drug Enforcement Administration disposal procedures.	X			
There are written procedures for managing and providing over-the-counter medications to minors.	X			
<b>1439 Psychotropic Medications</b>				Correctional policy 4125
Policies and procedures govern the use of voluntary and involuntary medications. These policies and procedures include, but are not limited to:	X			
Protocols for physicians' written and verbal orders for psychotropic medications in dosages appropriate for the minor's need;	X			
Requirements that verbal orders be entered in the minor's health record and signed by a physician within 72 hours;	X			
The length of time voluntary and involuntary medications may be ordered and administered before re-evaluation by a physician;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Provision that minors who are on psychotropic medications prescribed in the community are continued on their medications pending re-evaluation and further determination by a physician;	X			
Provision that the necessity for continuation on psychotropic medication is addressed in pre-release planning and prior to transfer to another facility or program; and,	X			
Provision for regular clinical-administrative review for utilization patterns for all psychotropic medications, including every emergency situation.	X			
Psychotropic medications are not administered to a minor absent an emergency unless informed consent has been given by the legally authorized person or entity.	X			
Minors are informed of the expected benefits,potential side effects and alternatives to psychotropic medications.	X			
Absent an emergency, minors may refuse treatment.	X			
Minors found by a physician to be a danger to themselves or others by reason of a mental disorder, may be involuntarily given psychotropic medication that is immediately necessary for the preservation of life or the prevention of serious bodily harm. This can only be done 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.	X			
Assessment and diagnosis supports the administration of psychotropic medications and administration of psychotropic medication is not allowed for coercion, discipline, convenience or retaliation.	X			
<b>1450 Suicide Prevention Program</b>  There is a written suicide prevention plan, with policies and procedures to prevent and respond to crisis. Staff training shall include, but not be limited to, identification of t minors who present a suicide risk, appropriate monitoring of their condition and provide for the necessary treatment ,follow-up and emergency response protocols for self-injurious behaviors.	X			MAYSI is used to screen Mental Health status by Mental Health staff. Policy and Procedure-Y-G-05 M.H.- chapter 1:1
<b>1452 Collection of Forensic Evidence</b>  Policy and procedures assure 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 minor.	X			
<b>1453 Sexual Assaults</b>  There is policy and procedures for treating victims of sexual assaults and for reporting such incidents, when they occur in the facility, to local law enforcement.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The evidentiary examination and initial treatment of victims of sexual assault is conducted at a health facility that is separate from the custodial facility and is properly equipped and staffed with personnel trained and experienced in such procedures.	X			
<b>1454 Participation in Research</b>				
Policy and procedures govern biomedical or behavioral research involving minors and require assurances for informed consent and the safety of the minor. Such research occurs only when ethical, medical and legal standards for human research are met.			X	
Participation in research is not a condition for obtaining privileges or other rewards and the court, health administrator, and facility administrator are informed of all proposed actions.			X	
<b>1358 Use of Physical Restraints</b>				Policy and procedure: Y-I-01 C.O. policy and procedure:4122
Policies and procedures govern the use of restraint devices. The policies address: known medical conditions that would contraindicate certain restraint devices and/or techniques; acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of cardiopulmonary resuscitation equipment; protective housing of restrained minors; provision for hydration and sanitation needs; exercising of extremities.	X			
Physical restraints are utilized only when it appears less restrictive alternatives would be ineffective in controlling the disordered behavior.	X			
Restraints are used only for those minors who present an immediate danger to themselves or others, who exhibit behavior that results in the destruction of property, or reveals the intent to cause self-inflicted physical harm.	X			
Minors are placed in restraints only with the approval of the facility manager or the shift supervisor. The facility manager may delegate authority to place a minor in restraints to a physician.	X			
Continued retention in restraints is reviewed a minimum of every hour.	X			
A medical opinion on the safety of placement and retention is secured as soon as possible, but no later than two hours from the time of placement. The minor is medically cleared for continued retention at least every three hours after the initial medical opinion.	X			
A mental health consultation to assess the need for mental health treatment is secured as soon as possible, but in no case longer than four hours from the time of placement.	X			
Continuous direct visual supervision is conducted and documented to ensure that the restraints are properly employed and to ensure the well-being of the minor.	X			
All minors in restraint devices are housed alone or in a specified housing area for restrained minors with provisions to protect the minor from abuse.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Restraints are not used as punishment, discipline, or as a substitution for treatment.	X			
The affixing of hands and feet together behind the back (hog-tying) is prohibited.	X			
<b>1359 Safety Room Procedures</b>				Juvenile Hall does not have a Safety Cell per se, but will use an observation/isolation cell as deemed necessary.
Policies and procedures govern the use of safety rooms, as described in Title 24, Part 2, Section 460A.1.13.	X			
The safety room is used to hold only those minors who present an immediate danger to themselves or others who exhibit behavior that results in the destruction of property, or reveals the intent to cause self-inflicted physical harm.	X			
The safety room is not to be used for punishment, discipline, or as a substitute for treatment. Policies and procedures:	X			
Include provisions for administration of necessary nutrition and fluids, access to a toilet, and suitable clothing to provide for privacy;	X			
Provide for approval of the facility administrator, or designed shift supervisor, before a minor is placed into a safety room;	X			
Provide for continuous direct visual observation;	X			
Provide that the minor is evaluated by the facility administrator, or designee, every four hours;	X			
Provide for immediate medical assessment, where appropriate, or an assessment at the next daily sick call;	X			
Provide that a minor is medically cleared for continued retention every 24 hours;	X			
Provide that a mental health opinion is secured within 24 hours; and,	X			
Provide a process for documenting the reason for placement, including attempts to use less restrictive means of control, observations of the minor during confinement, and decisions to continue and end placement.	X			

**Summary of medical/mental health evaluation:**

The Santa Maria Juvenile Hall is in compliance with Title 15 Medical/Mental health regulations with the exception of the following:

- First Aid Kits-Outdated
- Oxygen tank-Empty
- Glucometer-Outdated quality assurance testing
- Biological specimens stored in vaccine refrigerator
- Medicine cabinets required stock rotation to reduce waste
- Epi-pen Trainer found in Unit First Aid Kit.

Report completed by: Deborah Schultz, R.N.

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

**Los Prietos Boys Camp**

**Date: 12/13/2013**

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 8. Health Services</b>				
<b>1400 Responsibility For Health Care Services</b>				The Los Prietos Boys Camp is under the provision of Dr. Carrick Adam, Medical Director.
Health care services are provided to all minors.	X			
There is a designated health administrator who, in cooperation with the mental health director and the facility administrator, has responsibility for administrative health care policies.	X			Dr. Carrick Adam, Medical Director Dr. Peter Tilton, Psychiatrist Debra Mood, Health Care Administrator
A responsible physician is designated to develop policy in health care matters involving clinical judgments.	X			Dr. Carrick Adam
<b>1401 Patient Treatment Decisions</b>				
Clinical decisions about the treatment of individual minors are the sole province of licensed health care professionals operating within the scope of their license and within facility policy.	X			
Security policies and procedures apply to both child supervision and health care personnel.	X			
<b>1402 Scope of Health Care</b>				
Policy and procedures define which health care services are provided in the facility and which services are provided through community providers.	X			
There is at least one physician available to provide treatment.	X			Dr. Carrick Adam has office hours on Wednesdays, and is available with 24 hour on-call.
Health care services meet the minimum requirements of these regulations and are provided at a level to address acute symptoms and/or conditions and avoid preventable deterioration of the minor's health while in confinement.	X			
Staff, space, equipment, supplies, materials and resource manuals are adequate for the level of health care provided in the facility.	X			
There is provision for parents, guardians, or other legal custodians to arrange for health care that is permitted by law, at their expense.	X			
<b>1403 Health Care Monitoring and Audits</b> <i>(Applicable to facilities with on-site health care staff)</i>				There are corporate inspections by CORIZON Health Care.
There are policies and procedures to collect statistical data and submit at least annual summaries of health care services to the facility administrator.	X			
There are policies and procedures requiring that the quality and adequacy of health care services are assessed at least annually.	X			
There is a process for correcting identified deficiencies in the medical, dental, mental health and pharmaceutical services delivered.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The health administrator provides the facility administrator with an annual written report on medical, dental, mental health and pharmaceutical services. <i>(Inspectors are requested to verify existence of these reports.)</i>	X			
At least quarterly, there are documented administrative meetings between health and facility administrators to review medical, mental health and medical services.	X			There are monthly staff meetings, as well as, meetings with CORIZON, Probation, and Mental Health conducted every other month (MAC meetings)
<b>1404 Health Care Staff Qualifications</b> <i>(Applicable to facilities with on-site health care staff)</i>	X			
Recruitment education and experience requirements are consistent with those in the community.				
There are policies and procedures to assure that state license, certification, or registration requirements and restrictions that apply in the community, also apply to health care personnel in the facility	X			
Health care staff credentials are on file at the facility or another central location where they are available for review. Policies and procedures require that these credentials are periodically reviewed and remain current.	X			
Position descriptions and actual practice reflect that health care staff receive the supervision required by their license and operate within the scope of their practice.	X			
<b>1405 Health Care Procedures</b> <i>(Applicable to facilities with on-site health care staff)</i>	X			
When the responsible physician determines that a clinical function can be delegated to health care staff other than a physician, that function is performed by staff operating within their scope of practice, pursuant to written protocol standardized procedures or direct medical order.	X			
<b>1406 Health Care Records</b> <i>(Applicable to facilities with on-site health care staff)</i>	X			
Complete, individual and dated health records are maintained and include, but are not limited to:				
Intake health screening form <i>(Note: The intake screening form may also be included in the probation file as a non-confidential document. See guidelines for discussion.);</i>	X			
Health appraisals/medical examinations;	X			
Health service reports (e.g., emergency department, dental, psychiatric and other consultations);	X			
Complaints of illness or injury;	X			
Names of personnel who treat prescribe, and/or administer/deliver prescription medication;	X			
Location where treatment is provided;	X			
Medication records in conformance with Title 15 § 1438;	X			
Progress notes;	X			
Consent forms;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Authorization for release of information;	X			
Copies of previous health records;	X			
Immunization records; and,	X			
Laboratory reports.	X			
Policies/procedures and practice require that health records are in a locked area separate from the confinement record.	X			
The health administrator controls access to health records and confidentiality laws related to provider-patient privilege apply. Minors are not used to translate confidential medical information for non-English speaking minors.	X			
Health records are retained in accordance with community standards.	X			
<b>1407 Confidentiality</b>				
Policy and procedures for multi-disciplinary sharing of health information, address providing information to the court, child supervision staff and to probation. Information from minors' (probation) case files is shared with health care staff when relevant.	X			
The nature and extent of information shared is appropriate to: treatment planning; program needs; protecting the minor or others; facility management; security or preservation of safety; and order.	X			
Information can be communicated confidentially at the time of health encounters.	X			
<b>1408 Transfer of Health Care Summary Records</b>				
Policy and procedures assure that:				
A summary of the health record, in an established format, or documentation that no health record exists in the facility, is transferred to another jurisdiction prior to or at the time of transfer;	X			
Relevant health records are forwarded to the health care staff of the receiving facility;	X			
Advance notification is provided to the local health officer in the sending jurisdiction and the responsible physician of the receiving facility prior to the release or transfer of minors with known or suspected active tuberculosis disease;	X			
Written authorization from the parent and/or legal guardian is obtained prior to transferring copies of actual health records, unless otherwise provided by court order, statute or regulation having the force and effect of law; and,	X			
Confidentiality of health records is maintained during transfer.	X			
After minors are released to the community, health record information is transmitted to community physicians or health care facilities upon the request and with written authorization of the minor and/or parent or guardian.	X			



ARTICLE/SECTION	YES	NO	N/A	COMMENTS
In facilities without on-site health care staff, policies and procedures assure that child supervision staff forward non-confidential information on medications and other treatment orders, prior to or at the time of transfer.	X			
<b>1409 Health Care Procedures Manual</b> ( <i>Applicable to facilities with on-site health care staff</i> )  There is a facility-specific health services manual for written policies and procedures that, at a minimum, address all health care related standards that are applicable to the facility. ( <i>Note: "Facility specific" means that policies and procedures for that facility are included. In multi-facility systems policies and procedures for more than one facility in that system may be included in the same manual.</i> )	X			
The manual is available to all health care staff, the facility administrator, the facility manager, and other individuals as appropriate to ensure effective service delivery.	X			
There is a documented annual review of the health care procedures manual, with revisions as necessary.	X			
The facility administrator, the facility manager, the health administrator and the responsible physician have approved and signed the manual.	X			
<b>1410 Management of Communicable Diseases</b>  Policy and procedures have been developed in cooperation with the local health officer to address the identification, treatment, control and follow-up management of communicable diseases. Policy and procedures include:	X			Any Youth with an active disease will be transferred back to the Santa Maria Juvenile Hall.
Intake health screening procedures;	X			
Identification of relevant symptoms;	X			
Referral for medical evaluation;	X			
Treatment responsibilities during detention;	X			
Coordination with public and private community-based resources for follow-up treatment;	X			
Applicable reporting requirements, and,	X			
Strategies for handling disease outbreaks.	X			
Policies and procedures are updated as necessary to reflect local disease priorities.	X			
<b>1411 Access to Treatment</b>  Policy and procedures provide unimpeded access to health care.	X			
<b>1412 First Aid and Emergency Response</b>  Policy and procedures assure access to first aid and emergency services.	X			
First aid kits are available in designated areas of each juvenile facility.	X			
The responsible physician approved the contents, number, location and procedure for periodic inspection of the first aid kits.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Child supervision and health care staff is trained and there are policies and procedures to respond to emergencies requiring first aid.	X			
<b>1413 Individualized Treatment Plans</b> (Excluding Special Purpose Juvenile Halls)				
Policy and procedures direct that health care treatment plans are developed for minors who receive services for significant health care concerns.	X			
Health care treatment plans are considered in facility program planning.	X			
Health care restrictions do not limit participation in school, work, exercise and other programs beyond what is necessary to protect the health of the minor or others.	X			
Medical and mental health information is shared with supervision staff in accordance with §1407 for purposes of programming, treatment planning and implementation.	X			
Program planning includes pre-release arrangements for continuing health care, together with participation in relevant programs upon release.	X			
Minors who are suspected or confirmed to be developmentally disabled are referred to the local Regional Center for the Developmentally Disabled within 24 hours of identification, excluding holidays and weekends. (See also Title 15 § 1355, Assessment and Plan)	X			
<b>1414 Health Clearance for in-Custody Work and Program Assignments</b>				
There are health screening and monitoring procedures for work and program assignments that have health care implications, including, but not limited to food handlers. (See also Title 15 § 1465.)	X			
<b>1415 Health Education</b> (Excluding Special Purpose Juvenile Halls)				
Policy and procedures assure that age- and sex-appropriate health education and disease prevention programs are offered to minors.	X			
The health education programs are updated as necessary to reflect current health priorities and meet the needs of the offender population.	X			
<b>1416 Reproductive Services</b>				
Policy and procedures assure that reproductive health services are available to both male and female minors.	X			
Reproductive services include but are not be limited to those prescribed in WIC § 220, 221 and 222, and HSC § 123450.	X			
<b>Section 1417. Pregnant Minors.</b>				Females are not housed at the camp.
<b>Policies and procedures pertaining address a diet, vitamins, education and limitations on the use of restraints.</b>	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1430 Intake Health Screening</b>				Intake screenings are done at the Santa Maria Juvenile Hall, prior to being transferred the camp.
Policies and procedures define when a health evaluation and/or treatment must be obtained prior to acceptance for booking, and establish a documented intake screening procedure to be conducted immediately upon entry into the facility.	X			
Consistent with facility resources to safely hold a minor, the responsible physician has identified health conditions that would preclude a minor's acceptance into a facility without a documented medical clearance. At a minimum, intake criteria provide that:	X			
Unconscious minors are not accepted;	X			
Minors who are known to have ingested or who appear to be under the influence of intoxicating substances are cleared in accordance with Title 15 § 1431, ( <i>Intoxicated and Substance Abusing Minors</i> )	X			
Circumstances and reasons for requiring a medical clearance are documented whenever a minor is not accepted for booking; and,	X			
Written medical clearance is received prior to accepting any minor who was referred for pre-booking treatment and clearance.	X			
An intake screening, consisting of a defined, systematic inquiry and observation of every minor booked into the facility is conducted by health care or trained child supervision staff at the time of entry into the facility.	X			This is done at the Santa Maria Juvenile Hall.
Screening procedures address medical, dental and mental health concerns that may pose a hazard to the minor or others in the facility, as well as health conditions that require treatment while the minor is in the facility.	X			
Minors suspected of having a communicable disease are separated from the general population pending the outcome of an evaluation by medical staff.	X			
There is provision for a timely referral for health care commensurate with the nature of any problems or compliant identified during the screening process.	X			
<b>1431 Intoxicated and Substance Abusing Minors</b>				
There are policy and procedures for the identification and management of alcohol and other drug intoxication that address:	X			
Designated housing, including protective environments for placement of intoxicated minors;	X			
Symptoms or known history of ingestion that should prompt immediate referral for medical evaluation and treatment;	X			
Determining when the minor is no longer considered intoxicated and documenting when the monitoring requirements of this regulation are discontinued;	X			
Medical responses to minors experiencing intoxication or withdrawal reactions;	X			
Management of pregnant minors who use alcohol or other drugs;			X	Pregnant minors are not housed at the camp

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Initiation of substance abuse counseling during confinement and referral procedures for continuation upon release to the community, consistent with Title 15 § 1413 and Title 15 § 1355; and,	X			
Coordination of mental health services in cases of substance abusing minors with known or suspected mental illness.	X			
A medical clearance is obtained prior to booking any minor who displays outward signs of intoxication or is known or suspected to have ingested any substance that could result in a medical emergency.			X	Booking of juveniles is completed at the Santa Maria Juvenile Hall
Supervision of intoxicated minors who are cleared to be booked into a facility includes monitoring no less often than every 15 minutes until resolution of the intoxicated state.			X	
The monitoring observations are documented, with actual time of occurrence recorded.			X	
Medical, or child supervision staff operating pursuant to medical protocols, conduct a medical evaluation for all minors whose intoxicated behavior persists beyond six hours from the time of admission.			X	
<b>1432 Health Appraisals/Medical Examinations</b>				Health appraisals are completed upon admission at the Santa Maria Juvenile Hall, and annually.
Policy and procedures require a health appraisal/medical examination of minors.	X			
The health appraisal/medical examination is completed within 96 hours of admission, in a location that protects the minor's privacy and by a physician or other licensed or certified health professional working under direction of a physician.			X	
This health evaluation includes a health history, medical examination, laboratory and diagnostic testing and necessary immunizations.	X			
The health history includes: 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 drugs), developmental history (e.g., school, home, and peer relations), sexual activity, contraceptive methods, reproductive history, physical and sexual abuse, neglect, history of mental illness, self-injury, and suicidal ideation.	X			
The examination includes: Temperature, height, weight, pulse, blood pressure, appearance, gait, head and neck, a preliminary dental and visual acuity screening, gross hearing test, lymph nodes, chest and cardiovascular, breasts, abdomen, genital (pelvic and rectal examination, with consent, if clinically indicated), musculoskeletal neurological.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Laboratory and diagnostic testing includes: Tuberculosis testing, pap smears and testing for sexually transmitted diseases for sexually active minors. Additional testing is available as clinically indicated, including pregnancy testing, urinalysis, hemoglobin or hematocrit.	X			
Immunizations are verified and, within two weeks of the Health Appraisal/ Medical Examination, a program is started to bring the minor's immunizations up-to-date in accordance with current public health guidelines.	X			
The responsible physician may modify the health examination for minors admitted with an adequate examination done within the previous 12 months, provided there is reason to believe that no substantial change would have occurred since the full evaluation. When this is done, health care staff review the intake health screening form and conduct a face-to-face interview with the minor.	X			
There are policy and procedures for a medical evaluation and clearance for adjudicated minors who are confined in any juvenile facility for successive stays, each of which totals less than 96 hours.  When this evaluation and clearance cannot be completed at the facility during the initial stay, it is completed prior to acceptance at the facility and includes screening for tuberculosis.	X			
For minors who are transferred to jails and juvenile facilities outside their detention system, policy and procedures assure that the health appraisal/medical examination:	X			
Is received from the sending facility;	X			
Is reviewed by designated health care staff at the receiving facility; and,	X			
Absent a previous appraisal/examination or receipt of the record, a health appraisal/medical examination, as outlined in this regulation, is completed on the minor within 96 hours of admission.	X			
Policy and procedures require that minors who are transferred among juvenile facilities within the same detention system, receive a written health care clearance. The health appraisal/medical examination is reviewed and updated prior to transfer and forwarded to facilities that have licensed on-site health care staff.	X			
<b>1433 Requests for Health Care Services</b>				
Policy and procedures establish a daily routine for minors to convey requests for emergency and non-emergency health care requests and include the following:	X			
There is opportunity for both written and verbal requests, with provision for minors having language or literacy barriers.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Supervision staff relays requests from the minor, initiate referrals when the need for health care services is observed, and advocate for the minor when the need for services appears urgent.	X			
Designated staff inquires and make observations regarding the health of each minor on a daily basis and in the event of possible injury.	X			
There is 24-hour opportunity for minors and staff to communicate the need for emergency health care services.	X			
There is provision for any minor requesting health care, or observed to need such care, to be given that attention by licensed or certified health care staff.	X			
All health care requests are documented and maintained.	X			
<b>1434 Consent for Health Care</b>				
Policy and procedures require informed consent for health care examinations.	X			
Examinations, treatments, and procedures requiring verbal or written consent in the community also require that consent for confined minors.	X			
There is 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.	X			
Policy and procedures are consistent with applicable statute in those instances where the minor's consent for testing or treatment is sufficient or specifically required.	X			
Conservators provide consent only within limits of their court authorization.	X			
Minors may refuse non-emergency medical and mental health care, verbally or in writing.	X			
<b>1435 Dental Care</b>				CHC Dental
Policy and procedures require that dental treatment is provided to minors as necessary to respond to acute conditions and to avert adverse effects on the minor's health. Treatment is not limited to extractions.	X			
<b>1436 Prostheses and Orthopedic Devices</b>				
Policy and procedures address the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing aids.	X			
Prostheses are provided when the responsible physician determines that the health of the minor would be adversely affected without them.	X			
Procedures for the retention and removal of prostheses comply with the requirements of Penal Code § 2656. (See guidelines discussion.)	X			
<b>1437 Mental Health Services and Transfer to a Treatment Facility</b>				
Policy and procedures require providing mental health services that include but not limited to:	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Screening for mental health problems at intake;	X			Completed at the Santa Maria Juvenile Hall
Crisis intervention and the management of acute psychiatric episodes;	X			
Stabilization of the mentally ill and prevention of psychiatric deterioration in the facility setting;	X			
Elective therapy services and preventive treatment, where resources permit;	X			
Medication support services; and,	X			
Provision for referral and admission to licensed mental health facilities for minors whose psychiatric needs exceed the treatment capability of the facility.	X			
<u>The minor may be evaluated by licensed health personnel to determine if treatment can be initiated at the juvenile facility.</u>	X			
Any minor who displays significant symptoms of severe depression, suicidal ideation, irrational, violent or self destructive behaviors, or who is receiving psychotropic medication, is provided a mental status assessment by a licensed mental health clinician, psychologist or psychiatrist.	X			
A mentally disordered minor who appears to be a danger to himself or others or to be gravely disabled, is evaluated pursuant to Penal Code § 4011.6 or Welfare and Institutions Code § 6551. Absent an emergency, unless the facility has been designated as a Lanterman-Petris-Short (LPS) facility, and minors meet the criteria for involuntary commitment under the LPS Act in Welfare and Institutions Code § 5000 et seq., all services are provided on a voluntary basis. Voluntary mental health admissions may be sought pursuant to Penal Code § 4011.8 or Welfare and Institutions Code § 6552,	X			
<b>1438 Pharmaceutical Management</b>				
Pharmaceutical policies, procedures, space and accessories include but not be limited to:	X			
Securely lockable cabinets, closets and refrigeration units:	X			
A means for the positive identification of the recipient of the prescribed medication;	X			
Administration/delivery of medicines to minors as prescribed;	X			
Confirmation that the recipient has ingested the medication;	X			
Documenting that prescribed medications have or have not been administered by whom, and if not, for what reason;	X			
Prohibition of the delivery of drugs from one minor to another:	X			
Limitation to the length of time medication may be administered without further medical evaluation;	X			
The length of time allowable for a physician's signature on verbal orders;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Training for non-licensed personnel 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 confirming ingestion of medication; and, consultation with health care staff for monitoring the minor's response to medication; and,	X			
At least annually, a pharmacist prepares a written report on the status of pharmacy services in the facility. The report is provided to the health authority and the facility administrator. (See also Title 15 § 1403.)	X			
Written protocols are consistent with pharmacy laws and regulations and limit the following functions to being performed by the identified personnel:	X			
Procurement is done only by a physician, dentist, pharmacist, or other person authorized by law.	X			
Medication storage assures that stock supplies of legend medications are accessed only by licensed health care personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and trained non-licensed staff.	X			
Repackaging is done only by a physician, dentist, pharmacist, or other persons authorized by law.	X			
Labels are prepared by a physician, dentist, pharmacist or other personnel, either licensed or trained non-licensed, provided the label is checked and affixed to the medication container by the physician, dentist, or pharmacist before administration or delivery to the minor. Labels are prepared in accordance with Business and Professions Code § 4047.5.	X			
Dispensing is only done by a physician, dentist, pharmacist, or other person authorized by law.	X			
Administration of medication is only done by licensed health care personnel who are authorized to administer medication and acting on the order of a prescriber.	X			
Licensed and trained non-licensed personnel may deliver medication acting on the order of a prescriber.	X			
Disposal of legend medication is done accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or reregistered nurse. Controlled substances are disposed of in accordance with Drug Enforcement Administration disposal procedures.	X			
There are written procedures for managing and providing over-the-counter medications to minors.	X			
<b>1439 Psychotropic Medications</b>				
Policies and procedures govern the use of voluntary and involuntary medications. These policies and procedures include, but are not limited to:	X			



ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Protocols for physicians' written and verbal orders for psychotropic medications in dosages appropriate for the minor's need;	X			
Requirements that verbal orders be entered in the minor's health record and signed by a physician within 72 hours;	X			
The length of time voluntary and involuntary medications may be ordered and administered before re-evaluation by a physician;	X			
Provision that minors who are on psychotropic medications prescribed in the community are continued on their medications pending re-evaluation and further determination by a physician;	X			
Provision that the necessity for continuation on psychotropic medication is addressed in pre-release planning and prior to transfer to another facility or program; and,	X			
Provision for regular clinical-administrative review for utilization patterns for all psychotropic medications, including every emergency situation.	X			
Psychotropic medications are not administered to a minor absent an emergency unless informed consent has been given by the legally authorized person or entity.	X			
Minors are informed of the expected benefits, potential side effects and alternatives to psychotropic medications.	X			
Absent an emergency, minors may refuse treatment.	X			
Minors found by a physician to be a danger to themselves or others by reason of a mental disorder, may be involuntarily given psychotropic medication that is immediately necessary for the preservation of life or the prevention of serious bodily harm. This can only be done 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.	X			There are two Mental Health Counselors, and two Mental Health Interns on site Mon-Fri.
Assessment and diagnosis supports the administration of psychotropic medications and administration of psychotropic medication is not allowed for coercion, discipline, convenience or retaliation.	X			
<b>1450 Suicide Prevention Program</b>				
There is a written suicide prevention plan, with policies and procedures to prevent and respond to crisis. Staff training shall include, but not be limited to, identification of t minors who present a suicide risk, appropriate monitoring of their condition and provide for the necessary treatment ,follow-up and emergency response protocols for self-injurious behaviors.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1452 Collection of Forensic Evidence</b>				
Policy and procedures assure 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 minor.			X	
<b>1453 Sexual Assaults</b>				
There is policy and procedures for treating victims of sexual assaults and for reporting such incidents, when they occur in the facility, to local law enforcement.	X			
The evidentiary examination and initial treatment of victims of sexual assault is conducted at a health facility that is separate from the custodial facility and is properly equipped and staffed with personnel trained and experienced in such procedures.	X			
<b>1454 Participation in Research</b>				
Policy and procedures govern biomedical or behavioral research involving minors and require assurances for informed consent and the safety of the minor. Such research occurs only when ethical, medical and legal standards for human research are met.			X	
Participation in research is not a condition for obtaining privileges or other rewards and the court, health administrator, and facility administrator are informed of all proposed actions.			X	
<b>1358 Use of Physical Restraints</b>				
Policies and procedures govern the use of restraint devices. The policies address: known medical conditions that would contraindicate certain restraint devices and/or techniques; acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of cardiopulmonary resuscitation equipment; protective housing of restrained minors; provision for hydration and sanitation needs; exercising of extremities.	X			
Physical restraints are utilized only when it appears less restrictive alternatives would be ineffective in controlling the disordered behavior.	X			
Restraints are used only for those minors who present an immediate danger to themselves or others, who exhibit behavior that results in the destruction of property, or reveals the intent to cause self-inflicted physical harm.	X			
Minors are placed in restraints only with the approval of the facility manager or the shift supervisor. The facility manager may delegate authority to place a minor in restraints to a physician.	X			
Continued retention in restraints is reviewed a minimum of every hour.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
A medical opinion on the safety of placement and retention is secured as soon as possible, but no later than two hours from the time of placement. The minor is medically cleared for continued retention at least every three hours after the initial medical opinion.	X			
A mental health consultation to assess the need for mental health treatment is secured as soon as possible, but in no case longer than four hours from the time of placement.	X			
Continuous direct visual supervision is conducted and documented to ensure that the restraints are properly employed and to ensure the well-being of the minor.	X			
All minors in restraint devices are housed alone or in a specified housing area for restrained minors with provisions to protect the minor from abuse.	X			
Restraints are not used as punishment, discipline, or as a substitution for treatment.	X			
The affixing of hands and feet together behind the back (hog-tying) is prohibited.	X			
<b>1359 Safety Room Procedures</b>				
Policies and procedures govern the use of safety rooms, as described in Title 24, Part 2, Section 460A.1.13.			X	
The safety room is used to hold only those minors who present an immediate danger to themselves or others who exhibit behavior that results in the destruction of property, or reveals the intent to cause self-inflicted physical harm.			X	
The safety room is not to be used for punishment, discipline, or as a substitute for treatment. Policies and procedures:			X	
Include provisions for administration of necessary nutrition and fluids, access to a toilet, and suitable clothing to provide for privacy;			X	
Provide for approval of the facility administrator, or designed shift supervisor, before a minor is placed into a safety room;			X	
Provide for continuous direct visual observation;			X	
Provide that the minor is evaluated by the facility administrator, or designee, every four hours;			X	
Provide for immediate medical assessment, where appropriate, or an assessment at the next daily sick call;			X	
Provide that a minor is medically cleared for continued retention every 24 hours;			X	
Provide that a mental health opinion is secured within 24 hours; and,			X	
Provide a process for documenting the reason for placement, including attempts to use less restrictive means of control, observations of the minor during confinement, and decisions to continue and end placement.			X	

**Summary of medical/mental health evaluation:** The Los Prietos Boys Camp is in compliance with the Title 15 Medical/Mental Health regulations with the exception of expired meds in First Aid Kits and Medical Cabinets. Report completed by: Deborah Schultz, R.N.

SMJH/LPBC Medical Department  
**CORRECTIVE ACTION PLAN**

Santa Barbara Co. Juvenile Detention Facilities

Date: October 11, 2013

Approved: Carrick Adam, MD

**Title:** Medical Office Management

**Description of Problem(s):**

Title 15 inspection revealed deficiencies in daily management of the medical office. It was evident that the turnover twice of MA staff since May 2013 had resulted in inadequate monitoring of the medical equipment.

1. The MA did not get adequate orientation/training and was unaware of specific job tasks.
2. Monitoring/calibration of equipment had not been done since May and controls were outdated.
3. There were expired items in the first aid kits (alcohol swabs and antibiotic ointment) and they had not been checked since May.
4. There were urine specimens in the Immunization refrigerator.

**Action Plan:**

1. The Medical Assistant will go through an re-orientation process with the Nurse Manager and complete a skills assessment for job tasks.
2. Nurse Coordinator will create an orientation/task check list specific for the Medical Assistant to be used for training any incoming MA.
3. The MA will be familiar with her job tasks and frequency of checking emergency kits, calibrating equipment and checking for expired products in medical office.
4. MA will familiarize herself with the Diagnostic Services Log book.
5. Diagnostic Services log updated which states frequency and procedure for calibrating equipment.
6. MA will perform a monthly check for expired items in the medical office which includes medication, immunizations and all supplies. Older items should be placed in the front so they are used first.
7. MA will check first aid kit contents monthly and order supplies as needed under the supervision of the Nurse Manager.
8. If the MA is not on site, it is the responsibility of the nurse manager, or her designee, to perform MA tasks.
9. It is the responsibility of the Nurse Manager to ensure that MA tasks are being completed and that any deficiencies are remediated.
10. Signage is now posted on immunization refrigerator noting "no food or specimens allowed" and "vaccines only".
11. It is the MA's responsibility under the supervision of the Nurse Manager, to check immunization refrigerator to ensure that there are no food or biologic specimens.
12. See Immunization CAP for details related to immunization program
13. Corrective actions were sent to staff by nurse manager and will be discussed in detail at November meeting.

**Effective:** Immediately

**Monitoring:** A review of process will occur in one month as part of the QI process. DATE: November



Correctional Pharmacy Services

MEDICATION ROOM INSPECTION for CORRECTIONAL INSTITUTIONS

FACILITY: Santa Ana Juvenile Hall

DATE: 12/11/18

√ MEETS REQUIREMENTS

X ATTENTION RECOMMENDED

D. MEDICATION HANDLING & DISPOSITION:

- 1. No Reconstituted/Compounded Medications past Expiration Date
2. Controlled Substances Storage Area is Locked
3. Keys Controlled by Appropriate Staff
4. Correct Procedure for Disposal of Discontinued/Expired Meds
5. Correct Procedure for Disposal of Controlled Substances
6. Medication Disposal Records in Order & Readily Available
7. Change of Shift Count Sheets for Controlled Substances Complete
8. Inventory Count for Controlled Substances and Sharps Equals Count Sheet Balance
9. Perpetual Inventory for Stock Medications Equals Count Sheet Balance
10. Biennial Inventory Last Date done and Copy on File at Site
11. DEA # Expiration Date Is Current and Copy Posted in Medical Area
12. State Permit # Expiration Date Is Current and Copy Posted in Medical Area
13. Copy of Maxor's DEA # Expiration Date Is Current and Posted in Medical Area
14. Copy of Maxor's State Permit # Expiration Date Is Current and Posted in Medical Area

E. EMERGENCY MEDICATION KIT:

- 1. Seal in Tact
2. No Deteriorated or Expired Meds Present
3. Current List Posted & On Kit
4. No Medication Missing and No Additional Items Present
5. Evidence that the box has been Checked Monthly, Signed and Dated
6. HIV Post Exposure Kits are within Expiration Dates

F. MISCELLANEOUS:

- 1. Proper Drug References Available
2. Policy and Procedure Manual Up to Date & Readily Available
3. Previous Recommendations Attended to

REMARKS AND RECOMMENDATIONS:

- Site meets most requirements, improvement to add Redken for PPH and stop end dates.

FACILITY REPRESENTATIVE

PHARMACIST SIGNATURE

PHARMACIST NAME (PRINT)



Correctional Pharmacy Services

MEDICATION ROOM INSPECTION for CORRECTIONAL INSTITUTIONS

FACILITY: Los Priets Boys Camp

DATE: 10/15/13

✓ MEETS REQUIREMENTS

X ATTENTION RECOMMENDED

D. MEDICATION HANDLING & DISPOSITION:

- 1. No Reconstituted/Compounded Medications past Expiration Date ..... NA
2. Controlled Substances Storage Area is Locked ..... X
3. Keys Controlled by Appropriate Staff ..... X
4. Correct Procedure for Disposal of Discontinued/Expired Meds ..... X
5. Correct Procedure for Disposal of Controlled Substances ..... X
6. Medication Disposal Records in Order & Readily Available ..... X
7. Change of Shift Count Sheets for Controlled Substances Complete ..... X
8. Inventory Count for Controlled Substances and Sharps Equals Count Sheet Balance ..... X
9. Perpetual Inventory for Stock Medications Equals Count Sheet Balance ..... X
10. Biennial Inventory Last Date done 10/1/2013 and Copy on File at Site ..... X
11. DEA # BA5706405 Expiration Date 6/30/2015 Is Current and Copy Posted in Medical Area ..... X
12. State Permit # A65083 Expiration Date 7/31/2015 Is Current and Copy Posted in Medical Area ..... X
13. Copy of Maxor's DEA # FM 0301503 Expiration Date 1/31/2016 Is Current and Posted in Medical Area ..... X
14. Copy of Maxor's State Permit # 020000302 Expiration Date 4/30/2015 Is Current and Posted in Medical Area ..... X

E. EMERGENCY MEDICATION KIT:

- 1. Seal in Tact ..... X
2. No Deteriorated or Expired Meds Present ..... X
3. Current List Posted & On Kit ..... X
4. No Medication Missing and No Additional Items Present ..... X
5. Evidence that the box has been Checked Monthly, Signed and Dated ..... X
6. HIV Post Exposure Kits are within Expiration Dates ..... NA

F. MISCELLANEOUS:

- 1. Proper Drug References Available ..... X
2. Policy and Procedure Manual Up to Date & Readily Available ..... X
3. Previous Recommendations Attended to ..... X

REMARKS AND RECOMMENDATIONS:

- Control Substances should be kept separately from non controlled medications
- Please be sure to document rationale for P&W usage.
- Please be sure to have control log signed timely a few gaps noted

Lucia Perez FACILITY REPRESENTATIVE

[Signature] PHARMACIST SIGNATURE

Vyen Nguyen, PharmD PHARMACIST NAME (PRINT)



Correctional Pharmacy Services

416 Mary Lindsay Polk Drive, Suite 515
Franklin, Tennessee 37067
(615) 771-1436 (800) 833-2510

MEDICATION ROOM INSPECTION for CORRECTIONAL INSTITUTIONS

FACILITY: Los Prietos Boys Camp

DATE: 10/15/13

MEETS REQUIREMENTS

X ATTENTION RECOMMENDED

A. MEDICATION STATION AND STORAGE:

- 1. Medication Room Locked
2. Medication Carts Locked
3. Locks on Carts working Properly
4. Keys Controlled by Appropriate Staff
5. Medication Room/Carts Clean
6. Patient Meds Stored Separately
7. Externals Separate from Internals
8. Non-Drug Items sorted Separately
9. Medication stored in accordance within manufacturer's recommendations
10. Refrigerator at Correct Temperature (36°-46°) 46 °F
11. Medication Refrigerator Contains only Medications and Adjunctive Foods
12. Lighting and Ventilation Adequate
13. Multiple dose parenterals dated when opened and discarded within the time frame allotted by manufacturer

B. MEDICATIONS AND LABELS (RANDOM SAMPLES):

- 1. Prescription Meds Properly Labeled
2. Inmate Specific Labels Are Not Altered
3. Non-Prescription Meds Properly Labeled
4. No Unlabeled or Hand-labeled Containers of Medications
5. No Discontinued Meds & Meds from Discharged Patients on Hand
6. No Expired Meds on Hand
7. No Deteriorated Meds on Hand

C. MEDICATION ADMINISTRATION & ORDERS (RANDOM SAMPLES):

- 1. Start Date & Stop Date Listed on MAR
2. Stop Date is Not Exceeded
3. P R N Medications are Documented with Reasons
4. Medication Exceptions being Properly Documented (Refusals, Inmate Out of Facility, etc.)
5. Medications Being Administered Within Acceptable Parameters of Pass-time
6. Personnel Administering Medication have Signed and Initialed the MAR

SMJH/LPBC Medical Department  
**CORRECTIVE ACTION PLAN**  
Santa Barbara Co. Juvenile Detention Facilities

**Date:** October 16, 2013

**Approved:** Carrick Adam, MD

**Title:** Pharmacy Inspection- Maxor

**Description of Problem(s):**

Our first Maxor inspection had several deficiencies.

1. Youth Specific labels had been altered.
2. Medication that had been discontinued or for youth whom had been released were still on site.
3. Start and Stop dates were not consistently placed on MARS.
4. Many PRN medications given did not have reason for medication.
5. Medication disposal records were not in order and were not readily available.

**Action Plan:**

1. Medications may not be re-dispensed, even by a physician.
2. Medication ordered for a specific youth that has been discontinued will be placed in medication bin for return to Maxor.
3. Stock blister packs may only be dispensed by the MD. She/he is responsible for labeling medication/verifying correct labeling and must sign label.
4. Medications to be returned to Maxor will be logged into the "Pharmacy Returns" binder and entered into pharmlinks website by the RN. These procedures are in the Maxor binder.
5. Controlled Substances are entered into the pharmlinks website "controlled" category and they are shipped out more frequently (within a week). A DEA form 222 is completed for each controlled substance blister pack. Medications are controlled daily by two nurses.
6. Medications will be returned to Maxor monthly.
7. Start and stop dates will be placed on the MARs.
8. Reason for giving prn medication will be placed on MAR.
9. These procedures will be reviewed at the next nurses meeting and at next probation meeting.
10. Discussed with physician procedures for dispensing medications.
11. An email will be sent to medical staff and Core trained staff regarding deficiencies and corrective action.

**Effective:** Immediately

**Monitoring:** A review of process will occur in 6 weeks as part of the QI process. Date: December



**CAIR**  
**Vaccine Usage Report ( CA State version : New Logic 4-1-2004 )**

Vaccination Provider: 42CORIZON-SM  
Patient Provider Group: All Groups  
Vaccinations: 01/01/2013 To 12/31/2013

*658 vaccines given*

A. VACCINE ADMINISTERED: Number of Immunizations by Age Group

Vaccine	<1	1	2	3-4	5	6-9	10-14	15-18	19+	Total
FLU - 1							12	105		117
Subtotal:							12	105		117

Vaccine	<1	1	2	3-4	5	6-9	10-14	15-18	19+	Total
HAV - 1								8		8
HAV - 2							1	12		13
Subtotal:							1	20		21

Vaccine	<1	1	2	3-4	5	6-9	10-14	15-18	19+	Total
HBV - 1								1		1
HBV - 3								2		2
HBV - 4								1		1
Subtotal:								4		4

Vaccine	<1	1	2	3-4	5	6-9	10-14	15-18	19+	Total
HPV - 1							14	81		95
HPV - 2							18	79		97
HPV - 3							20	121		141
HPV - 4								1		1
Subtotal:							52	282		334

Vaccine	<1	1	2	3-4	5	6-9	10-14	15-18	19+	Total
IPV - 4								8		8
Subtotal:								8		8

Vaccine	<1	1	2	3-4	5	6-9	10-14	15-18	19+	Total
MCV4 - 1							4	29		33
MCV4 - 2							1	103		104
MCV4 - 3								1		1
Subtotal:							5	133		138

**CAIR**  
**Vaccine Usage Report ( CA State version : New Logic 4-1-2004 )**

Vaccination Provider: 42CORIZON-SM

Patient Provider Group: All Groups  
 Vaccinations: 01/01/2013 To 12/31/2013

A. VACCINE ADMINISTERED: Number of Immunizations by Age Group

Vaccine	<1	1	2	3-4	5	6-9	10-14	15-18	19+	Total
MMR - 2							1			1
Subtotal:							1			1

Vaccine	<1	1	2	3-4	5	6-9	10-14	15-18	19+	Total
Tdap - 2								1		1
Tdap - B								6		6
Subtotal:								7		7

Vaccine	<1	1	2	3-4	5	6-9	10-14	15-18	19+	Total
VZV - 1								2		2
VZV - 2							7	19		26
Subtotal:							7	21		28

<b>Vaccination Totals:</b>							78	580		658
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SANTA BARBARA JUVENILE CQI SUMMARY - 2013

CQI Monthly Studies									
Month	Health Assessment	Receiving Screening	Diagnostic Services	CAD Intake	Chronic Care	MH - Major Depression	Site Average	Site Average	Site Average
JANUARY	Emergency Response	Emergency Plan	Women's Health-Pregnancy	Asthma Intake	Asthma	N/A	N/A	N/A	100%
FEBRUARY	Dental Care	Injury Care	Infection Prevention-IT	CAD Intake #2	CAD - CCC #2		Site Average	Site Average	100%
MARCH	MH Refusal of Tx	N/A	N/A	N/A	N/A		Site Average	Site Average	100%
APRIL	N/A	Suicide Prevention	Asthma Intake #2	Asthma - CCC #2	Mental Health - SCHSD		Site Average	Site Average	100%
MAY	Master Problem List	Withdrawal Policy	Diabetes Intake	Diabetes-CCC	Women's Health-Prep	MH - Master Pro. List	Site Average	Site Average	99%
JUNE	Informed Consent	Segregation Policy	Seizure Intake	Seizure-CCC			Site Average	Site Average	100%
JULY	Sick Call - Nursing Encounter	Infection Prevention	Diabetes Intake #2	Sick Call - MH	Diabetes-CCC #2		Site Average	Site Average	100%
AUGUST	Health Assessment	Receiving Screening	Diagnostic Services	CAD Intake	CAD - Chronic Care	Medical Records Monitoring	Site Average	Site Average	99%
SEPTEMBER	Medical Administration Record	Infection Prevention - Biohazard Waste	Seizure Intake #2	Physicians Orders	Immunizations		100%	Site Average	100%
OCTOBER	Transfers ED prior 90 days	Therapeutic Restraint Policy	HIV Disease Intake	HIV Disease-CCC	MH: Bipolar Disease		90%	Site Average	98%
NOVEMBER	MRSATZ	Women's Health Pres #1	MH Receiving Screening Falls	Infection Prevention - BBP			N/A	#DIV/0!	100%
DECEMBER	Special Needs Treatment Plan	Clinic Space Equip & Supplies	HIV Disease Intake #2	HIV Disease-CCC	MH Treatment Plan		N/A	Site Average	100%



Santa Maria Juvenile and Los Prietos Boys Camp  
Medical, Mental Health, and Corrections Committee

MINUTES

Meeting: Medical, Mental Health and Corrections Committee  
Date: 12/11/13  
Time: 0930-1030  
Present: Carol Aguiar, RN; Carrick Adam, MD; Laurie Holbrook, Lee  
Bethel, Lisa Conn, MFT, Debra Mood, RN

=====

- I. Welcome
  - a. Minutes from September 2013 meeting reviewed.
    - i. Follow up items discussed. Cost comparison for dental services done showed mobile dentistry by CHC is not cost-effective so dental services will continue to be out of facility at CHC as needed.
    - ii. Title 15 audit report has not been received. Ms. Holbrook will follow up with PHD on 2013 report.
    - iii. Minutes approved.
  - b. Statistical report reviewed. Lee commented on decrease of nursing and doctor sick calls with decreasing census.
    - i. Discussed use of lotion at the SMJH. At camp, lotion is available to all youth after showers. Medical believes that lotion available at SMJH after showers would significantly reduce the number of nursing sick calls as well as OTC doses. Lee states she will look into this issue.
- II. Medical
  - a. IMQ accreditation audit reviewed. Final report will not be available until January 2014 IMQ meeting. Lisa reports that charting issue at SMJH has been resolved. Suicide awareness posters are getting ordered and will be placed on units.
  - b. Title 15 audit reviewed. Discussed Corrective Action Plan and follow up for deficiencies noted on the audit. QI for this is ongoing.
  - c. Pharmacy audit and Immunization audit discussed. QI ongoing.
- III. Probation
  - a. SMJH
    - i. Discussed Suicide Policy Revision meeting. Laurie would like to participate in any future meetings.
    - ii. Female Specific Programming. Discussed plans for female specific program at SMJH. A weekly female

group is currently in its second week in classroom 5B. Lisa discussed that current group will focus on Psycho-education, DBT approach and contingency management while awaiting consensus on specific program from Female Specific work group.

b. LPBC

- i. Laurie reported that the consolidation of camps went smoothly.
- ii. Laurie and Lisa reported that since they re-introduced squad counseling by probation staff, referrals to mental health providers has dropped significantly.
- iii. Laurie reported that she will be looking into having nutritionist look at portion sizes.

c. General

- i. Lee reported on Use of Force audit conducted by outside consultant. There was a general discussion regarding use of force and isolation practices with mentally ill youth and youth with intellectual disabilities.
- ii. Probation policies will be updated in 2014 and will need input from Medical and Mental health for policies that specify approval from either the responsible medical or mental health authority.

IV. Mental Health

- a. MRT is up and running at camp and SMJH as well as the SM ARRC. MRT will not begin at the SB ARRC until the SM ARRC is fully implemented.
- b. Lisa discussed timeline for hiring a full time staff.
- c. Lisa commented that having a designated mental health staff in the female unit for two hours a day has significantly reduced referrals. MH presence has also helped support unit staff.
- d. Treatment plans are now located in a binder in each unit for staff to review. Lisa believes that staff are buying in and utilizing treatment plan techniques more since they are easier to access.

V. Other:

- a. Lisa summarized county wide Trafficking Task Force meetings.
- b. There was discussion regarding developing protocols for suspected trafficked youth who enter the facilities.
- c. There was discussion on pursuing NCCHC accreditation which will be discussed at next MAC meeting after some information gathering.
- d. **The next meeting is scheduled for Wednesday, March 13 at 0930 at Los Prietos Boys Camp.**

Action	Who	Due
Order Suicide Prevention Manual for Probation	Carol Aguiar	immediately
Enlarge and Laminate "My Brothers/Sisters Keeper" handout and place in treatment rooms in units.	Carrick Adam Carol Aguiar	January 1
Contact MH auditor to get information on free Suicide Prevention Posters	Lisa Conn	January 1
Send NCCHC link to Lisa	Carrick Adam	immediately
Feasibility study for NCCHC accreditation	Carrick Adam Lisa Conn	March MAC meeting
Send contact information of FBI agent on Trafficking task force in LA	Laurie Holbrook	January 1
Check status of Title 15 report	Laurie Holbrook	January 1
Lotion for youth at SMJH	Lee Bethel	March MAC meeting
Include LPBC in suicide policy meetings	Brian Swanson	?
Medical and MH protocols for suspected or known trafficking victims?	Lisa and Carrick	?



Santa Maria Juvenile and Los Prietos Boys Camp  
Medical, Mental Health, and Corrections Committee

MINUTES

Meeting: Medical, Mental Health and Corrections Committee  
Date: 03/12/2013  
Time: 0930-1100  
Attended: Brian Swanson, Spencer Cross, Carrick Adam, Carol Aguiar,  
Beverly Alexander, Elizabeth Melero, Jeff Hardesty



- I. Dr. Adam reported that preparation for IMQ inspection has begun. Current accreditation expires in November 2013.
- II. Physician External Peer review for 2012 is almost complete. Dr. Adam reported that no major issues identified at this point. Final report will be done at end of month.
- III. Carol Aguiar reported that interviews for open HSA position are in progress and it is anticipated that it will be filled in the next 2-3 weeks. Debra Mood, RN is the current acting HSA.
- IV. Dr. Adam reported large discrepancy with ANB pricing on a few mental health medication compared to local pharmacy pricing. Jeff Hardesty had obtained cost comparison between ANB and two local pharmacies. This comparison was passed up to probation administration. Mr. Swanson reported that probation is looking into joining with Sheriff as they re-negotiated pharmacy contract.
- V. Mr. Cross announced that Laurie Holbrook has been promoted to manager at LPBC. He has been informed that her position will be back-filled in 35-45 days. Until then, Mr. Cross will be acting supervisor for both camps.
- VI. Mr. Cross requested notification if nursing will not be there at designated time.
- VII. Probation discussed MRT groups that are occurring at both facilities. At least 8 probation staff and most mental health staff have been trained on MRT. There is currently one group at each facility in progress. Mr. Cross described the peer driven program and stated main concern is funding for books (each is \$28 dollars).
- VIII. Mr. Swanson reported that most full time staff has been trained on PREA and that they are transitioning to those with periodic contact with youth (such as community organizations). Mr. Swanson will look into whether mental health staffs from clinics that see kids periodically need training.
- IX. Mr. Hardesty reported that ADMHS has been notified that they will not continue services at juvenile sites when contract is up. He

states that mental health will be available for transition planning and training, if needed.

There being no further business, the meeting was adjourned.

**The next Juvenile MAC meeting is scheduled for June 11, 2013 at Santa Maria Juvenile Hall.**



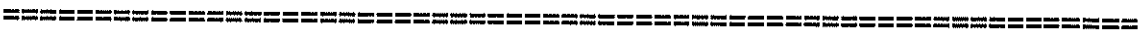


Santa Maria Juvenile and Los Prietos Boys Camp

Medical, Mental Health, and Corrections Committee

MINUTES

Meeting: Medical, Mental Health and Corrections Committee  
Date: 06/11/2013  
Time: 0930-1030  
Present: Jeff Hardesty, MH; Carol Aguiar, RN; Carrick Adam, MD;  
James Steels



- I. Medical
  - a. Discussed IMQ preparation. Application sent to Probation and Mental Health for details. Once all information is collected, medical will send to IMQ and secure date. Discussed preparation and need for inter-department communication and support.
  - b. Corizon External Peer Review was completed by Dr. Kayumi. Results discussed with Deputy Chief Bethel and at nursing meeting. Results available for review by administration staff.
  - c. Dr. Adam discussed CQI committee purpose and discussed highlights from meeting.
- II. SMJH/LPBC Operations
  - a. Nothing to report
- III. Mental Health
  - a. ADMHS External Peer Review is complete. Results will be available for IMQ inspection.
  - b. Transition between ADMHS and Corizon if/when contract accepted by BOS:
    - i. ADMHS policy and procedure manual are complete and have been turned into probation to review. After this they will give Corizon a copy.
    - ii. ADMHS is in process of making lists of daily activities and protocols for activities.
    - iii. ADMHS has not determined which staff will be part of transition team.
  - c. MRT is progressing. Lisa Conn is starting MRT group in ARRC and continues to monitor fidelity of programming. There was discussion of training Corizon staff in MRT if contract is approved.
  - d. The top ten meeting has been cancelled due to lack of participation.

**The next meeting is scheduled for Wednesday, September 11 at 0930 at Los Prietos Boys Camp.**

<b>Action</b>	<b>Who</b>	<b>Due</b>
IMQ Application	Carol Aguiar	July 15
Complete ADMHS P&P	Jeff Hardesty	July 1



**Medical, Mental Health, Probation  
MAC Meeting  
September 11, 2013**

Attendees: Lee Bethel, Laurie Holbrook, Brian Swanson, Carol Aguiar, Carrick Adam, James Steels, Michael Craft, MFT.

1. Minutes of June 11 MAC meeting reviewed. No revisions noted.
2. Action items reviewed:
  - a. IMQ application sent and date for inspection is November 4 and 5.
  - b. ADMHS policies are being reviewed by Probation administration and will be sent to medical for review and cross referencing.
3. Dr. Adam discussed IMQ preparation and dates. She will send out questionnaire to help aid in preparing for inspection.
4. Protocols for Over the Counter medication were reviewed. Probation staff may not give OTC medication unless it is written on MAR as per MD order or by RN following a nursing protocol. If the requested OTC is not on the MAR, a medical referral should be completed for the complaint given. If it is deemed an urgent medical issue and medical staff is not on site, call on-call MD to discuss.
5. Dr. Adam discussed that the Santa Barbara County PHD will be performing the "Title 15" audit on October 11, 2013 at Santa Maria Juvenile Hall and date TBD for LPBC. Someone from probation and mental health needs to be available to answer questions. Review of last year's title 15 checklist is recommended before the audit. This will be sent to ADMHS and Probation for review.
6. Mr. Steels summarized meeting with CHC dental last week with Dr. Adam. The discussion regarding once monthly mobile dentistry at SMJH which can serve 8-12 youth at a time for x-rays, fillings, extractions, etc. The cost is \$2400/day. This service does not include root canals or complicated extractions and emergency dental care would still need to occur off-site. Mr. Steels was asked to get a written proposal and submit to Lee so executives can discuss at upcoming meeting.
7. Lee Bethel asked Dr. Adam to find out what dental services are provided at Ventura County and how often dental is on-site.
8. Michael Craft discussed policy revisions.
9. Michael Craft informed group that Jeff Hardisty will be returning to the Juvenile Justice Mental health team as the JJCPA mental health clinician.

10. Statistics were reviewed and discussed.

Request proposal from CHC	James Steels
Call Ventura County for dental information	Carrick Adam
ADMHS policies	Jason Tarman

## Statistical Report

	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEPT	OCT	NOV	DEC
Average Daily Population	77	68	72	66	80	73	53	56	59	66	70	62
Average Monthly Intakes	106	97	107	109	152	92	67	101	91	111	111	72
Grievances												
1. Medical	0	0	0	0	0	0	0	1	0	0	0	1
2. Mental Health	0	1	0	0	0	0	0	0	0	0	0	0
Youths Deaths												
Physician Services												
1. MD Sick Call	138	93	91	101	113	100	83	118	110	133	118	106
2. Annuals	13	25	29	20	39	15	10	21	31	24	23	13
Total	151	118	120	121	152	115	93	139	141	157	141	119
Nursing Services												
1. Nursing Sick Call	264	221	215	141	223	206	237	230	214	191	235	249
2. Pregnancy	2	1	1	1	1	4	3	1	1	1	0	0
3. Interval Evaluations	34	15	32	102	28	19	61	20	14	16	22	30
4. PPD's Administered	32	41	39	44	71	26	18	36	18	33	34	17
5. Other Immunizations	84	37	34	23	49	16	9	21	28	65	73	45
Total	416	315	321	311	372	271	328	308	275	306	364	341
1. Positive PPD's	0	2	3	3	1	1	3	4	1	2	4	0
2. Positive STD's	3	0	3	5	1	3	3	4	2	5	3	4
Mental Health Services												
1. Psychiatrist Contacts	24	25	24	19	27	23	13	9				
2. Medical Referrals to M/H	18	15	12	10	12	4	9	3	4	2	14	8
3. Mid Month Pysch Med Count	12	12	12	13	13	14	8	6	7	11	8	10
Medications												
1. Total Doses of MH meds	913	921	946	978	899	590	356	277	424	666	308	570
2. Total Doses of Rx Meds	725	329	517	512	751	784	469	327	541	836	439	456
3. Total Doses of OTC meds	1608	937	1087	840	1013	867	829	888	505	704	928	1011
Total	3246	2187	2550	2330	2663	2241	1654	1492	1470	2206	1675	2037
4. Youths on MH meds	22	27	25	24	31	20	14	14	36	22	22	21
5. Youths on Rx meds	31	27	26	33	44	40	23	19	73	33	19	33
6. Youths on OTC meds	61	64	56	55	76	64	62	62	43	62	73	55
Total	114	118	107	112	151	124	99	95	152	117	114	109
7. Youths on TB meds	0	0	0	0	1	1	2	1	2	1	0	0
8. Youths on HIV/AIDS meds	0	0	0	0	0	0	0	0	0	0	0	0

Statistical Report

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
<b>Inpatient Hospital Services</b>												
1. Hospital Admissions	0	0	0	0	0	0	0	0	0	0	0	0
2. Hospital Days	0	0	0	0	0	0	0	0	0	0	0	0
<b>Emergency Hospital Services</b>												
1. 911 Transports	0	0	0	0	0	0	0	0	1	0	0	0
2. Probation Transports	0	1	0	0	3	0	2	0	1	1	0	2
3. Emergency Treatment Only	0	1	0	0	3	1	2	0	2	1	0	2
<b>Total</b>	0	1	0	0	3	1	2	0	2	1	0	2
<b>Out Patient Services</b>												
1. Public Health	6	1	2	5	4	5	10	3	5	2	1	1
2. Dental Office	4	2	2	2	3	6	4	4	1	2	1	3
3. Private Office Appointments	5	2	6	4	2	6	4	3	7	3	4	0
4. Out Patient surgeries	0	0	0	0	1	0	0	0	1	0	0	0
<b>Radiology Services</b>												
1. Out Patient X-rays	7	6	3	10	2	2	7	6	8	13	9	1
<b>Radiology Services Total</b>	7	6	3	10	2	2	7	6	8	13	9	0
<b>Laboratory Service</b>												
Specimens Processed	42	65	61	71	74	51	33	50	62	66	66	46
New Charts Processed	22	23	25	31	23	12	14	16	24	13	22	12
24 hours sick call missed	0	0	0	0	0	0	0	0	0	0	0	0
96 hours evaluation (missed)	0	0	0	0	0	0	0	0	0	0	0	0
Preg youth actual referral within 7 days	1	1	0	1	1	4	3	1	0	0	0	0
New Preg Intakes	1	1	0	1	1	1	4	0	0	0	0	0
HIV /AIDS actual referral within 7 days	0	0	0	0	0	0	0	0	0	0	0	0
HIV / AIDS Youth in custody	0	0	0	0	0	0	0	0	0	0	0	0

Statistical Report

	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEPT	OCT	NOV	DEC
Average Daily Population	56	60	59	62	62	61	54	47	53	56	48	41
Youths Deaths												
Grievances												
1. Medical	0	0	0	0	0	0	0	0	0	0	0	0
2. Mental Health	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0
Physician Services												
1. MD Sick Call	43	30	35	42	36	51	44	31	41	40	24	29
2. Annuals	1	0	0	0	0	0	0	0	0	0	1	3
Total	44	30	35	42	36	51	44	31	41	40	25	32
Nursing Services												
1. Nursing Sick Call	318	371	405	476	382	281	316	201	171	171	142	143
2. Immunization	43	6	12	5	0	0	11	6	1	40	0	12
3. PPD's Administered	2	1	0	0	0	0	1	0	2	4	0	4
Total	363	378	417	483	382	281	328	207	174	215	142	159
1. Positive PPD's	0	0	0	0	0	0	0	0	0	0	0	1
2. Positive STD's	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health Services												
1. Psychiatrist Contacts	24	16	22	23	26	24	15	15	0	0	0	0
2. Medical Referrals to M/H	0	0	2	4	4	8	1	0	0	0	0	0
3. Mid Month Psych Med Count	24	19	20	20	17	20	14	10	14	15	10	10
Medications												
1. Total Doses of MH meds	883	782	820	865	728	852	738	484	530	552	418	281
2. Total Doses of Rx Meds	864	884	820	657	742	588	634	380	452	584	599	341
3. Total Doses of OTC meds	682	647	740	1290	688	767	682	586	864	620	668	545
Total	2429	2313	2380	2812	2158	2207	2054	1450	1846	1756	1645	1167
4. Youths on MH meds	23	19	23	23	16	17	15	13	12	17	13	10
5. Youths on Rx meds	24	26	28	28	27	20	23	16	18	22	17	18
6. Youths on OTC meds	50	46	54	58	60	59	46	39	46	48	38	30
Total	97	91	105	109	103	96	84	68	76	87	68	58
7. Youths on TB meds	2	1	1	0	0	0	0	0	1	0	0	3
8. Youths on HIV/AIDS meds	0	0	0	0	0	0	0	0	0	0	0	0

Statistical Report

2013

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
<b>Inpatient Hospital Services</b>												
1. Hospital Admissions	0	0	0	0	0	0	0	0	0	0	0	0
2. Hospital Days	0	0	0	0	0	0	0	0	0	0	0	0
<b>Emergency Hospital Services</b>												
1. 911 Transports	0	0	0	0	0	1	0	0	0	0	0	0
2. Probation Transports	2	0	3	0	0	0	0	2	0	0	0	0
3. Emergency Treatment Only	2	0	3	0	0	1	0	2	0	0	0	0
<b>Total</b>	2	0	3	0	0	1	0	2	0	0	0	0
<b>Out Patient Services</b>												
1. Public Health	1	1	0	1	2	0	1	1	1	0	1	0
2. Dental Office	7	3	7	4	4	1	2	5	6	6	6	3
3. Private Office Appointments	4	2	3	4	6	1	4	2	4	1	2	3
4. Out Patient surgeries	0	0	1	0	0	0	0	0	0	0	0	0
<b>Radiology Services</b>												
1. PHD Xrays	0	0	2	1	1	1	4	1	1	1	1	0
2. Out Patient Xrays	1	0	0	0	0	0	0	0	0	1	0	0
<b>Radiology Services Total</b>	1	0	2	1	0	1	4	1	2	2	1	0
<b>Laboratory Service</b>												
1. Specimens Processed	0	0	2	0	2	1	0	3	0	1	2	2
<b>24 hour sick calls (missed)</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>Youths on HIV/AIDS Meds</b>	0	0	0	0	0	0	0	0	0	0	0	0



2014

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

**Santa Maria Juvenile Hall**

**Date: August 25, 2014**

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 8. Health Services</b>				
<b>1400 Responsibility For Health Care Services</b>				
Health care services are provided to all minors.	X			Medical and Dental services are contracted through CORIZON, which is under the supervision of Health Service Administrator Debra Mood. Mental Health Services is contracted out to Adult Drug & Mental Health Services (ADMH) under the supervision of Dr. Tilton, Psychiatrist.
There is a designated health administrator who, in cooperation with the mental health director and the facility administrator, has responsibility for administrative health care policies.	X			
A responsible physician is designated to develop policy in health care matters involving clinical judgments.	X			Policy and Procedure: J-115
<b>1401 Patient Treatment Decisions</b>				
Clinical decisions about the treatment of individual minors are the sole province of licensed health care professionals operating within the scope of their license and within facility policy.	X			
Security policies and procedures apply to both child supervision and health care personnel.	X			
<b>1402 Scope of Health Care</b>				
Policy and procedures define which health care services are provided in the facility and which services are provided through community providers.	X			
There is at least one physician available to provide treatment.	X			Dr. Carrick Adam is the physician on staff at the Santa Maria Juvenile Hall.
Health care services meet the minimum requirements of these regulations and are provided at a level to address acute symptoms and/or conditions and avoid preventable deterioration of the minor's health while in confinement.	X			
Staff, space, equipment, supplies, materials and resource manuals are adequate for the level of health care provided in the facility.	X			
There is provision for parents, guardians, or other legal custodians to arrange for health care that is permitted by law, at their expense.	X			
<b>1403 Health Care Monitoring and Audits</b> <i>(Applicable to facilities with on-site health care staff)</i>				
There are policies and procedures to collect statistical data and submit at least annual summaries of health care services to the facility administrator.	X			
There are policies and procedures requiring that the quality and adequacy of health care services are assessed at least annually.	X			
There is a process for correcting identified deficiencies in the medical, dental, mental health and pharmaceutical services delivered.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The health administrator provides the facility administrator with an annual written report on medical, dental, mental health and pharmaceutical services. <i>(Inspectors are requested to verify existence of these reports.)</i>	X			
At least quarterly, there are documented administrative meetings between health and facility administrators to review medical, mental health and medical services.	X			
<b>1404 Health Care Staff Qualifications</b> <i>(Applicable to facilities with on-site health care staff)</i>	X			
Recruitment education and experience requirements are consistent with those in the community.				
There are policies and procedures to assure that state license, certification, or registration requirements and restrictions that apply in the community, also apply to health care personnel in the facility	X			
Health care staff credentials are on file at the facility or another central location where they are available for review. Policies and procedures require that these credentials are periodically reviewed and remain current.	X			All nursing and medical licenses are current. CPR licenses are current.
Position descriptions and actual practice reflect that health care staff receive the supervision required by their license and operate within the scope of their practice.	X			
<b>1405 Health Care Procedures</b> <i>(Applicable to facilities with on-site health care staff)</i>	X			
When the responsible physician determines that a clinical function can be delegated to health care staff other than a physician, that function is performed by staff operating within their scope of practice, pursuant to written protocol standardized procedures or direct medical order.				
<b>1406 Health Care Records</b> <i>(Applicable to facilities with on-site health care staff)</i>	X			Random chart reviews are complete and up-to-date. Recommend on screening intake to add: Do You Have a Cough, of any duration? And establish a Respiratory Policy.
Complete, individual and dated health records are maintained and include, but are not limited to:				
Intake health screening form <i>(Note: The intake screening form may also be included in the probation file as a non-confidential document. See guidelines for discussion.)</i> ;	X			
Health appraisals/medical examinations;				
Health service reports (e.g., emergency department, dental, psychiatric and other consultations);	X			
Complaints of illness or injury;	X			
Names of personnel who treat prescribe, and/or administer/deliver prescription medication;	X			
Location where treatment is provided;	X			
Medication records in conformance with Title 15 § 1438;	X			
Progress notes;	X			
Consent forms;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Authorization for release of information;	X			
Copies of previous health records;	X			
Immunization records; and,	X			
Laboratory reports.	X			
Policies/procedures and practice require that health records are in a locked area separate from the confinement record.	X			The Santa Maria Juvenile Hall keeps all Health records in locked Medical Office.
The health administrator controls access to health records and confidentiality laws related to provider-patient privilege apply. Minors are not used to translate confidential medical information for non-English speaking minors.	X			
Health records are retained in accordance with community standards.	X			
<b>1407 Confidentiality</b> Policy and procedures for multi-disciplinary sharing of health information, address providing information to the court, child supervision staff and to probation. Information from minors' (probation) case files is shared with health care staff when relevant.	X			
The nature and extent of information shared is appropriate to: treatment planning; program needs; protecting the minor or others; facility management; security or preservation of safety; and order.	X			
Information can be communicated confidentially at the time of health encounters.	X			
<b>1408 Transfer of Health Care Summary Records</b> Policy and procedures assure that:  A summary of the health record, in an established format, or documentation that no health record exists in the facility, is transferred to another jurisdiction prior to or at the time of transfer;	X			
Relevant health records are forwarded to the health care staff of the receiving facility;	X			
Advance notification is provided to the local health officer in the sending jurisdiction and the responsible physician of the receiving facility prior to the release or transfer of minors with known or suspected active tuberculosis disease;	X			
Written authorization from the parent and/or legal guardian is obtained prior to transferring copies of actual health records, unless otherwise provided by court order, statute or regulation having the force and effect of law; and,	X			
Confidentiality of health records is maintained during transfer.	X			
After minors are released to the community, health record information is transmitted to community physicians or health care facilities upon the request and with written authorization of the minor and/or parent or guardian.	X			
In facilities without on-site health care staff, policies and procedures assure that child supervision staff forward non-confidential information on medications and other treatment orders, prior to or at the time of transfer.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1409 Health Care Procedures Manual</b> ( <i>Applicable to facilities with on-site health care staff</i> )  There is a facility-specific health services manual for written policies and procedures that, at a minimum, address all health care related standards that are applicable to the facility. ( <i>Note: "Facility specific" means that policies and procedures for that facility are included. In multi-facility systems policies and procedures for more than one facility in that system may be included in the same manual.</i> )	X			CORIZON has a medical procedure manual for health care services on location in Medical Office.
The manual is available to all health care staff, the facility administrator, the facility manager, and other individuals as appropriate to ensure effective service delivery.	X			
There is a documented annual review of the health care procedures manual, with revisions as necessary.	X			
The facility administrator, the facility manager, the health administrator and the responsible physician have approved and signed the manual.	X			
<b>1410 Management of Communicable Diseases</b>  Policy and procedures have been developed in cooperation with the local health officer to address the identification, treatment, control and follow-up management of communicable diseases. Policy and procedures include:	X			Dr. Charity Thoman –Deputy Health Officer consults on Infectious Disease. Policy and Procedure: Y-B-1 Recommend establish a Respiratory and Cough Policy
Intake health screening procedures;	X			Recommend changing cough screening length from three weeks to one week.
Identification of relevant symptoms;	X			
Referral for medical evaluation;	X			
Treatment responsibilities during detention;	X			
Coordination with public and private community-based resources for follow-up treatment;	X			
Applicable reporting requirements, and,	X			
Strategies for handling disease outbreaks.	X			
Policies and procedures are updated as necessary to reflect local disease priorities.	X			
<b>1411 Access to Treatment</b> Policy and procedures provide unimpeded access to health care.	X			
<b>1412 First Aid and Emergency Response</b>  Policy and procedures assure access to first aid and emergency services.	X			C.O. Emergency Policy and Procedure: 4124 Policy and Procedure: Y-A-7, J-111
First aid kits are available in designated areas of each juvenile facility.	X			First Aid Kits are located in each living Unit as well as in the Medical Clinic. All Kits are up-to-date. All AEDs are up-to-date.
The responsible physician approved the contents, number, location and procedure for periodic inspection of the first aid kits.	X			
Child supervision and health care staff is trained and there are policies and procedures to respond to emergencies requiring first aid.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1413 Individualized Treatment Plans</b> <i>(Excluding Special Purpose Juvenile Halls)</i>				
Policy and procedures direct that health care treatment plans are developed for minors who receive services for significant health care concerns.	X			
Health care treatment plans are considered in facility program planning.	X			
Health care restrictions do not limit participation in school, work, exercise and other programs beyond what is necessary to protect the health of the minor or others.	X			
Medical and mental health information is shared with supervision staff in accordance with §1407 for purposes of programming, treatment planning and implementation.	X			
Program planning includes pre-release arrangements for continuing health care, together with participation in relevant programs upon release.	X			
Minors who are suspected or confirmed to be developmentally disabled are referred to the local Regional Center for the Developmentally Disabled within 24 hours of identification, excluding holidays and weekends. <i>(See also Title 15 § 1355, Assessment and Plan)</i>	X			
<b>1414 Health Clearance for in-Custody Work and Program Assignments</b>				
There are health screening and monitoring procedures for work and program assignments that have health care implications, including, but not limited to food handlers. <i>(See also Title 15 § 1465.)</i>	X			
<b>1415 Health Education</b> <i>(Excluding Special Purpose Juvenile Halls)</i>				
Policy and procedures assure that age- and sex-appropriate health education and disease prevention programs are offered to minors.	X			
The health education programs are updated as necessary to reflect current health priorities and meet the needs of the offender population.	X			
<b>1416 Reproductive Services</b>				Policy G O-7 states Public Health will consult on reproductive issues, and may be referred to Planned Parenthood. If pregnant will see OB at Public Health Birth control offered.
Policy and procedures assure that reproductive health services are available to both male and female minors.	X			
Reproductive services include but are not be limited to those prescribed in WIC § 220, 221 and 222, and HSC § 123450.	X			
<b>Section 1417. Pregnant Minors.</b>				
Policies and procedures pertaining address a diet, vitamins, education and limitations on the use of restraints.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1430 Intake Health Screening</b>				
Policies and procedures define when a health evaluation and/or treatment must be obtained prior to acceptance for booking, and establish a documented intake screening procedure to be conducted immediately upon entry into the facility.	X			
Consistent with facility resources to safely hold a minor, the responsible physician has identified health conditions that would preclude a minor's acceptance into a facility without a documented medical clearance. At a minimum, intake criteria provide that:	X			
Unconscious minors are not accepted;	X			Youths will be transported to Marian Medical Center for evaluation.
Minors who are known to have ingested or who appear to be under the influence of intoxicating substances are cleared in accordance with Title 15 § 1431, ( <i>Intoxicated and Substance Abusing Minors</i> )	X			
Circumstances and reasons for requiring a medical clearance are documented whenever a minor is not accepted for booking; and,	X			Youths will be transported to Marian Medical Center for evaluation and clearance.
Written medical clearance is received prior to accepting any minor who was referred for pre-booking treatment and clearance.	X			
An intake screening, consisting of a defined, systematic inquiry and observation of every minor booked into the facility is conducted by health care or trained child supervision staff at the time of entry into the facility.	X			
Screening procedures address medical, dental and mental health concerns that may pose a hazard to the minor or others in the facility, as well as health conditions that require treatment while the minor is in the facility.	X			
Minors suspected of having a communicable disease are separated from the general population pending the outcome of an evaluation by medical staff.	X			
There is provision for a timely referral for health care commensurate with the nature of any problems or compliant identified during the screening process.	X			
<b>1431 Intoxicated and Substance Abusing Minors</b>				
There are policy and procedures for the identification and management of alcohol and other drug intoxication that address:	X			Youth may be sent to Marian Medical Center for clearance. Adult Drug and Mental Health Services are provided for Youth with substance abuse problems Policy-Y-G-08.0 Withdrawal Policy-Y-G-06.00
Designated housing, including protective environments for placement of intoxicated minors;	X			Correctional Officers use Juvenile Facility Detoxification Checklist while Youth is under the influence of a substance
Symptoms or known history of ingestion that should prompt immediate referral for medical evaluation and treatment;	X			
Determining when the minor is no longer considered intoxicated and documenting when the monitoring requirements of this regulation are discontinued;	X			
Medical responses to minors experiencing intoxication or withdrawal reactions;	X			Policy and Procedure: Y-G-06.00

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Management of pregnant minors who use alcohol or other drugs;	X			
Initiation of substance abuse counseling during confinement and referral procedures for continuation upon release to the community, consistent with Title 15 § 1413 and Title 15 § 1355; and,	X			
Coordination of mental health services in cases of substance abusing minors with known or suspected mental illness.	X			
A medical clearance is obtained prior to booking any minor who displays outward signs of intoxication or is known or suspected to have ingested any substance that could result in a medical emergency.	X			Youths will be transported to Marian Medical Center Emergency Room for evaluation and clearance.
Supervision of intoxicated minors who are cleared to be booked into a facility includes monitoring no less often than every 15 minutes until resolution of the intoxicated state.	X			
The monitoring observations are documented, with actual time of occurrence recorded.	X			
Medical, or child supervision staff operating pursuant to medical protocols, conduct a medical evaluation for all minors whose intoxicated behavior persists beyond six hours from the time of admission.	X			
<b>1432 Health Appraisals/Medical Examinations</b>				Policy and Procedure: Y-E-9
Policy and procedures require a health appraisal/medical examination of minors.	X			
The health appraisal/medical examination is completed within 96 hours of admission, in a location that protects the minor's privacy and by a physician or other licensed or certified health professional working under direction of a physician.	X			The Santa Maria Juvenile Hall is compliant with conducting Health exams on all youths within 96-hours.
This health evaluation includes a health history, medical examination, laboratory and diagnostic testing and necessary immunizations.	X			
The health history includes: 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 drugs), developmental history (e.g., school, home, and peer relations), sexual activity, contraceptive methods, reproductive history, physical and sexual abuse, neglect, history of mental illness, self-injury, and suicidal ideation.	X			
The examination includes: Temperature, height, weight, pulse, blood pressure, appearance, gait, head and neck, a preliminary dental and visual acuity screening, gross hearing test, lymph nodes, chest and cardiovascular, breasts, abdomen, genital (pelvic and rectal examination, with consent, if clinically indicated), musculoskeletal neurological.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Laboratory and diagnostic testing includes: Tuberculosis testing, pap smears and testing for sexually transmitted diseases for sexually active minors. Additional testing is available as clinically indicated, including pregnancy testing, urinalysis, hemoglobin or hematocrit.	X			
Immunizations are verified and, within two weeks of the Health Appraisal/ Medical Examination, a program is started to bring the minor's immunizations up-to-date in accordance with current public health guidelines.	X			The Santa Maria Juvenile Hall verifies immunization status using CAIRS, or consulting with Youth's Private Provider.
The responsible physician may modify the health examination for minors admitted with an adequate examination done within the previous 12 months, provided there is reason to believe that no substantial change would have occurred since the full evaluation. When this is done, health care staff review the intake health screening form and conduct a face-to-face interview with the minor.	X			
There are policy and procedures for a medical evaluation and clearance for adjudicated minors who are confined in any juvenile facility for successive stays, each of which totals less than 96 hours.  When this evaluation and clearance cannot be completed at the facility during the initial stay, it is completed prior to acceptance at the facility and includes screening for tuberculosis.	X			
For minors who are transferred to jails and juvenile facilities outside their detention system, policy and procedures assure that the health appraisal/medical examination:	X			
Is received from the sending facility;	X			
Is reviewed by designated health care staff at the receiving facility; and,	X			
Absent a previous appraisal/examination or receipt of the record, a health appraisal/medical examination, as outlined in this regulation, is completed on the minor within 96 hours of admission.	X			
Policy and procedures require that minors who are transferred among juvenile facilities within the same detention system, receive a written health care clearance. The health appraisal/medical examination is reviewed and updated prior to transfer and forwarded to facilities that have licensed on-site health care staff.	X			
<b>1433 Requests for Health Care Services</b>  Policy and procedures establish a daily routine for minors to convey requests for emergency and non-emergency health care requests and include the following:	X			Youths may submit, at any time, request form for medical attention, or notify a Correctional Officer. Policy and Procedure: Y-A-9, Y-I-4
There is opportunity for both written and verbal requests, with provision for minors having language or literacy barriers.	X			



ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Supervision staff relays requests from the minor, initiate referrals when the need for health care services is observed, and advocate for the minor when the need for services appears urgent.	X			
Designated staff inquires and make observations regarding the health of each minor on a daily basis and in the event of possible injury.	X			
There is 24-hour opportunity for minors and staff to communicate the need for emergency health care services.	X			
There is provision for any minor requesting health care, or observed to need such care, to be given that attention by licensed or certified health care staff.	X			
All health care requests are documented and maintained.	X			
<b>1434 Consent for Health Care</b> Policy and procedures require informed consent for health care examinations.	X			Parental consent is obtained when feasible otherwise, Court Ordered consent obtained at intake.
Examinations, treatments, and procedures requiring verbal or written consent in the community also require that consent for confined minors.	X			
There is 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.	X			
Policy and procedures are consistent with applicable statute in those instances where the minor's consent for testing or treatment is sufficient or specifically required.	X			
Conservators provide consent only within limits of their court authorization.	X			
Minors may refuse non-emergency medical and mental health care, verbally or in writing.	X			
<b>1435 Dental Care</b> Policy and procedures require that dental treatment is provided to minors as necessary to respond to acute conditions and to avert adverse effects on the minor's health. Treatment is not limited to extractions.	X			Policy and Procedure: Y-E-6
<b>1436 Prostheses and Orthopedic Devices</b> Policy and procedures address the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing aids.	X			Policy and Procedure: Y-G-10
Prostheses are provided when the responsible physician determines that the health of the minor would be adversely affected without them.	X			
Procedures for the retention and removal of prostheses comply with the requirements of Penal Code § 2656. (See guidelines discussion.)	X			
<b>1437 Mental Health Services and Transfer to a Treatment Facility</b> Policy and procedures require providing mental health services that include but not limited to:	X			Adult Drug & Mental Health is responsible for the established policies and procedures for mental health services under CORIZON. When ADMHS not present, will refer to SAFETY (Crisis Intervention Team).
Screening for mental health problems at intake;	X			
Crisis intervention and the management of acute psychiatric episodes;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Stabilization of the mentally ill and prevention of psychiatric deterioration in the facility setting;	X			
Elective therapy services and preventive treatment, where resources permit;	X			
Medication support services; and,	X			
Provision for referral and admission to licensed mental health facilities for minors whose psychiatric needs exceed the treatment capability of the facility.	X			
<u>The minor may be evaluated by licensed health personnel to determine if treatment can be initiated at the juvenile facility.</u>	X			Any Youth may submit request form for Mental Health services.
Any minor who displays significant symptoms of severe depression, suicidal ideation, irrational, violent or self destructive behaviors, or who is receiving psychotropic medication, is provided a mental status assessment by a licensed mental health clinician, psychologist or psychiatrist.	X			Policy and Procedures MH: Y-G-4, Y-E-5, Y-G-2
A mentally disordered minor who appears to be a danger to himself or others or to be gravely disabled, is evaluated pursuant to Penal Code § 4011.6 or Welfare and Institutions Code § 6551. Absent an emergency, unless the facility has been designated as a Lanterman-Petris-Short (LPS) facility, and minors meet the criteria for involuntary commitment under the LPS Act in Welfare and Institutions Code § 5000 et seq., all services are provided on a voluntary basis. Voluntary mental health admissions may be sought pursuant to Penal Code § 4011.8 or Welfare and Institutions Code § 6552,	X			
<b>1438 Pharmaceutical Management</b>				Policy and Procedure: Y-D-1.01thru Y-D-1.08, Y-D-02
Pharmaceutical policies, procedures, space and accessories include but not be limited to:	X			
Securely lockable cabinets, closets and refrigeration units:	X			
A means for the positive identification of the recipient of the prescribed medication;	X			
Administration/delivery of medicines to minors as prescribed;	X			
Confirmation that the recipient has ingested the medication;	X			
Documenting that prescribed medications have or have not been administered by whom, and if not, for what reason;	X			
Prohibition of the delivery of drugs from one minor to another:	X			
Limitation to the length of time medication may be administered without further medical evaluation;	X			
The length of time allowable for a physician's signature on verbal orders;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Training for non-licensed personnel 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 confirming ingestion of medication; and, consultation with health care staff for monitoring the minor's response to medication; and,	X			
At least annually, a pharmacist prepares a written report on the status of pharmacy services in the facility. The report is provided to the health authority and the facility administrator. (See also Title 15 § 1403.)	X			MAXOR Pharmacy and Dr. Carrick Adam prepare annual report and inspection which deems the Santa Maria Juvenile Hall compliant with regulations.
Written protocols are consistent with pharmacy laws and regulations and limit the following functions to being performed by the identified personnel:	X			
Procurement is done only by a physician, dentist, pharmacist, or other person authorized by law.	X			
Medication storage assures that stock supplies of legend medications are accessed only by licensed health care personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and trained non-licensed staff.	X			
Repackaging is done only by a physician, dentist, pharmacist, or other persons authorized by law.	X			
Labels are prepared by a physician, dentist, pharmacist or other personnel, either licensed or trained non-licensed, provided the label is checked and affixed to the medication container by the physician, dentist, or pharmacist before administration or delivery to the minor. Labels are prepared in accordance with Business and Professions Code § 4047.5.	X			
Dispensing is only done by a physician, dentist, pharmacist, or other person authorized by law.	X			
Administration of medication is only done by licensed health care personnel who are authorized to administer medication and acting on the order of a prescriber.	X			
Licensed and trained non-licensed personnel may deliver medication acting on the order of a prescriber.	X			
Disposal of legend medication is done accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or reregistered nurse. Controlled substances are disposed of in accordance with Drug Enforcement Administration disposal procedures.	X			
There are written procedures for managing and providing over-the-counter medications to minors.	X			
<b>1439 Psychotropic Medications</b>				Correctional policy 4125
Policies and procedures govern the use of voluntary and involuntary medications. These policies and procedures include, but are not limited to:	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
6 Protocols for physicians' written and verbal orders for psychotropic medications in dosages appropriate for the minor's need;	X			
Requirements that verbal orders be entered in the minor's health record and signed by a physician within 72 hours;	X			
The length of time voluntary and involuntary medications may be ordered and administered before re-evaluation by a physician;	X			
Provision that minors who are on psychotropic medications prescribed in the community are continued on their medications pending re-evaluation and further determination by a physician;	X			
Provision that the necessity for continuation on psychotropic medication is addressed in pre-release planning and prior to transfer to another facility or program; and,	X			
Provision for regular clinical-administrative review for utilization patterns for all psychotropic medications, including every emergency situation.	X			
Psychotropic medications are not administered to a minor absent an emergency unless informed consent has been given by the legally authorized person or entity.	X			
Minors are informed of the expected benefits, potential side effects and alternatives to psychotropic medications.	X			
Absent an emergency, minors may refuse treatment.	X			
Minors found by a physician to be a danger to themselves or others by reason of a mental disorder, may be involuntarily given psychotropic medication that is immediately necessary for the preservation of life or the prevention of serious bodily harm. This can only be done 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.	X			
Assessment and diagnosis supports the administration of psychotropic medications and administration of psychotropic medication is not allowed for coercion, discipline, convenience or retaliation.	X			
<b>1450 Suicide Prevention Program</b>  There is a written suicide prevention plan, with policies and procedures to prevent and respond to crisis. Staff training shall include, but not be limited to, identification of minors who present a suicide risk, appropriate monitoring of their condition and provide for the necessary treatment, follow-up and emergency response protocols for self-injurious behaviors.	X			MAYSI form is used to screen Mental Health status by Mental Health staff. Policy and Procedure-Y-G-05 M.H.- chapter 1:1 S.A.F.T.Y. called for crisis invention if the A.D.M.H.S. staff is not there. A.D.M.H.S. available 7 days/week day shift.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1452 Collection of Forensic Evidence</b>  Policy and procedures assure 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 minor.	X			Policy and Procedure: Y-I-03
<b>1453 Sexual Assaults</b>  There is policy and procedures for treating victims of sexual assaults and for reporting such incidents, when they occur in the facility, to local law enforcement.	X			Policy and Procedure: Y-B-05
The evidentiary examination and initial treatment of victims of sexual assault is conducted at a health facility that is separate from the custodial facility and is properly equipped and staffed with personnel trained and experienced in such procedures.	X			
<b>1454 Participation in Research</b>  Policy and procedures govern biomedical or behavioral research involving minors and require assurances for informed consent and the safety of the minor. Such research occurs only when ethical, medical and legal standards for human research are met.			X	
Participation in research is not a condition for obtaining privileges or other rewards and the court, health administrator, and facility administrator are informed of all proposed actions.			X	
<b>1358 Use of Physical Restraints</b>  Policies and procedures govern the use of restraint devices. The policies address: known medical conditions that would contraindicate certain restraint devices and/or techniques; acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of cardiopulmonary resuscitation equipment; protective housing of restrained minors; provision for hydration and sanitation needs; exercising of extremities.	X			Policy and Procedure: Y-I-01 C.O. Policy and Procedure:4122, MH- Ch 11
Physical restraints are utilized only when it appears less restrictive alternatives would be ineffective in controlling the disordered behavior.	X			
Restraints are used only for those minors who present an immediate danger to themselves or others, who exhibit behavior that results in the destruction of property, or reveals the intent to cause self-inflicted physical harm.	X			
Minors are placed in restraints only with the approval of the facility manager or the shift supervisor. The facility manager may delegate authority to place a minor in restraints to a physician.	X			
Continued retention in restraints is reviewed a minimum of every hour.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
A medical opinion on the safety of placement and retention is secured as soon as possible, but no later than two hours from the time of placement. The minor is medically cleared for continued retention at least every three hours after the initial medical opinion.	X			
A mental health consultation to assess the need for mental health treatment is secured as soon as possible, but in no case longer than four hours from the time of placement.	X			
Continuous direct visual supervision is conducted and documented to ensure that the restraints are properly employed and to ensure the well-being of the minor.	X			
All minors in restraint devices are housed alone or in a specified housing area for restrained minors with provisions to protect the minor from abuse.	X			
Restraints are not used as punishment, discipline, or as a substitution for treatment.	X			
The affixing of hands and feet together behind the back (hog-tying) is prohibited.	X			
<b>1359 Safety Room Procedures</b>				Juvenile Hall does not have a Safety Cell per se, but will use an observation/isolation cell as one when deemed necessary.
Policies and procedures govern the use of safety rooms, as described in Title 24, Part 2, Section 460A.1.13.	X			
The safety room is used to hold only those minors who present an immediate danger to themselves or others who exhibit behavior that results in the destruction of property, or reveals the intent to cause self-inflicted physical harm.	X			
The safety room is not to be used for punishment, discipline, or as a substitute for treatment. Policies and procedures:	X			
Include provisions for administration of necessary nutrition and fluids, access to a toilet, and suitable clothing to provide for privacy;	X			
Provide for approval of the facility administrator, or designed shift supervisor, before a minor is placed into a safety room;	X			
Provide for continuous direct visual observation;	X			
Provide that the minor is evaluated by the facility administrator, or designee, every four hours;	X			
Provide for immediate medical assessment, where appropriate, or an assessment at the next daily sick call;	X			
Provide that a minor is medically cleared for continued retention every 24 hours;	X			
Provide that a mental health opinion is secured within 24 hours; and,	X			
Provide a process for documenting the reason for placement, including attempts to use less restrictive means of control, observations of the minor during confinement, and decisions to continue and end placement.	X			

Summary of medical/mental health evaluation: The Santa Maria Juvenile Hall is in compliance with Title 15 Medical/Mental health regulations with the exception of the following:

- A comprehensive respiratory policy and procedure that includes ongoing assessment and reporting of inmates with cough e.g., Cough Alert Policy
- Expand cough assessment on Intake Screening Form to include cough of any duration to promptly identify other possible pathogens e.g., Pertussis

Report completed by: Deborah Schultz RN.

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

**Los Prietos' Boys Camp**

**Date: September 5, 2014**

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 8. Health Services</b>				
<b>1400 Responsibility For Health Care Services</b>				The Los Prietos' Boys Camp is under the provision of Dr. Carrick Adam, Medical Director.
Health care services are provided to all minors.	X			
There is a designated health administrator who, in cooperation with the mental health director and the facility administrator, has responsibility for administrative health care policies.	X			Dr. Carrick Adam, Medical Director Dr. Peter Tilton, Psychiatrist Debra Mood, Health Care Administrator
A responsible physician is designated to develop policy in health care matters involving clinical judgments.	X			Dr. Carrick Adam
<b>1401 Patient Treatment Decisions</b>				
Clinical decisions about the treatment of individual minors are the sole province of licensed health care professionals operating within the scope of their license and within facility policy.	X			
Security policies and procedures apply to both child supervision and health care personnel.	X			
<b>1402 Scope of Health Care</b>				
Policy and procedures define which health care services are provided in the facility and which services are provided through community providers.	X			
There is at least one physician available to provide treatment.	X			Dr. Carrick Adam holds a weekly clinic on either Wednesday or Thursday, with 24 hour on-call services
Health care services meet the minimum requirements of these regulations and are provided at a level to address acute symptoms and/or conditions and avoid preventable deterioration of the minor's health while in confinement.	X			
Staff, space, equipment, supplies, materials and resource manuals are adequate for the level of health care provided in the facility.	X			
There is provision for parents, guardians, or other legal custodians to arrange for health care that is permitted by law, at their expense.	X			
<b>1403 Health Care Monitoring and Audits</b> <i>(Applicable to facilities with on-site health care staff)</i>				There are corporate inspections by CORIZON Health Care. IMQ completed 10/2013
There are policies and procedures to collect statistical data and submit at least annual summaries of health care services to the facility administrator.	X			
There are policies and procedures requiring that the quality and adequacy of health care services are assessed at least annually.	X			
There is a process for correcting identified deficiencies in the medical, dental, mental health and pharmaceutical services delivered.	X			



ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The health administrator provides the facility administrator with an annual written report on medical, dental, mental health and pharmaceutical services. <i>(Inspectors are requested to verify existence of these reports.)</i>	X			
At least quarterly, there are documented administrative meetings between health and facility administrators to review medical, mental health and medical services.	X			There are monthly staff meetings, as well as, meetings with CORIZON, Probation, and Mental Health conducted every other month (MAC meetings)
<b>1404 Health Care Staff Qualifications</b> <i>(Applicable to facilities with on-site health care staff)</i>  Recruitment education and experience requirements are consistent with those in the community.	X			
There are policies and procedures to assure that state license, certification, or registration requirements and restrictions that apply in the community, also apply to health care personnel in the facility	X			
Health care staff credentials are on file at the facility or another central location where they are available for review. Policies and procedures require that these credentials are periodically reviewed and remain current.	X			
Position descriptions and actual practice reflect that health care staff receive the supervision required by their license and operate within the scope of their practice.	X			
<b>1405 Health Care Procedures</b> <i>(Applicable to facilities with on-site health care staff)</i>  When the responsible physician determines that a clinical function can be delegated to health care staff other than a physician, that function is performed by staff operating within their scope of practice, pursuant to written protocol standardized procedures or direct medical order.	X			
<b>1406 Health Care Records</b> <i>(Applicable to facilities with on-site health care staff)</i>  Complete, individual and dated health records are maintained and include, but are not limited to:	X			Random charts pulled for review.
Intake health screening form <i>(Note: The intake screening form may also be included in the probation file as a non-confidential document. See guidelines for discussion.)</i> ;	X			
Health appraisals/medical examinations;	X			
Health service reports (e.g., emergency department, dental, psychiatric and other consultations);	X			
Complaints of illness or injury;	X			
Names of personnel who treat prescribe, and/or administer/deliver prescription medication;	X			
Location where treatment is provided;	X			
Medication records in conformance with Title 15 § 1438;	X			
Progress notes;	X			
Consent forms;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Authorization for release of information;	X			
Copies of previous health records;	X			
Immunization records; and,	X			
Laboratory reports.	X			
Policies/procedures and practice require that health records are in a locked area separate from the confinement record.	X			In secured area in Medical Office.
The health administrator controls access to health records and confidentiality laws related to provider-patient privilege apply. Minors are not used to translate confidential medical information for non-English speaking minors.	X			
Health records are retained in accordance with community standards.	X			
<b>1407 Confidentiality</b>				Policy and Procedure: Y-H-02.00
Policy and procedures for multi-disciplinary sharing of health information, address providing information to the court, child supervision staff and to probation. Information from minors' (probation) case files is shared with health care staff when relevant.	X			
The nature and extent of information shared is appropriate to: treatment planning; program needs; protecting the minor or others; facility management; security or preservation of safety; and order.	X			
Information can be communicated confidentially at the time of health encounters.	X			
<b>1408 Transfer of Health Care Summary Records</b>				
Policy and procedures assure that:  A summary of the health record, in an established format, or documentation that no health record exists in the facility, is transferred to another jurisdiction prior to or at the time of transfer;	X			
Relevant health records are forwarded to the health care staff of the receiving facility;	X			
Advance notification is provided to the local health officer in the sending jurisdiction and the responsible physician of the receiving facility prior to the release or transfer of minors with known or suspected active tuberculosis disease;	X			
Written authorization from the parent and/or legal guardian is obtained prior to transferring copies of actual health records, unless otherwise provided by court order, statute or regulation having the force and effect of law; and,	X			
Confidentiality of health records is maintained during transfer.	X			
After minors are released to the community, health record information is transmitted to community physicians or health care facilities upon the request and with written authorization of the minor and/or parent or guardian.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
In facilities without on-site health care staff, policies and procedures assure that child supervision staff forward non-confidential information on medications and other treatment orders, prior to or at the time of transfer.	X			
<b>1409 Health Care Procedures Manual</b> ( <i>Applicable to facilities with on-site health care staff</i> )  There is a facility-specific health services manual for written policies and procedures that, at a minimum, address all health care related standards that are applicable to the facility. ( <i>Note: "Facility specific" means that policies and procedures for that facility are included. In multi-facility systems policies and procedures for more than one facility in that system may be included in the same manual.</i> )	X			Manuals are found in Medical Office.
The manual is available to all health care staff, the facility administrator, the facility manager, and other individuals as appropriate to ensure effective service delivery.	X			
There is a documented annual review of the health care procedures manual, with revisions as necessary.	X			
The facility administrator, the facility manager, the health administrator and the responsible physician have approved and signed the manual.	X			
<b>1410 Management of Communicable Diseases</b>  Policy and procedures have been developed in cooperation with the local health officer to address the identification, treatment, control and follow-up management of communicable diseases. Policy and procedures include:	X			Any Youth with an active disease will be transferred back to the Santa Maria Juvenile Hall. Policy and Procedure: IP-20.30 TB: IP-10.50
Intake health screening procedures;	X			
Identification of relevant symptoms;	X			
Referral for medical evaluation;	X			
Treatment responsibilities during detention;	X			
Coordination with public and private community-based resources for follow-up treatment;	X			
Applicable reporting requirements, and,	X			
Strategies for handling disease outbreaks.	X			
Policies and procedures are updated as necessary to reflect local disease priorities.	X			
<b>1411 Access to Treatment</b>  Policy and procedures provide unimpeded access to health care.	X			
<b>1412 First Aid and Emergency Response</b>  Policy and procedures assure access to first aid and emergency services.	X			Policy and Procedure: Y-A-07.00 Policy and Procedure: Chapter #5 127 pages 1-2
First aid kits are available in designated areas of each juvenile facility.	X			
The responsible physician approved the contents, number, location and procedure for periodic inspection of the first aid kits.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Child supervision and health care staff is trained and there are policies and procedures to respond to emergencies requiring first aid.	X			
<b>1413 Individualized Treatment Plans</b> (Excluding Special Purpose Juvenile Halls)				
Policy and procedures direct that health care treatment plans are developed for minors who receive services for significant health care concerns.	X			
Health care treatment plans are considered in facility program planning.	X			
Health care restrictions do not limit participation in school, work, exercise and other programs beyond what is necessary to protect the health of the minor or others.	X			
Medical and mental health information is shared with supervision staff in accordance with §1407 for purposes of programming, treatment planning and implementation.	X			
Program planning includes pre-release arrangements for continuing health care, together with participation in relevant programs upon release.	X			
Minors who are suspected or confirmed to be developmentally disabled are referred to the local Regional Center for the Developmentally Disabled within 24 hours of identification, excluding holidays and weekends. (See also Title 15 § 1355, Assessment and Plan)	X			
<b>1414 Health Clearance for in-Custody Work and Program Assignments</b>				Screening for in Custody Work starts at the screening process prior to transfer to the Los Prietos' Boys Camp.
There are health screening and monitoring procedures for work and program assignments that have health care implications, including, but not limited to food handlers. (See also Title 15 § 1465.)	X			
<b>1415 Health Education</b> (Excluding Special Purpose Juvenile Halls)				
Policy and procedures assure that age- and sex-appropriate health education and disease prevention programs are offered to minors.	X			
The health education programs are updated as necessary to reflect current health priorities and meet the needs of the offender population.	X			
<b>1416 Reproductive Services</b>				
Policy and procedures assure that reproductive health services are available to both male and female minors.	X			
Reproductive services include but are not be limited to those prescribed in WIC § 220, 221 and 222, and HSC § 123450.	X			
<b>Section 1417. Pregnant Minors.</b>				Females are not housed at the Los Prietos' Boys Camp.
Policies and procedures pertaining address a diet, vitamins, education and limitations on the use of restraints.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1430 Intake Health Screening</b>				Intake screenings are done at the Santa Maria Juvenile Hall, prior to being transferred to the Los Prietos' Boy Camp.
Policies and procedures define when a health evaluation and/or treatment must be obtained prior to acceptance for booking, and establish a documented intake screening procedure to be conducted immediately upon entry into the facility.	X			
Consistent with facility resources to safely hold a minor, the responsible physician has identified health conditions that would preclude a minor's acceptance into a facility without a documented medical clearance. At a minimum, intake criteria provide that:	X			
Unconscious minors are not accepted;	X			
Minors who are known to have ingested or who appear to be under the influence of intoxicating substances are cleared in accordance with Title 15 § 1431, ( <i>Intoxicated and Substance Abusing Minors</i> )	X			
Circumstances and reasons for requiring a medical clearance are documented whenever a minor is not accepted for booking; and,	X			
Written medical clearance is received prior to accepting any minor who was referred for pre-booking treatment and clearance.	X			
An intake screening, consisting of a defined, systematic inquiry and observation of every minor booked into the facility is conducted by health care or trained child supervision staff at the time of entry into the facility.	X			This is done at the Santa Maria Juvenile Hall.
Screening procedures address medical, dental and mental health concerns that may pose a hazard to the minor or others in the facility, as well as health conditions that require treatment while the minor is in the facility.	X			
Minors suspected of having a communicable disease are separated from the general population pending the outcome of an evaluation by medical staff.	X			
There is provision for a timely referral for health care commensurate with the nature of any problems or compliant identified during the screening process.	X			
<b>1431 Intoxicated and Substance Abusing Minors</b>				These Youths are screened at the Santa Maria Juvenile Hall.
There are policy and procedures for the identification and management of alcohol and other drug intoxication that address:	X			
Designated housing, including protective environments for placement of intoxicated minors;	X			
Symptoms or known history of ingestion that should prompt immediate referral for medical evaluation and treatment;	X			
Determining when the minor is no longer considered intoxicated and documenting when the monitoring requirements of this regulation are discontinued;	X			
Medical responses to minors experiencing intoxication or withdrawal reactions;	X			
Management of pregnant minors who use alcohol or other drugs;			X	Pregnant minors are not housed at the Los Prietos' Boys Camp.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Initiation of substance abuse counseling during confinement and referral procedures for continuation upon release to the community, consistent with Title 15 § 1413 and Title 15 § 1355; and,			X	
Coordination of mental health services in cases of substance abusing minors with known or suspected mental illness.	X			
A medical clearance is obtained prior to booking any minor who displays outward signs of intoxication or is known or suspected to have ingested any substance that could result in a medical emergency.			X	Booking of Juveniles is completed at the Santa Maria Juvenile Hall
Supervision of intoxicated minors who are cleared to be booked into a facility includes monitoring no less often than every 15 minutes until resolution of the intoxicated state.			X	
The monitoring observations are documented, with actual time of occurrence recorded.			X	
Medical, or child supervision staff operating pursuant to medical protocols, conduct a medical evaluation for all minors whose intoxicated behavior persists beyond six hours from the time of admission.			X	
<b>1432 Health Appraisals/Medical Examinations</b>				Health appraisals are completed upon admission at the Santa Maria Juvenile Hall, and annually.
Policy and procedures require a health appraisal/medical examination of minors.	X			
The health appraisal/medical examination is completed within 96 hours of admission, in a location that protects the minor's privacy and by a physician or other licensed or certified health professional working under direction of a physician.			X	
This health evaluation includes a health history, medical examination, laboratory and diagnostic testing and necessary immunizations.	X			
The health history includes: 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 drugs), developmental history (e.g., school, home, and peer relations), sexual activity, contraceptive methods, reproductive history, physical and sexual abuse, neglect, history of mental illness, self-injury, and suicidal ideation.	X			
The examination includes: Temperature, height, weight, pulse, blood pressure, appearance, gait, head and neck, a preliminary dental and visual acuity screening, gross hearing test, lymph nodes, chest and cardiovascular, breasts, abdomen, genital (pelvic and rectal examination, with consent, if clinically indicated), musculoskeletal neurological.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Laboratory and diagnostic testing includes: Tuberculosis testing, pap smears and testing for sexually transmitted diseases for sexually active minors. Additional testing is available as clinically indicated, including pregnancy testing, urinalysis, hemoglobin or hematocrit.	X			
Immunizations are verified and, within two weeks of the Health Appraisal/ Medical Examination, a program is started to bring the minor's immunizations up-to-date in accordance with current public health guidelines.	X			Immunizations are verified prior to transfer at the Santa Maria Juvenile Hall.
The responsible physician may modify the health examination for minors admitted with an adequate examination done within the previous 12 months, provided there is reason to believe that no substantial change would have occurred since the full evaluation. When this is done, health care staff review the intake health screening form and conduct a face-to-face interview with the minor.	X			
There are policy and procedures for a medical evaluation and clearance for adjudicated minors who are confined in any juvenile facility for successive stays, each of which totals less than 96 hours.  When this evaluation and clearance cannot be completed at the facility during the initial stay, it is completed prior to acceptance at the facility and includes screening for tuberculosis.	X			
For minors who are transferred to jails and juvenile facilities outside their detention system, policy and procedures assure that the health appraisal/medical examination:	X			
Is received from the sending facility;	X			
Is reviewed by designated health care staff at the receiving facility; and,	X			
Absent a previous appraisal/examination or receipt of the record, a health appraisal/medical examination, as outlined in this regulation, is completed on the minor within 96 hours of admission.	X			
Policy and procedures require that minors who are transferred among juvenile facilities within the same detention system, receive a written health care clearance. The health appraisal/medical examination is reviewed and updated prior to transfer and forwarded to facilities that have licensed on-site health care staff.	X			Policy and Procedure: Y-E-03.00(Transfer) Y-E-02.00(Receiving)
<b>1433 Requests for Health Care Services</b>				Policy and Procedure: Y-E-07,00
Policy and procedures establish a daily routine for minors to convey requests for emergency and non-emergency health care requests and include the following:	X			
There is opportunity for both written and verbal requests, with provision for minors having language or literacy barriers.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Supervision staff relays requests from the minor, initiate referrals when the need for health care services is observed, and advocate for the minor when the need for services appears urgent.	X			
Designated staff inquires and make observations regarding the health of each minor on a daily basis and in the event of possible injury.	X			
There is 24-hour opportunity for minors and staff to communicate the need for emergency health care services.	X			
There is provision for any minor requesting health care, or observed to need such care, to be given that attention by licensed or certified health care staff.	X			
All health care requests are documented and maintained.	X			
<b>1434 Consent for Health Care</b>				Consent obtained at the Santa Maria Juvenile Hall prior to transfer.
Policy and procedures require informed consent for health care examinations.				
Examinations, treatments, and procedures requiring verbal or written consent in the community also require that consent for confined minors.	X			
There is 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.	X			
Policy and procedures are consistent with applicable statute in those instances where the minor's consent for testing or treatment is sufficient or specifically required.	X			
Conservators provide consent only within limits of their court authorization.	X			
Minors may refuse non-emergency medical and mental health care, verbally or in writing.	X			
<b>1435 Dental Care</b>				Evaluated by Dr. Adam, then referred to CHC Dental or Western Dental Chapter #5127 page 10
Policy and procedures require that dental treatment is provided to minors as necessary to respond to acute conditions and to avert adverse effects on the minor's health. Treatment is not limited to extractions.	X			
<b>1436 Prostheses and Orthopedic Devices</b>				Policy and Procedure: Y-G-10.00
Policy and procedures address the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing aids.	X			
Prostheses are provided when the responsible physician determines that the health of the minor would be adversely affected without them.	X			
Procedures for the retention and removal of prostheses comply with the requirements of Penal Code § 2656. (See guidelines discussion.)	X			
<b>1437 Mental Health Services and Transfer to a Treatment Facility</b>				
Policy and procedures require providing mental health services that include but not limited to:	X			



ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Screening for mental health problems at intake;			X	Completed at the Santa Maria Juvenile Hall
Crisis intervention and the management of acute psychiatric episodes;	X			
Stabilization of the mentally ill and prevention of psychiatric deterioration in the facility setting;	X			
Elective therapy services and preventive treatment, where resources permit;	X			
Medication support services; and,	X			
Provision for referral and admission to licensed mental health facilities for minors whose psychiatric needs exceed the treatment capability of the facility.	X			
<u>The minor may be evaluated by licensed health personnel to determine if treatment can be initiated at the juvenile facility.</u>	X			Policy and Procedure: Chapter # 5 127 pages 5-6
Any minor who displays significant symptoms of severe depression, suicidal ideation, irrational, violent or self destructive behaviors, or who is receiving psychotropic medication, is provided a mental status assessment by a licensed mental health clinician, psychologist or psychiatrist.	X			
A mentally disordered minor who appears to be a danger to himself or others or to be gravely disabled, is evaluated pursuant to Penal Code § 4011.6 or Welfare and Institutions Code § 6551. Absent an emergency, unless the facility has been designated as a Lanterman-Petris-Short (LPS) facility, and minors meet the criteria for involuntary commitment under the LPS Act in Welfare and Institutions Code § 5000 et seq., all services are provided on a voluntary basis. Voluntary mental health admissions may be sought pursuant to Penal Code § 4011.8 or Welfare and Institutions Code § 6552,	X			
<b>1438 Pharmaceutical Management</b>				Policy and Procedure: Y-D-02.00 Policy and Procedure Chapter#5127 pages 7-9
Pharmaceutical policies, procedures, space and accessories include but not be limited to:	X			
Securely lockable cabinets, closets and refrigeration units:	X			
A means for the positive identification of the recipient of the prescribed medication;	X			
Administration/delivery of medicines to minors as prescribed;	X			
Confirmation that the recipient has ingested the medication;	X			
Documenting that prescribed medications have or have not been administered by whom, and if not, for what reason;	X			
Prohibition of the delivery of drugs from one minor to another:	X			
Limitation to the length of time medication may be administered without further medical evaluation;	X			
The length of time allowable for a physician's signature on verbal orders;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Training for non-licensed personnel 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 confirming ingestion of medication; and, consultation with health care staff for monitoring the minor's response to medication; and,	X			
At least annually, a pharmacist prepares a written report on the status of pharmacy services in the facility. The report is provided to the health authority and the facility administrator. (See also Title 15 § 1403.)	X			
Written protocols are consistent with pharmacy laws and regulations and limit the following functions to being performed by the identified personnel:	X			
Procurement is done only by a physician, dentist, pharmacist, or other person authorized by law.	X			
Medication storage assures that stock supplies of legend medications are accessed only by licensed health care personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and trained non-licensed staff.	X			
Repackaging is done only by a physician, dentist, pharmacist, or other persons authorized by law.	X			
Labels are prepared by a physician, dentist, pharmacist or other personnel, either licensed or trained non-licensed, provided the label is checked and affixed to the medication container by the physician, dentist, or pharmacist before administration or delivery to the minor. Labels are prepared in accordance with Business and Professions Code § 4047.5.	X			
Dispensing is only done by a physician, dentist, pharmacist, or other person authorized by law.	X			
Administration of medication is only done by licensed health care personnel who are authorized to administer medication and acting on the order of a prescriber.	X			
Licensed and trained non-licensed personnel may deliver medication acting on the order of a prescriber.	X			
Disposal of legend medication is done accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or reregistered nurse. Controlled substances are disposed of in accordance with Drug Enforcement Administration disposal procedures.	X			
There are written procedures for managing and providing over-the-counter medications to minors.	X			
<b>1439 Psychotropic Medications</b>				Policy and Procedure: Y-D-01.07
Policies and procedures govern the use of voluntary and involuntary medications. These policies and procedures include, but are not limited to:	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Protocols for physicians' written and verbal orders for psychotropic medications in dosages appropriate for the minor's need;	X			
Requirements that verbal orders be entered in the minor's health record and signed by a physician within 72 hours;	X			
The length of time voluntary and involuntary medications may be ordered and administered before re-evaluation by a physician;	X			
Provision that minors who are on psychotropic medications prescribed in the community are continued on their medications pending re-evaluation and further determination by a physician;	X			
Provision that the necessity for continuation on psychotropic medication is addressed in pre-release planning and prior to transfer to another facility or program; and,	X			
Provision for regular clinical-administrative review for utilization patterns for all psychotropic medications, including every emergency situation.	X			
Psychotropic medications are not administered to a minor absent an emergency unless informed consent has been given by the legally authorized person or entity.	X			Policy and Procedure: Y-I-02.00
Minors are informed of the expected benefits, potential side effects and alternatives to psychotropic medications.	X			
Absent an emergency, minors may refuse treatment.	X			
Minors found by a physician to be a danger to themselves or others by reason of a mental disorder, may be involuntarily given psychotropic medication that is immediately necessary for the preservation of life or the prevention of serious bodily harm. This can only be done 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.	X			There are Mental Health Counselors, Mental Health Interns, and a Psych Tech on site Mon-Fri.
Assessment and diagnosis supports the administration of psychotropic medications and administration of psychotropic medication is not allowed for coercion, discipline, convenience or retaliation.	X			
<b>1450 Suicide Prevention Program</b>  There is a written suicide prevention plan, with policies and procedures to prevent and respond to crisis. Staff training shall include, but not be limited to, identification of t minors who present a suicide risk, appropriate monitoring of their condition and provide for the necessary treatment ,follow-up and emergency response protocols for self-injurious behaviors.	X			Policy and Procedure Y-G-05.00 Chapter #5127 page 12-16

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1452 Collection of Forensic Evidence</b> Policy and procedures assure 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 minor.			X	
<b>1453 Sexual Assaults</b> There is policy and procedures for treating victims of sexual assaults and for reporting such incidents, when they occur in the facility, to local law enforcement.	X			Policy and Procedure for CORIZON: Y-B-06.00. Policy and Procedure: Chapter #5127pages 17-18
The evidentiary examination and initial treatment of victims of sexual assault is conducted at a health facility that is separate from the custodial facility and is properly equipped and staffed with personnel trained and experienced in such procedures.	X			
<b>1454 Participation in Research</b> Policy and procedures govern biomedical or behavioral research involving minors and require assurances for informed consent and the safety of the minor. Such research occurs only when ethical, medical and legal standards for human research are met.			X	
Participation in research is not a condition for obtaining privileges or other rewards and the court, health administrator, and facility administrator are informed of all proposed actions.			X	
<b>1358 Use of Physical Restraints</b> Policies and procedures govern the use of restraint devices. The policies address: known medical conditions that would contraindicate certain restraint devices and/or techniques; acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of cardiopulmonary resuscitation equipment; protective housing of restrained minors; provision for hydration and sanitation needs; exercising of extremities.	X			Policy and Procedure: Ch. 5109
Physical restraints are utilized only when it appears less restrictive alternatives would be ineffective in controlling the disordered behavior.	X			
Restraints are used only for those minors who present an immediate danger to themselves or others, who exhibit behavior that results in the destruction of property, or reveals the intent to cause self-inflicted physical harm.	X			
Minors are placed in restraints only with the approval of the facility manager or the shift supervisor. The facility manager may delegate authority to place a minor in restraints to a physician.	X			
Continued retention in restraints is reviewed a minimum of every hour.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
A medical opinion on the safety of placement and retention is secured as soon as possible, but no later than two hours from the time of placement. The minor is medically cleared for continued retention at least every three hours after the initial medical opinion.	X			
A mental health consultation to assess the need for mental health treatment is secured as soon as possible, but in no case longer than four hours from the time of placement.	X			
Continuous direct visual supervision is conducted and documented to ensure that the restraints are properly employed and to ensure the well-being of the minor.	X			
All minors in restraint devices are housed alone or in a specified housing area for restrained minors with provisions to protect the minor from abuse.	X			
Restraints are not used as punishment, discipline, or as a substitution for treatment.	X			
The affixing of hands and feet together behind the back (hog-tying) is prohibited.	X			
<b>1359 Safety Room Procedures</b>				
Policies and procedures govern the use of safety rooms, as described in Title 24, Part 2, Section 460A.1.13.			X	There are no Safety Rooms at the Los Prietos' Boys Camp.
The safety room is used to hold only those minors who present an immediate danger to themselves or others who exhibit behavior that results in the destruction of property, or reveals the intent to cause self-inflicted physical harm.			X	
The safety room is not to be used for punishment, discipline, or as a substitute for treatment. Policies and procedures:			X	
Include provisions for administration of necessary nutrition and fluids, access to a toilet, and suitable clothing to provide for privacy;			X	
Provide for approval of the facility administrator, or designed shift supervisor, before a minor is placed into a safety room;			X	
Provide for continuous direct visual observation;			X	
Provide that the minor is evaluated by the facility administrator, or designee, every four hours;			X	
Provide for immediate medical assessment, where appropriate, or an assessment at the next daily sick call;			X	
Provide that a minor is medically cleared for continued retention every 24 hours;			X	
Provide that a mental health opinion is secured within 24 hours; and,			X	
Provide a process for documenting the reason for placement, including attempts to use less restrictive means of control, observations of the minor during confinement, and decisions to continue and end placement.			X	

**Summary of medical/mental health evaluation:** The Los Prietos' Boys Camp is in compliance with the Title 15 Medical/Mental Health regulations.

Report completed by: Deborah Schultz, R.N.



Correctional Pharmacy Services

MEDICATION ROOM INSPECTION for CORRECTIONAL INSTITUTIONS

FACILITY: Santa Maria Juvenile Hall

DATE: 11/5/14

✓ MEETS REQUIREMENTS

X ATTENTION RECOMMENDED

D. MEDICATION HANDLING & DISPOSITION:

- 1. No Reconstituted/Compounded Medications past Expiration Date n/a
2. Controlled Substances Storage Area is Locked
3. Keys Controlled by Appropriate Staff
4. Correct Procedure for Disposal of Discontinued/Expired Meds
5. Correct Procedure for Disposal of Controlled Substances
6. Medication Disposal Records in Order & Readily Available
7. Change of Shift Count Sheets for Controlled Substances Complete
8. Inventory Count for Controlled Substances and Sharps Equals Count Sheet Balance
9. Perpetual Inventory for Stock Medications Equals Count Sheet Balance
10. Biennial Inventory Last Date done 01/01/2014 and Copy on File at Site
11. DEA # BA 5706405 Expiration Date 6/30/2015 Is Current and Copy Posted in Medical Area
12. State Permit # NEP 472 Expiration Date 8/1/2014 Is Current and Copy Posted in Medical Area
13. Copy of Maxor's DEA # FM 6301563 Expiration Date 8/31/2016 Is Current and Posted in Medical Area
14. Copy of Maxor's State Permit # 3012 Expiration Date 4/30/2015 Is Current and Posted in Medical Area

E. EMERGENCY MEDICATION KIT: N/A

- 1. Seal in Tact
2. No Deteriorated or Expired Meds Present
3. Current List Posted & On Kit
4. No Medication Missing and No Additional Items Present
5. Evidence that the box has been Checked Monthly, Signed and Dated n/a
6. HIV Post Exposure Kits are within Expiration Dates n/a

F. MISCELLANEOUS:

- 1. Proper Drug References Available
2. Policy and Procedure Manual Up to Date & Readily Available
3. Previous Recommendations Attended to

REMARKS AND RECOMMENDATIONS:

- 2 expired found in med cart, turned into supervisor
- Great improvement on findings from last quarter!!!
- Please document PRN usage person on MAR.

Guarun FACILITY REPRESENTATIVE

Huen Nguyen, PharmD PHARMACIST SIGNATURE

PHARMACIST NAME (PRINT)

# MAXOR<sup>®</sup>

Correctional Pharmacy Services

## MEDICATION ROOM INSPECTION for CORRECTIONAL INSTITUTIONS

FACILITY: Los Prietas Boys Camp

DATE: 1/13/14

MEETS REQUIREMENTS

ATTENTION RECOMMENDED

### D. MEDICATION HANDLING & DISPOSITION:

1. No Repossessed/Compounded Medications past Expiration Date
2. Controlled Substances Storage Area is Locked
3. Keys Controlled by Appropriate Staff
4. Correct Procedure for Disposal of Discontinued/Expired Meds
5. Correct Procedure for Disposal of Controlled Substances
6. Medication Disposal Records in Order & Readily Available
7. Change of Shift Count Sheets for Controlled Substances Complete
8. Inventory Count for Controlled Substances and Sharps Equals Count Sheet Balance
9. Perpetual Inventory for Stock Medications Equals Count Sheet Balance
10. Biennial Inventory Last Date done 1/1/2014 and Copy on File at Site
11. DEA # BA5706405 Expiration Date 6/30/15 Is Current and Copy Posted in Medical Area
12. State Permit # A63553 Expiration Date 7/31/2015 Is Current and Copy Posted in Medical Area
13. Copy of Maxor's DEA # PM 0301503 Expiration Date 1/3/2016 Is Current and Posted in Medical Area
14. Copy of Maxor's State Permit # 3012 Expiration Date 4/30/2015 Is Current and Posted in Medical Area

### E. EMERGENCY MEDICATION KIT:

1. Seal in Tact  N/A
2. No Deteriorated or Expired Meds Present
3. Current List Posted & On Kit
4. No Medication Missing and No Additional Items Present
5. Evidence that the box has been Checked Monthly, Signed and Dated
6. HIV Post Exposure Kits are within Expiration Dates

### F. MISCELLANEOUS:

1. Proper Drug References Available
2. Policy and Procedure Manual Up to Date & Readily Available
3. Previous Recommendations Attended to

### REMARKS AND RECOMMENDATIONS:

Phase Note, ophthalmic medication: (Tobramycin & Atropine) expires in 2/14  
& Eye Wax expires 3/14. These are flagged with a green post-it.  
Phase reminder to state the reason why the HIV medication was off of the shelf.

Frank Johnson Sr. DPC  
 FACILITY REPRESENTATIVE

[Signature] PharmD  
 PHARMACIST SIGNATURE  
Uyeni Nanyeri PharmD  
 PHARMACIST NAME (PRINT)



Correctional Pharmacy Services

416 Mary Lindsay Polk Drive, Suite 515
Franklin, Tennessee 37067
(615) 771-1436 (800) 833-2510

MEDICATION ROOM INSPECTION for CORRECTIONAL INSTITUTIONS

FACILITY: LOS PRIETOS BOYS CAMP

DATE: 05/16/2014

✓ MEETS REQUIREMENTS

X ATTENTION RECOMMENDED

A. MEDICATION STATION AND STORAGE:

- 1. Medication Room Locked
2. Medication Carts Locked
3. Locks on Carts working Properly
4. Keys Controlled by Appropriate Staff
5. Medication Room/Carts Clean
6. Patient Meds Stored Separately
7. Externals Separate from Internals
8. Non-Drug Items sorted Separately
9. Medication stored in accordance within manufacturer's recommendations
10. Refrigerator at Correct Temperature (36°-46°) 40 °F
11. Medication Refrigerator Contains only Medications and Adjunctive Foods
12. Lighting and Ventilation Adequate
13. Multiple dose parenterals dated when opened and discarded within the time frame allotted by manufacturer

B. MEDICATIONS AND LABELS (RANDOM SAMPLES):

- 1. Prescription Meds Properly Labeled
2. Inmate Specific Labels Are Not Altered
3. Non-Prescription Meds Properly Labeled
4. No Unlabeled or Hand-labeled Containers of Medications
5. No Discontinued Meds & Meds from Discharged Patients on Hand
6. No Expired Meds on Hand
7. No Deteriorated Meds on Hand

C. MEDICATION ADMINISTRATION & ORDERS (RANDOM SAMPLES):

- 1. Start Date & Stop Date Listed on MAR
2. Stop Date is Not Exceeded
3. P R N Medications are Documented with Reasons
4. Medication Exceptions being Properly Documented (Refusals, Inmate Out of Facility, etc.)
5. Medications Being Administered Within Acceptable Parameters of Pass-time
6. Personnel Administering Medication have Signed and Initialed the MAR





MEDICATION ROOM INSPECTION for CORRECTIONAL INSTITUTIONS

FACILITY: LOS PRIETOS BOYS CAMP

DATE: 05/16/2014

√ MEETS REQUIREMENTS

X ATTENTION RECOMMENDED

D. MEDICATION HANDLING & DISPOSITION:

- 1. No Reconstituted/Compounded Medications past Expiration Date
2. Controlled Substances Storage Area is Locked
3. Keys Controlled by Appropriate Staff
4. Correct Procedure for Disposal of Discontinued/Expired Meds
5. Correct Procedure for Disposal of Controlled Substances
6. Medication Disposal Records in Order & Readily Available
7. Change of Shift Count Sheets for Controlled Substances Complete
8. Inventory Count for Controlled Substances and Sharps Equals Count Sheet Balance
9. Perpetual Inventory for Stock Medications Equals Count Sheet Balance
10. Biennial Inventory Last Date done 01 / 02 / 2014 and Copy on File at Site
11. DEA # BA5706405 Expiration Date 06 / 30 / 2015 Is Current and Copy Posted in Medical Area
12. State Permit # A63883 Expiration Date 07 / 31 / 2015 Is Current and Copy Posted in Medical Area
13. Copy of Maxor's DEA # FM0301503 Expiration Date 01 / 31 / 2016 Is Current and Posted in Medical Area
14. Copy of Maxor's State Permit # 3012 Expiration Date 04 / 30 / 2015 Is Current and Posted in Medical Area

E. EMERGENCY MEDICATION KIT:

- 1. Seal in Tact
2. No Deteriorated or Expired Meds Present
3. Current List Posted & On Kit
4. No Medication Missing and No Additional Items Present
5. Evidence that the box has been Checked Monthly, Signed and Dated
6. HIV Post Exposure Kits are within Expiration Dates

F. MISCELLANEOUS:

- 1. Proper Drug References Available
2. Policy and Procedure Manual Up to Date & Readily Available
3. Previous Recommendations Attended to

REMARKS AND RECOMMENDATIONS:

- Please note, that in order to administered any medications, there must be an MD order
- Please make sure there are only medications in the refrigerator
- Please make sure that the control substance log matches the quantity on hand; please consider using a new control perpetual sheet when there is a dose change, do not reuse the same page or add onto an preexisting page

[Signature]
FACILITY REPRESENTATIVE

[Signature]
PHARMACIST SIGNATURE
UYEN NGUYEN, PHARMD
PHARMACIST NAME (PRINT)



Correctional Pharmacy Services

416 Mary Lindsay Polk Drive, Suite 515
Franklin, Tennessee 37067
(615) 771-1436 (800) 833-2510

MEDICATION ROOM INSPECTION for CORRECTIONAL INSTITUTIONS

FACILITY: SANTA MARIA JUVENILE HALL

DATE: 05/16/2014

✓ MEETS REQUIREMENTS

X ATTENTION RECOMMENDED

A. MEDICATION STATION AND STORAGE:

- 1. Medication Room Locked
2. Medication Carts Locked
3. Locks on Carts working Properly
4. Keys Controlled by Appropriate Staff
5. Medication Room/Carts Clean
6. Patient Meds Stored Separately
7. Externals Separate from Internals
8. Non-Drug Items sorted Separately
9. Medication stored in accordance within manufacturer's recommendations
10. Refrigerator at Correct Temperature (36°-46°) 39 F
11. Medication Refrigerator Contains only Medications and Adjunctive Foods
12. Lighting and Ventilation Adequate
13. Multiple dose parenterals dated when opened and discarded within the time frame allotted by manufacturer

B. MEDICATIONS AND LABELS (RANDOM SAMPLES):

- 1. Prescription Meds Properly Labeled
2. Inmate Specific Labels Are Not Altered
3. Non-Prescription Meds Properly Labeled
4. No Unlabeled or Hand-labeled Containers of Medications
5. No Discontinued Meds & Meds from Discharged Patients on Hand
6. No Expired Meds on Hand
7. No Deteriorated Meds on Hand

C. MEDICATION ADMINISTRATION & ORDERS (RANDOM SAMPLES):

- 1. Start Date & Stop Date Listed on MAR
2. Stop Date is Not Exceeded...
3. P R N Medications are Documented with Reasons
4. Medication Exceptions being Properly Documented (Refusals, Inmate Out of Facility, etc.)
5. Medications Being Administered Within Acceptable Parameters of Pass-time
6. Personnel Administering Medication have Signed and Initialed the MAR



**MEDICATION ROOM INSPECTION for CORRECTIONAL INSTITUTIONS**

FACILITY: SANTA MARIA JUVENILE HALL

DATE: 05/16/2014

MEETS REQUIREMENTS

ATTENTION RECOMMENDED

**D. MEDICATION HANDLING & DISPOSITION:**

- 1. No Reconstituted/Compounded Medications past Expiration Date .....
- 2. Controlled Substances Storage Area is Locked.....
- 3. Keys Controlled by Appropriate Staff .....
- 4. Correct Procedure for Disposal of Discontinued/Expired Meds.....
- 5. Correct Procedure for Disposal of Controlled Substances .....
- 6. Medication Disposal Records in Order & Readily Available .....
- 7. Change of Shift Count Sheets for Controlled Substances Complete.....
- 8. Inventory Count for Controlled Substances and Sharps  
Equals Count Sheet Balance .....
- 9. Perpetual Inventory for Stock Medications  
Equals Count Sheet Balance .....
- 10. Biennial Inventory Last Date done 01 / 02 / 2014  
and Copy on File at Site .....
- 11. DEA # BA5706405 Expiration Date 06 / 30 / 2015  
Is Current and Copy Posted in Medical Area .....
- 12. State Permit # A63883 Expiration Date 07 / 31 / 2015  
Is Current and Copy Posted in Medical Area .....
- 13. Copy of Maxor's DEA # FM0301503 Expiration Date 01 / 31 / 2016  
Is Current and Posted in Medical Area .....
- 14. Copy of Maxor's State Permit # NRP 872 Expiration Date 08 / 01 / 2014  
Is Current and Posted in Medical Area .....

**E. EMERGENCY MEDICATION KIT:**

- 1. Seal in Tact.....
- 2. No Deteriorated or Expired Meds Present .....
- 3. Current List Posted & On Kit.....
- 4. No Medication Missing and No Additional Items Present.....
- 5. Evidence that the box has been Checked Monthly, Signed and Dated.....
- 6. HIV Post Exposure Kits are within Expiration Dates.....

**F. MISCELLANEOUS:**

- 1. Proper Drug References Available .....
- 2. Policy and Procedure Manual Up to Date & Readily Available.....
- 3. Previous Recommendations Attended to.....

**REMARKS AND RECOMMENDATIONS:**

- Please note, that 1 box of hemoglobin control solution expires 6/14; Tetracaine 6/14; 2 nasal inhaler expires 4/14; x3 fluocinide cr 6/14  
 - Please note, that in order to administered medication, an order needs to present on MAR  
 - Excellent improvement and follow-up from last quarter recommendations

[Signature]  
FACILITY REPRESENTATIVE

[Signature]  
PHARMACIST SIGNATURE  
UYEN NGUYEN, PHARMD  
PHARMACIST NAME (PRINT)



Correctional Pharmacy Services

MEDICATION ROOM INSPECTION for CORRECTIONAL INSTITUTIONS

FACILITY: SANTA MARIA JUVENILE HALL

DATE: 8/20/14

✓ MEETS REQUIREMENTS

X ATTENTION RECOMMENDED

D. MEDICATION HANDLING & DISPOSITION:

- 1. No Reconstituted/Compounded Medications past Expiration Date
2. Controlled Substances Storage Area is Locked
3. Keys Controlled by Appropriate Staff
4. Correct Procedure for Disposal of Discontinued/Expired Meds
5. Correct Procedure for Disposal of Controlled Substances
6. Medication Disposal Records in Order & Readily Available
7. Change of Shift Count Sheets for Controlled Substances Complete
8. Inventory Count for Controlled Substances and Sharps Equals Count Sheet Balance
9. Perpetual Inventory for Stock Medications Equals Count Sheet Balance
10. Biennial Inventory Last Date done 7/15/2014 and Copy on File at Site
11. DEA # B45706405 Expiration Date 6/30/2015 Is Current and Copy Posted in Medical Area
12. State Permit # A63883 Expiration Date 7/31/2015 Is Current and Copy Posted in Medical Area
13. Copy of Maxor's DEA # FM4301503 Expiration Date 1/31/2016 Is Current and Posted in Medical Area
14. Copy of Maxor's State Permit # NRP 872 Expiration Date 8/1/2014 Is Current and Posted in Medical Area

E. EMERGENCY MEDICATION KIT:

- 1. Seal in Tact
2. No Deteriorated or Expired Meds Present
3. Current List Posted & On Kit
4. No Medication Missing and No Additional Items Present
5. Evidence that the box has been Checked Monthly, Signed and Dated
6. HIV Post Exposure Kits are within Expiration Dates

F. MISCELLANEOUS:

- 1. Proper Drug References Available
2. Policy and Procedure Manual Up to Date & Readily Available
3. Previous Recommendations Attended to

REMARKS AND RECOMMENDATIONS:

PLEASE NOTE, 3 BOXES OF MENINGOCOCCAL VACCINE EXPIRES 9/14, 2 CARDS OF TRAMADOL EXPIRES 10/14 AND 1 CARD OF METRONIDAZOLE EXPIRES 10/14. MAKE SURE ALL DEA & STATE LICENSES AND PERMITS ARE POSTED AND CURRENT

FACILITY REPRESENTATIVE

PHARMACIST SIGNATURE

CHEN CHEN PHARMACIST NAME (PRINT)



Correctional Pharmacy Services

416 Mary Lindsay Polk Drive, Suite 515
Franklin, Tennessee 37067
(615) 771-1436 (800) 833-2510

MEDICATION ROOM INSPECTION for CORRECTIONAL INSTITUTIONS

FACILITY: SANTA MARIA JUVENILE HALL

DATE: 8/22/2014

MEETS REQUIREMENTS

ATTENTION RECOMMENDED

A. MEDICATION STATION AND STORAGE:

- 1. Medication Room Locked
2. Medication Carts Locked
3. Locks on Carts working Properly
4. Keys Controlled by Appropriate Staff
5. Medication Room/Carts Clean
6. Patient Meds Stored Separately
7. Externals Separate from Internals
8. Non-Drug Items sorted Separately
9. Medication stored in accordance within manufacturer's recommendations
10. Refrigerator at Correct Temperature (36-46) 46 F
11. Medication Refrigerator Contains only Medications and Adjunctive Foods
12. Lighting and Ventilation Adequate
13. Multiple dose parenterals dated when opened and discarded within the time frame allotted by manufacturer

B. MEDICATIONS AND LABELS (RANDOM SAMPLES):

- 1. Prescription Meds Properly Labeled
2. Inmate Specific Labels Are Not Altered
3. Non-Prescription Meds Properly Labeled
4. No Unlabeled or Hand-labeled Containers of Medications
5. No Discontinued Meds & Meds from Discharged Patients on Hand
6. No Expired Meds on Hand
7. No Deteriorated Meds on Hand

C. MEDICATION ADMINISTRATION & ORDERS (RANDOM SAMPLES):

- 1. Start Date & Stop Date Listed on MAR
2. Stop Date is Not Exceeded
3. P R N Medications are Documented with Reasons
4. Medication Exceptions being Properly Documented (Refusals, Inmate Out of Facility, etc.)
5. Medications Being Administered Within Acceptable Parameters of Pass-time
6. Personnel Administering Medication have Signed and Initialed the MAR



Correctional Pharmacy Services

416 Mary Lindsay Polk Drive, Suite 515
Franklin, Tennessee 37067
(615) 771-1436 (800) 833-2510

MEDICATION ROOM INSPECTION for CORRECTIONAL INSTITUTIONS

FACILITY: Los Pintas Boys Camp

DATE: 11/6/14

MEETS REQUIREMENTS

X ATTENTION RECOMMENDED

A. MEDICATION STATION AND STORAGE:

- 1. Medication Room Locked
2. Medication Carts Locked
3. Locks on Carts working Properly
4. Keys Controlled by Appropriate Staff
5. Medication Room/Carts Clean
6. Patient Meds Stored Separately
7. Externals Separate from Internals
8. Non-Drug Items sorted Separately
9. Medication stored in accordance within manufacturer's recommendations
10. Refrigerator at Correct Temperature (36°-46°) 40 °F
11. Medication Refrigerator Contains only Medications and Adjunctive Foods
12. Lighting and Ventilation Adequate
13. Multiple dose parenterals dated when opened and discarded within the time frame allotted by manufacturer

B. MEDICATIONS AND LABELS (RANDOM SAMPLES):

- 1. Prescription Meds Properly Labeled
2. Inmate Specific Labels Are Not Altered
3. Non-Prescription Meds Properly Labeled
4. No Unlabeled or Hand-labeled Containers of Medications
5. No Discontinued Meds & Meds from Discharged Patients on Hand
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C. MEDICATION ADMINISTRATION & ORDERS (RANDOM SAMPLES):

- 1. Start Date & Stop Date Listed on MAR
2. Stop Date is Not Exceeded
3. P R N Medications are Documented with Reasons
4. Medication Exceptions being Properly Documented (Refusals, Inmate Out of Facility, etc.)
5. Medications Being Administered Within Acceptable Parameters of Pass-time
6. Personnel Administering Medication have Signed and initialed the MAR



**MEDICATION ROOM INSPECTION for CORRECTIONAL INSTITUTIONS**

FACILITY: \_\_\_\_\_ DATE: \_\_\_\_\_

MEETS REQUIREMENTS  ATTENTION RECOMMENDED

**D. MEDICATION HANDLING & DISPOSITION:**

- 1. No Reconstituted/Compounded Medications past Expiration Date .....
- 2. Controlled Substances Storage Area is Locked.....
- 3. Keys Controlled by Appropriate Staff .....
- 4. Correct Procedure for Disposal of Discontinued/Expired Meds.....
- 5. Correct Procedure for Disposal of Controlled Substances .....
- 6. Medication Disposal Records in Order & Readily Available .....
- 7. Change of Shift Count Sheets for Controlled Substances Complete.....
- 8. Inventory Count for Controlled Substances and Sharps  
Equals Count Sheet Balance .....
- 9. Perpetual Inventory for Stock Medications  
Equals Count Sheet Balance.....
- 10. Biennial Inventory Last Date done 7 / 20 / 14  
and Copy on File at Site .....
- 11. DEA # BA 570640 Expiration Date 6 / 30 / 15  
Is Current and Copy Posted in Medical Area .....
- 12. State Permit # NR 1407 Expiration Date 8 / 31 / 14  
Is Current and Copy Posted in Medical Area .....
- 13. Copy of Maxor's DEA # FM 6301563 Expiration Date 1 / 31 / 16  
Is Current and Posted in Medical Area .....
- 14. Copy of Maxor's State Permit # 3012 Expiration Date 4 / 30 / 15  
Is Current and Posted in Medical Area .....

**E. EMERGENCY MEDICATION KIT:**

- 1. Seal in Tact .....
- 2. No Deteriorated or Expired Meds Present .....
- 3. Current List Posted & On Kit .....
- 4. No Medication Missing and No Additional Items Present.....
- 5. Evidence that the box has been Checked Monthly, Signed and Dated .....
- 6. HIV Post Exposure Kits are within Expiration Dates.....

**F. MISCELLANEOUS:**

- 1. Proper Drug References Available .....
- 2. Policy and Procedure Manual Up to Date & Readily Available.....
- 3. Previous Recommendations Attended to.....

**REMARKS AND RECOMMENDATIONS:**

CA Not Residual Pharmacy Permit. - expired?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*[Signature]*  
FACILITY REPRESENTATIVE

*[Signature]*  
PHARMACIST SIGNATURE  
John Tony Pham D, GCP  
PHARMACIST NAME (PRINT)



Correctional Pharmacy Services

416 Mary Lindsay Polk Drive, Suite 515
Franklin, Tennessee 37067
(615) 771-1436 (800) 833-2510

MEDICATION ROOM INSPECTION for CORRECTIONAL INSTITUTIONS

FACILITY: Los Pricetas Boys Camp

DATE: 11/6/14

MEETS REQUIREMENTS

ATTENTION RECOMMENDED

A. MEDICATION STATION AND STORAGE:

- 1. Medication Room Locked
2. Medication Carts Locked
3. Locks on Carts working Properly
4. Keys Controlled by Appropriate Staff
5. Medication Room/Carts Clean
6. Patient Meds Stored Separately
7. Externals Separate from Internals
8. Non-Drug Items sorted Separately
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6. Personnel Administering Medication have Signed and Initialed the MAR

30



# MAXOR<sup>®</sup>

*Correctional Pharmacy Services*

**MEDICATION ROOM INSPECTION for CORRECTIONAL INSTITUTIONS**

FACILITY: \_\_\_\_\_ DATE: \_\_\_\_\_

MEETS REQUIREMENTS
  ATTENTION RECOMMENDED

**D. MEDICATION HANDLING & DISPOSITION:**

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- 7. Change of Shift Count Sheets for Controlled Substances Complete.....
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- 9. Perpetual Inventory for Stock Medications  
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- 10. Biennial Inventory Last Date done 7 / 20 / 14  
and Copy on File at Site .....
- 11. DEA # BA 570640 Expiration Date 6 / 30 / 15  
Is Current and Copy Posted in Medical Area .....
- 12. State Permit # NW 1407 Expiration Date 1 / 31 / 14  
Is Current and Copy Posted in Medical Area .....
- 13. Copy of Maxor's DEA # FM 6301503 Expiration Date 1 / 31 / 16  
Is Current and Posted in Medical Area .....
- 14. Copy of Maxor's State Permit # 3012 Expiration Date 4 / 30 / 15  
Is Current and Posted in Medical Area .....

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- 6. HIV Post Exposure Kits are within Expiration Dates.....

**F. MISCELLANEOUS:**

- 1. Proper Drug References Available .....
- 2. Policy and Procedure Manual Up to Date & Readily Available.....
- 3. Previous Recommendations Attended to.....

**REMARKS AND RECOMMENDATIONS:**

CA Not Resident Pharmacy Permit. - expired?

[Signature]  
FACILITY REPRESENTATIVE

[Signature]  
PHARMACIST SIGNATURE  
John Tang, Pharm D, GCP  
PHARMACIST NAME (PRINT)

Trade Name/Presentation		State-supplied Flu Report																		
		Provider ID: 42CORIZON-SM																		
		Date Range: From 08/01/2014 To 12/31/2014																		
		Flu Doses Administered (based on patient age and CAIR vaccine eligibility code)																		
Click on the '+' sign to the left of each vaccine to display the individual lots.		Lot Number	6 - 35 Months			3 - 6 Years			7 - 18 Years			19 - 49 Years			50 - 64 Years			65+ Years		
			VFC	317	State GF	VFC	317	State GF	VFC	317	State GF	VFC	317	State GF	VFC	317	State GF	VFC	317	State GF
<input checked="" type="checkbox"/>	Fluzone (3 yrs and older) - 5.0 mL multidose vial		0	0	0	0	0	0	11	7	0	0	0	0	0	0	0	0	0	
<input checked="" type="checkbox"/>	Flumist Quad (2 yrs - 49 yrs) - 0.2 mL		0	0	0	0	0	0	10	0	0	0	0	0	0	0	0	0	0	

\*\* State GF- State General Fund

*Note: This report displays all lots of Flu vaccine in inventory that were active during the date range entered*

- Expired lots

127 Flu vaccines

State-supplied Vaccine Report									
Provider Id : 42CORIZON-SM			Doses Administered				# Doses Available as of today 3/14/2015 9:58:51 AM		
Vaccine Code	Lot Number	Expiration Date	From: 01/01/2014		To: 12/31/2014				Total
			VFC	317		State GF			
			<=18	19+					
Expired			= Expired lots during date range.						
Archived			= Archived lots during date range.						
State GF			= State General Fund.						
Refrigerated Vaccines									
DTaP			0	0	0	0	0	0	
DTaP/IPV			0	0	0	0	0	0	
DTaP/Hepatitis B/IPV			0	0	0	0	0	0	
DTaP/IPV/Hib			0	0	0	0	0	0	
Hepatitis A									
Hepatitis A	ZY2F7	3/18/2016	12	0	0	0	12	17	
Hepatitis A	G499B	3/6/2017	0	0	0	0	0	10	
Hepatitis A	AZ54D	3/11/2017	0	0	0	0	0	10	
<b>Hepatitis A Total :</b>			<b>12</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>12</b>	<b>37</b>	
Hepatitis B									
Hepatitis B	EL3SH	11/22/2015	4	0	0	0	4	4	
Hepatitis B	7SN99	4/4/2016	0	0	0	0	0	10	
Hepatitis B	5E97P	1/21/2017	0	0	0	0	0	10	
<b>Hepatitis B Total :</b>			<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>24</b>	
Hepatitis B/Hib			0	0	0	0	0	0	
Hib			0	0	0	0	0	0	
Hib, Pedvax			0	0	0	0	0	0	
HPV									
HPV	H020901	7/5/2015	79	0	0	0	79	1	
HPV	J008423	1/21/2016	1	0	0	0	1	0	
HPV	J013324	2/12/2016	7	0	0	0	7	0	
HPV	J006850	3/31/2016	71	0	0	0	71	-1	
HPV	K004205	1/12/2017	17	0	0	0	17	0	
HPV	K005881	1/14/2017	0	0	0	0	0	78	
<b>HPV Total :</b>			<b>175</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>175</b>	<b>78</b>	
IPV									
IPV	J1727-1	11/22/2015	10	0	0	0	10	0	
<b>IPV Total :</b>			<b>10</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>0</b>	
Meningococcal Conjugate									
Meningococcal Conjugate	M13014	9/30/2014	2	0	0	0	2	0	
Meningococcal Conjugate	M13017	9/30/2014	78	0	0	0	78	0	
Meningococcal Conjugate	M13050	5/31/2015	14	0	0	0	14	0	
Meningococcal Conjugate	M14057	8/31/2015	10	0	0	0	10	0	
Meningococcal Conjugate	M14070	11/30/2016	0	0	0	0	0	15	
<b>Meningococcal Conjugate Total :</b>			<b>104</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>104</b>	<b>15</b>	
Pneumococcal Conjugate			0	0	0	0	0	0	

<b>Rotavirus</b>			0	0	0	0	0	0
<b>Rotarix</b>			0	0	0	0	0	0
<b>Tdap</b>								
Tdap	N3BE2	2/21/2016	11	0	0	0	11	27
Tdap	5DM3Y	4/15/2016	0	0	0	0	0	10
Tdap	D93LR	12/18/2016	0	0	0	0	0	10
<b>Tdap Total :</b>			<b>11</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11</b>	<b>47</b>
<b>VFC Vaccines Stored in the Freezer</b>								
<b>Varicella</b>								
Varicella	J006692	5/30/2015	11	0	0	0	11	1
Varicella	J008443	7/9/2015	18	0	0	0	18	0
Varicella	K006135	4/29/2016	0	0	0	0	0	9
Varicella	K011081	8/8/2016	0	0	0	0	0	10
<b>Varicella Total :</b>			<b>29</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>29</b>	<b>20</b>
<b>MMR</b>								
MMR	H014648	8/3/2014	4	0	0	0	4	0
MMR	J003625	3/22/2015	2	0	0	0	2	5
MMR	K000737	1/16/2016	0	0	0	0	0	10
MMR	K005431	4/15/2016	0	0	0	0	0	10
<b>MMR Total :</b>			<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>25</b>
<b>MMR-VZV</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>* * * Special Order Vaccines * * *</b>								
<b>Td</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Meningococcal/Hib Conjugate</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Pneumococcal Polysaccharide</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

351 vaccines given



MINUTES

Meeting: Medical, Mental Health and Corrections Committee  
Date: 12/17/2014  
Time: 0930-1030  
Present: Shannon Guillen, RN; Carrick Adam, MD; Brian Swanson, Laurie Holbrook, Sandy Fahey (ADMHS), Lee Bethel, Lisa Conn, MFT

=====

I. Welcome

- a. Review of September meeting minutes and action items.
  - i. Action items still pending: 2013 Annual Report, MRT stats, ATD policy update.
- b. Stats: lee asks that MH stats be available for meeting. Sandy will make sure monthly stats are being reported to probation.

II. General

- a. Trauma training for probation staff:
  - i. NCTSN "Think Trauma" probation training was placed on hold pending grant award notification for funding for training. SB County and Ventura county applied for grant money to pay for training for probation and clinical staff to become Trainers for Trauma informed care. Delay in notification but should hear any day.
  - ii. Back-up plan if grant not awarded: Lisa, Carrick, Laurie and Christina Brumbaugh will select dates for in-county training by ADMHS. ADMHS staff and Dr. Adam have already been trained as trainers in Trauma Informed care.
- b. Suicide Policy/Training:
  - i. Suicide online training needs to be reviewed and updated. Mental Health to review online training and work with Christina to update if needed. Any updates will need to be presented at next staff meeting so that staff are aware of changes.
  - ii. There is an interdepartmental meeting tomorrow to discuss recent events and plan to better communicate between departments.
- c. Drug and Alcohol Services
  - i. Discussion on the increasing number of youth with significant drug and alcohol issues and what services are in community and in custody. Camp has added more services for ATOD issues (2 MRT with relapse prevention component groups added and AA youth group).
  - ii. Discussion regarding continuity and consistency of services between north and south county and in and out of custody. Lee will talk with Mr. Delira about issue as Juvenile Drug Court providers meet monthly. Question of whether it would be beneficial for institutions to be involved in those meetings.

III. Medical

- a. Staffing: Nurse Guillen reported on staffing needs. New prn RN hired. Still looking for more LVNs to cover PRN.

- b. Title 15 Public Health Inspection: Awaiting final report from PHD. Medical Diets: continue to have problems implementing medical diets within the facility.
- c. Intake Receiving Screening: Medical and probation are working on revising Receiving Screening form to add ATD components and clarify when to call medical.
- d. Peer Review: Completed by Dr. Kayumi in November. Awaiting final report. Internal peer review completed in November.
- e. NCCHC v. IMQ: IMQ accreditation will expire in fall of 2015. Discussion regarding moving forward with NCCHC. Lee stated that with a new Chief starting in January, she will need to discuss with him/her. Plan is to move forward toward NCCHC compliance.
- f. Infection Control: medical has noticed increase in scabies within facility and T. Pedis. Medical and probation to review policies of institutional cleaning procedures. Lee would like a report on this.

#### IV. Probation

##### a. SMJH

- i. Female Specific Programming: lisa reported that groups are going again, 2x/week with goal of 3x/week. MH and Ms. Santiago identified 5 female staff that have started training on female specific programming and trauma informed care. Lisa is working with Dr. Sharkey from UCSB in the development and monitoring of program.
- ii. Rounds: Continue to occur Tuesdays and Thursdays. Tuesday afternoons have been inconsistent. A mental health intern will be writing minutes and will send out to designated staff. Lee would like a copy of minutes to be sent to Probation managers at Lompoc, sm and sb. Medical and MH will need to make sure no HIPAA protected information is on the minutes.
- iii. Response Matrix work group: Interdisciplinary (school, MH, medical and probation) group will have first meeting today to develop Behavior management program as alternative to separation.

##### b. LPBC

- i. See above for ATOD programming additions at camp. 95% of youth getting sentenced to camp have court order for ATOD services.

#### V. Mental Health

##### a. Staffing:

- i. The psychiatrist at camp has given her notice. ADMHS is looking for replacement. They are looking at Telepsychiatry services but there have been IT issues related to HIPAA. Sandy will get more information and notify group of updates. Telepsychiatry will save 2 hours of drive time and may make it possible for Dr. Shull to cover both sites.
- ii. Medical acknowledged Dr. Shull's responsiveness and professionalism.
- iii. Lisa will send updated on-call psychiatry schedule to medical for this month. Dr. Ole will be on vacation so medical questioned who will be covering for him if there are issues. Lisa will find out and let medical know.
- iv. All full time MFT positions are staffed. There are two bilingual staff onsite which has been helpful in communicating and providing psychoeducation at camp.

##### b. MRT:

- i. Still awaiting stats regarding youth on MRT.

- ii. Referrals are not going through for out of custody youth. Lisa will put together a screening for probation for AARC.
- c. CANS-
- d. Trauma informed Care: see IIa above. Lisa to provide dates to Laurie before end of the year.

The next MAC meeting will be March 11, 2015 at LPBC at 0930 in the conference room.



December 2014 MAC Meeting Action Items

Action	Responsibility	Due
Update SMJH receiving screening form	Carrick Adam Brian	Next meeting
Annual Report from Corizon 2013	Debra Mood	Next meeting
Annual Health report 2014	Carrick Adam	March
Follow up on external peer review report	Carrick Adam	January
Review of environmental cleaning protocols – send report to Lee Bethel	Shannon Guillen Ms. Strothers	January
Send L. Holbrook dates for training for Trauma informed care. ID staff who we can fast track through training	Lisa Conn/Carrick Adam Laurie Holbrook/ Christina Brumbaugh	January
f/u Title 15 report from PHD	Lee Bethel	January
Discuss ATOD service continuity between regions and in/out custody with Mr. Delira	Lee Bethel	Next meeting
Inform medical and probation of psychiatrist covering Dr. Ole while he is on vacation.	Lisa Conn	Immediately
Updated December schedule for on call psychiatrist to medical	Lisa Conn	Immediately
Girls InC. potential conflict with agency of same name in SB.	Lisa Conn	Next meeting
Screening guidelines for AARC MRT groups	Lisa Conn	Next
Mental Health Stat distribution monthly and for MAC meeting	Sandy Fahey	Immediately
Update on IT issues surrounding Telepsychiatry services at camp	Sandy Fahey	
Stats on MRT youth with regards to level, negative chronos, iso time, etc.	Brian Swanson	December
Probation Aerosol Transmissible Disease Policy	Brian Swanson	Next meeting
Print Suicide training packet and give to Lisa/Jason for review	Laurie Holbrook	January
Review and update annual suicide training (probation)	Lisa/Jason Laurie Christina Brumbaugh (?)	Next meeting

MINUTES

Meeting: Medical, Mental Health and Corrections Committee  
Date: 09/10/2014  
Time: 0930-1030  
Present: Shannon Guillen, RN; Carrick Adam, MD; Brian Swanson, Laurie Holbrook, Bill Roberts, Lee Bethel, Lisa Conn, MFT

=====

I. Welcome

- a. Review of 6/11/2014 meeting minutes and action items.
  - i. Action items still pending: Lee and Carrick will meet next 9/16 regarding NCCHC planning, annual report from Corizon.

II. General

- a. Trauma training for probation staff:
  - i. NCTSN "Think Trauma" probation training will begin with an initial 4 hour training. The "think trauma" training is designed to by 4, 3-4 hour training modules.
  - ii. First training will be either October 7, 8 or 9. There will be four initial trainings offered to get institutional staff introduced to concept of Trauma informed care.
  - iii. Training will be provided by Lisa Conn, Jason Tarman, Victoria Lathos, Anne Norfleet and Carrick Adam.

III. Medical

- a. Title 15 Public Health Inspection: completed by Debra Schultz, RN. Inspection went well. Recommend: Cough policy and revising Receiving screening to include pertussis symptoms due to state epidemic of Pertussis. There were also questions regarding probation's ATD policy. Barton Clark to send initial version to Brian for review and completion.
- b. Medical Diets: continue to have problems implementing medical diets within the facility.
- c. Staffing: Shannon reported that she continues to try to fill open positions.
- d. Peer Review: Dr. Adam reports that she has attempted to contact Dr. Kayumi twice to set up date for external peer review. Dr. Kayumi has not responded. Recommend considering another reviewer.
- e. Pertussis case/exposure: no cases of suspected pertussis within facility. Continue to be vigilant of suspected cases especially chronic cough >2 weeks.
- f. Restriction logs are updated daily and sent to intake seniors and Sr. JIO. Occasional problems with logs not reaching unit staff.

IV. Probation Institutions

- a. SMJH
  - i. BCSS inspection: completed in June resulting in:
    - 1. Changes to correspondence policy, grievance procedures and time out for youth. Final report to follow.
  - ii. Female specific programming: discussed in MH section
  - iii. Rounds: Rounds continue to occur on Tuesday and Thursday mornings:

1. Tuesday rounds will occur at 3pm to reach afternoon staff.
  - iv. Separation: probation continues to look at separation practices in the facility.
  - b. LPBC
    - i. Epi-pen training to occur at next staff meeting.
- V. Mental Health
- a. Staffing:
    - i. There will be a new child and adolescent psychiatrist for the hall and the camp. One psychiatrist is unable to be cleared through lifescan so clearance must be done manually. This will take at least 5-6 weeks. Lisa to notify probation and medical who will be working at LPBC until clearance is complete.
    - ii. Lisa will report on call changes and proper lines of communication with psychiatry during work hours and afterhours.
    - iii. Lisa reports ADMHS is in the process of hiring a psych. Tech that will cover both the hall and LPBC.
  - b. Female specific programming:
    - i. 3 girls groups/week in new female unit. 2 skills groups and one wellness group per week. No intensive trauma work is going on in female unit at this time. Girls are receptive to new environment.
    - ii. Brian reported on anticipated roll out of the unit.
  - c. MRT:
    - i. Lee would like information on youth in MRT. How many on A level? How many negative write ups? Etc. would like some indicators to follow to see if MRT is effective.
  - d. CANS- MH still in the process of getting all staff trained/certified to do CANS. Juvenile Hall is the test site for ADMHS for implementation of CANS.

The next MAC meeting will be December 10, 2014 at Santa Maria Juvenile Hall at 0930 in the conference room.

September 2014 MAC Meeting Action Items

Action	Responsibility	Due
Planning meeting for NCCHC accreditation goals	Carrick Adam Lisa Conn Lee Bethel	September 16
Annual Report from Corizon	Debra Mood	Next meeting
Send L. Holbrook dates for training for Trauma informed care.	Lisa Conn	October 1
f/u Peer Review for medical	Carrick Adam	Immediately
Inform medical and probation of who will be psychiatrist at camp while new MD is going through background check	Lisa Conn	Immediately
Lisa to follow-up on the following: Who will be on-call b/n 8-5 weekdays? Do we still call Dr. Ole if no response by on-call psychiatrist?	Lisa Conn	Immediately
Stats on MRT youth with regards to level, negative chronos, iso time, etc.	Brian Swanson	December
Probation Aerosol Transmissible Disease Policy	Brian Swanson	December

MINUTES

Meeting: Medical, Mental Health and Corrections Committee  
Date: 06/11/2014  
Time: 0930-1030  
Present: Shannon Guillen, RN; Carrick Adam, MD; Brian Swanson, Laurie Holbrook, Lee Bethel, Jason Tarman, MFT, Lisa Conn, MFT

=====

- I. Welcome
  - a. Review of 3/12/14 meeting minutes and action items.
    - i. Action items still pending: Corizon annual report to probation, tracking of mental health requests from females.
- II. Medical
  - a. NCCHC pre-pre-preparation survey
    - i. Dr. Adam discussed findings. There is work needed in several areas to become NCCHC compliant. Lee asked that we meet after upcoming Title 15 inspection for in depth review and planning.
  - b. Medical Restriction Log discussed. AA is arriving earlier to ensure that log is distributed before morning change of shift de-briefing. Staff should be familiar with special needs in unit daily. Log is placed in new binders in each unit after staff have discussed.
  - c. Nursing keys at camp are checked in and out daily. No issues with new system.
- III. Probation Institutions
  - a. SMJH
    - i. Title 15 inspection will be on June 25-27. Medical and Mental health need to have P&P manuals available. Brian to check with Buffy about mental health manual.
    - ii. Female Specific Programming update. Lee and Brian discussed status of unit and future of programming. At this point, more discussion will be needed regarding if/when groups may be held in the unit. Questions regarding confidentiality and security need to be addressed as we get closer.
    - iii. Rounds were discussed. Overall, all departments see benefits of having multidisciplinary rounds regarding status and treatment plans for high risk youth as well as process improvement. Medical and Mental health relayed that administrative presence is important for the success of rounds. There was also discussion of lag time with status and behavior plan approvals. Brian asks that we do not discuss policy during rounds.
    - iv. Discussion regarding segregation. NCCHC standard on segregation given to attendees to review for further discussion later. It was agreed that progress has been made on use of segregation and modifications to segregation. Concerns were expressed regarding segregation on youth with significant medical or mental health issues. This discussion will be on-going.
  - b. LPBC

- i. Laurie and Jason reported on programming. They would like to add another MRT group at camp.

#### IV. Mental Health

- a. Female group is going well. Only three girls currently in group.
  - i. Mental health will begin implementing CANS and SES after training complete. CANS training is tomorrow. All departments have representatives attending.
  - ii. Trauma informed care training will be coming. ADMHS is still in planning stages of the training. Most likely, probation training will be 12 hours. Lisa will distribute information as she gets it from ADMHS administration.
- b. ADMHS statistical reports
  - i. Lee and Lisa will meet and discuss stats needed. Would like to get stats before quarterly MAC meeting so they can be included in minutes.
- c. Lisa discussed case of youth on 1:1 contact after suicidal behaviors in transport back from SB court. She discussed mental health needs and plan for this youth.

The next MAC meeting will be September 10, 2014 at Los Prietos Boys Camp at 0930 in the conference room.

June 2014 MAC Meeting Action Items

Action	Responsibility	Due
Planning meeting for NCCHC accreditation goals	Carrick Adam Lisa Conn Lee Bethel	July
Annual Report from Corizon	Debra Mood	Next meeting
MH stat list	Lisa Conn Lee Bethel	Next meeting
Medical and Mental Health Policies for Title 15 inspection	Shannon Guillen Mh Buffy	Immediately





Santa Maria Juvenile and Los Prietos Boys Camp  
Medical, Mental Health, and Corrections Committee

MINUTES

Meeting: Medical, Mental Health and Corrections Committee  
Date: 03/12/2014  
Time: 0930-1030  
Present: Shannon Guillen, RN; Carrick Adam, MD; Brian Swanson, Bill Roberts, Lee Bethel, Jason Tarman, MFT, Debra Mood, RN

=====

- I. Welcome
  - a. Review of 12/11/13 minutes and action items.
    - i. Action items still pending:
      - 1. Suicide PIFs on units but not laminated. Will send to Business center for lamination.
      - 2. Jason to obtain suicide prevention poster.
      - 3. NCHC feasibility study in progress.
- II. Medical
  - a. Staffing update:
    - i. New Nurse Manager, Shannon Guillen and Medical Assistant, Leilani Stover are settling into new positions.
    - ii. Nurse Guillen will attend Corizon's "Basic Training for Managers" this summer for five days.
    - iii. There will be more "sharing" of prn staff between the juvenile and adult jail.
  - b. Immunization update:
    - i. Reviewed CAP and QI follow-up report on immunization issues.
  - c. Title 15 Health report:
    - i. Reviewed CAP and QI follow-up report on Title 15 deficiencies.
    - ii. Debra Mood will be completing annual report for 2013.
- III. Probation Institutions
  - a. SMJH
    - i. Discussed implementing multi-disciplinary rounds.
      - 1. Team would include mental health (MFT supervisor), medical (MD or RN) and probation administration who will round in each unit to discuss high-risk youth/issues within each unit.
      - 2. Will start Tuesday, March 18. Mr. Swanson will email team regarding time rounds will begin. Ideally, rounds will occur daily but initially will be every Tuesdays and Thursdays.
    - ii. Lee discussed pending legislation regarding isolation and solitary confinement within institutions and ICE directive.
  - b. LPBC
    - i. Keys: Medical RN lost keys at camp and they have not been located. Probation relayed that the facility will need to be re-keyed and protocols will be changed to address issue. This is at a significant cost to probation. Lee and Debra will discuss responsibility of payment at later date.
    - ii. Flag decommissioning ceremony for LPBA will occur April 23.

- 6
- c. General:
    - i. New Title 15 regulations are almost finalized and institutions will be reviewing policies to ensure compliance with new standards.
    - ii. Lee has asked that medical and mental health be involved in reviewing those regulations that require it. Meeting between Probation, medical and mental health scheduled for later today to discuss.

#### IV. Mental Health

- a. New protocol for weekly female group reviewed. This was developed in response to delays/cancellations of group which have been occurring frequently.
- b. MRT update:
  - i. Discussed issues surrounding MH staffing and MRT groups which may affect number of groups offered in the county.
  - ii. Groups are currently at full capacity.
  - iii. MH has done an in-service with SM and SB probation staff to increase PO understanding of the program and support for the MRT guidelines and protocol. There is a need to review current MRT guidelines and ensure that there is a clear checklist for exclusionary criteria to ensure PO's know who is appropriate for MRT. Jason will set up MRT QA meeting to discuss these issues and clarify protocols.
- c. ADMHS statistical reports
  - i. Discussed need for more statistical reports from MH
- d. Placement for high risk females.
  - i. There was discussion regarding placement issues for high risk females especially those known to be sex-trafficking victims. Further discussion of mental health involvement at PRC and mental health recommendations for these youth will be discussed at next Female Specific Program meeting.
- e. MH staff attended training on LGBTQ population. They will bring trainings to both LPBC and SMJH for all staff as part of PREA training.
- f. MH presence in the female unit continues to translate into decline in MH requests. Lee asked if this was being tracked and would like these numbers.

The next MAC meeting will be June 11, 2014 at Santa Maria Juvenile Hall at 0930 in the conference room.

10

Action	Responsibility	Due
Send "My brothers/sisters keeper" poster to Mr. Roberts to have enlarged/laminated for facilities.	Carrick Adam Bill Roberts	Immediately (done)
Feasibility of NCCHC accreditation	Carrick, Lisa, Lee	Ongoing
Rounds between Medical, Mental health and Probation- Tue and Thru starts 3/18, Need to know who from probation and time of rounds	Brian Swanson	3/18 (done)
Annual Report from Corizon	Debra Mood	Next meeting
Female MH requests tracking	MH	Next meeting
Interdepartmental review of policies (Suicide, restraint, intoxicated youth, IEP, dental care)	Brian, Laurie, Carrick, Jason	??

# Statistical Report

2014

	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEPT	OCT	NOV	DEC
Average Daily Population	60	67	59	57	55	56	51	53	56	67	55	55
Average Monthly Intakes	110	98	82	111	93	100	97	64	105	125	95	96
Grievances												
1. Medical	0	0	0	0	0	0	0	0	0	0	0	0
2. Mental Health	0	0	0	0	0	0	0	0	0	0	0	0
Youths Deaths												
Physician Services												
1. MD Sick Call	101	103	65	60	83	85	79	81	80	76	67	87
2. Annuals	17	30	19	24	10	17	12	20	25	28	32	19
Total	118	133	84	84	93	102	91	101	105	104	99	106
Nursing Services												
1. Nursing Sick Call	272	185	174	251	208	308	253	247	246	259	214	192
3. Interval Evaluations	37	18	26	21	27	18	22	23	21	30	10	17
4. PPD's Administered	20	21	30	41	32	30	22	38	33	46	37	32
5. Other Immunizations	12	0	11	38	27	39	32	44	21	44	56	49
Total	341	224	241	353	294	395	329	352	321	345	317	290
1. Positive PPD's	1	2	2	0	1	1	0	1	0	1	1	3
2. Positive STD's	1	5	1	2	1	2	2	4	4	1	1	3
Mental Health Services												
1. Psychiatrist Contacts												
2. Medical Referrals to M/H	5	10	17	20	14	21	13	7	12	5	4	4
3. Mid Month Psych Med Count	13	16	16	15	8	13	13	13	13	12	10	12
Medications												
1. Total Doses of MH meds	785	791	849	648	624	590	1016	645	752	889	650	871
2. Total Doses of Rx Meds	374	494	473	394	640	425	398	508	503	568	362	178
3. Total Doses of OTC meds	993	928	556	827	691	874	716	594	561	514	602	582
Total	2152	2210	1878	1869	1955	1889	2130	1747	1861	1971	1614	1631
4. Youths on MH meds	30	27	26	19	19	20	19	17	15	24	24	18
5. Youths on Rx meds	17	21	24	23	30	30	29	28	22	24	25	17
6. Youths on OTC meds	66	55	45	56	54	44	55	47	40	56	53	52
Total	113	103	95	98	103	90	103	92	77	104	102	87
7. Youths on TB meds	1	2	1	0	0	1	0	0	0	0	0	0
8. Youths on HIV/AIDS meds	0	0	0	0	0	0	0	0	0	0	0	0

Santa Maria  
Juvenile Hall 2014

Statistical Report

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
<b>Inpatient Hospital Services</b>												
1. Hospital Admissions	0	0	0	0	0	0	0	0	0	0	0	0
2. Hospital Days	0	0	0	0	0	0	0	0	0	0	0	0
<b>Emergency Hospital Services</b>												
1. 911 Transports	0	0	0	0	0	0	4	0	0	0	0	0
2. Probation Transports	0	0	0	0	1	0	0	0	0	2	2	0
3. Emergency Treatment Only	0	0	0	0	1	0	0	0	0	2	2	0
<b>Total</b>	0	0	0	0	1	0	4	0	0	2	2	0
<b>Out Patient Services</b>												
1. Public Health	0	1	0	1	0	0	0	1	1	1	1	0
2. Dental Office	1	2	5	4	4	5	3	4	8	1	2	2
3. Private Office Appointments	4	2	2	0	2	2	2	0	1	5	1	6
4. Out Patient surgeries	0	0	0	0	0	0	0	0	0	0	1	0
<b>Radiology Services</b>												
1. PHD Xrays	1	0	0	0	0	2	2	0	0	0	0	0
2. Out Patient Xrays	0	0	0	0	0	2	0	0	0	0	0	0
<b>Radiology Services Total</b>	1	0	0	0	0	2	2	0	0	0	0	0
<b>Laboratory Service</b>												
1. Specimens Processed	3	2	0	4	2	0	1	2	0	0	0	0
<b>24 hour sick calls (missed)</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>Youths on HIV/AIDS Meds</b>	0	0	0	0	0	0	0	0	0	0	0	0

	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEPT	OCT	NOV	DEC
Average Daily Population	44	44	46	44	47	44	40	39	39	36	33	29
Youths Deaths												
Grievances												
1. Medical	0	0	0	0	0	0	0	0	0	0	0	0
2. Mental Health	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0
Physician Services												
1. MD Sick Call	36	22	20	23	35	42	47	45	30	32	34	30
2. Annuals	3	0	0	0	0	0	0	0	0	0	0	0
Total	39	22	20	23	35	42	47	45	30	32	34	30
Nursing Services												
1. Nursing Sick Call	200	106	183	141	102	146	137	135	154	146	96	100
2. Immunization	1	0	0	28	0	0	8	0	0	8	1	0
3. PPD's Administered	6	2	1	0	2	0	0	0	0	0	0	0
Total	207	108	184	169	104	146	145	135	154	154	97	100
1. Positive PPD's	1	0	0	0	0	0	0	0	0	0	0	0
2. Positive STD's	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health Services												
1. Psychiatrist Contacts												
2. Medical Referrals to MH	1	0	1	0	0	0	7	4	1	8	10	10
3. Mid Month Pysch Med Count	10	12	12	10	10							
Medications												
1. Total Doses of MH meds	456	524	590	402	479	506	488	416	435	534	593	763
2. Total Doses of Rx Meds	548	602	320	484	527	452	319	314	365	524	381	339
3. Total Doses of OTC meds	522	538	693	503	923	852	231	293	646	602	435	620
Total	1526	1664	1603	1389	1929	1810	1038	1023	1446	1660	1409	1722
4. Youths on MH meds	11	15	12	11	12	11	12	8	11	12	13	12
5. Youths on Rx meds	18	22	14	13	14	14	12	10	14	17	16	12
6. Youths on OTC meds	30	27	36	42	37	39	18	21	28	31	24	23
Total	59	64	62	66	63	64	42	39	53	60	53	47
7. Youths on TB meds	3	3	1	0	1	1	0	0	0	0	0	0
8. Youths on HIV/AIDS meds	0	0	0	0	0	0	0	0	0	0	0	0

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
<b>Inpatient Hospital Services</b>												
1. Hospital Admissions	0	0	0	0	0	0	0	1	0	1	1	0
2. Hospital Days	0	0	0	0	0	0	0	2	0	0	1	0
<b>Emergency Hospital Services</b>												
1. 911 Transports	1	0	0	0	0	2	0	2	0	1	0	0
2. Probation Transports	0	0	0	1	1	1	0	2	1	3	1	1
3. Emergency Treatment Only	1	0	0	1	1	3	0	3	1	4	1	1
<b>Total</b>	1	0	0	1	1	3	0	4	1	4	1	1
<b>Out Patient Services</b>												
1. Public Health	1	0	0	0	2	1	0	1	0	1	1	0
2. Dental Office	2	1	6	1	4	3	1	2	4	3	1	4
3. Private Office Appointments	2	1	5	1	6	6	2	3	2	6	4	5
4. Out Patient surgeries	0	0	0	0	0	0	0	0	0	1	0	0
<b>Radiology Services</b>												
1. Out Patient X-rays	6	5	3	3	3	2	5	3	1	7	3	5
<b>Radiology Services Total</b>	6	5	3	3	3	2	5	3	1	7	3	5
<b>Laboratory Service</b>												
Specimens Processed	50	57	63	66	41	45	41	44	61	63	68	46
New Charts Processed	17	27	14	26	18	21	13	18	13	28	23	20
24 hours sick call missed	0	0	0	0	0	0	0	0	0	0	0	0
96 hours evaluation (missed)	0	0	0	0	0	0	0	0	0	0	0	0
New Preg youth actual referral within 7 days	0	1	0	2	0	0	0	0	0	0	0	0
Preg youth	0	1	2	2	2	1	0	1	1	0	0	0
HIV /AIDS actual referral within 7 days	0	0	0	0	0	0	0	0	0	0	0	0
HIV / AIDS Youth in custody	0	0	0	0	0	0	0	0	0	0	0	0



Correctional Pharmacy Services

416 Mary Lindsay Polk Drive, Suite 515
Franklin, Tennessee 37067
(615) 771-1436 (800) 833-2510

MEDICATION ROOM INSPECTION for CORRECTIONAL INSTITUTIONS

FACILITY: Santa Maria Juvenile Hall DATE: 2/16/15

MEETS REQUIREMENTS

X ATTENTION RECOMMENDED

A. MEDICATION STATION AND STORAGE:

- 1. Medication Room Locked
2. Medication Carts Locked
3. Locks on Carts working Properly
4. Keys Controlled by Appropriate Staff
5. Medication Room/Carts Clean
6. Patient Meds Stored Separately
7. Externals Separate from Internals
8. Non-Drug Items sorted Separately
9. Medication stored in accordance within manufacturer's recommendations
10. Refrigerator at Correct Temperature (36-46) 37.6 F
11. Medication Refrigerator Contains only Medications and Adjunctive Foods
12. Lighting and Ventilation Adequate
13. Multiple dose parenterals dated when opened and discarded within the time frame allotted by manufacturer

B. MEDICATIONS AND LABELS (RANDOM SAMPLES):

- 1. Prescription Meds Properly Labeled
2. Inmate Specific Labels Are Not Altered
3. Non-Prescription Meds Properly Labeled
4. No Unlabeled or Hand-labeled Containers of Medications
5. No Discontinued Meds & Meds from Discharged Patients on Hand
6. No Expired Meds on Hand
7. No Deteriorated Meds on Hand

C. MEDICATION ADMINISTRATION & ORDERS (RANDOM SAMPLES):

- 1. Start Date & Stop Date Listed on MAR
2. Stop Date is Not Exceeded
3. P R N Medications are Documented with Reasons
4. Medication Exceptions being Properly Documented (Refusals, Inmate Out of Facility, etc.)
5. Medications Being Administered Within Acceptable Parameters of Pass-time
6. Personnel Administering Medication have Signed and Initialed the MAR





Correctional Pharmacy Services

MEDICATION ROOM INSPECTION for CORRECTIONAL INSTITUTIONS

FACILITY: Santa Maria Juvenile Hall

DATE: 2/16/15

✓ MEETS REQUIREMENTS

X ATTENTION RECOMMENDED

D. MEDICATION HANDLING & DISPOSITION:

- 1. No Reconstituted/Compounded Medications past Expiration Date
2. Controlled Substances Storage Area is Locked
3. Keys Controlled by Appropriate Staff
4. Correct Procedure for Disposal of Discontinued/Expired Meds
5. Correct Procedure for Disposal of Controlled Substances
6. Medication Disposal Records in Order & Readily Available
7. Change of Shift Count Sheets for Controlled Substances Complete
8. Inventory Count for Controlled Substances and Sharps Equals Count Sheet Balance
9. Perpetual Inventory for Stock Medications Equals Count Sheet Balance
10. Biennial Inventory Last Date done 1/1/15 and Copy on File at Site
11. DEA # BA5706405 Expiration Date 6/30/15
12. State Permit # NRP 1410 Expiration Date 1/1/15
13. Copy of Maxor's DEA # FM0501503 Expiration Date 1/31/16
14. Copy of Maxor's State Permit # 3012 Expiration Date 3/31/16

E. EMERGENCY MEDICATION KIT:

- 1. Seal in Tact
2. No Deteriorated or Expired Meds Present
3. Current List Posted & On Kit
4. No Medication Missing and No Additional Items Present
5. Evidence that the box has been Checked Monthly, Signed and Dated
6. HIV Post Exposure Kits are within Expiration Dates

F. MISCELLANEOUS:

- 1. Proper Drug References Available
2. Policy and Procedure Manual Up to Date & Readily Available
3. Previous Recommendations Attended to

REMARKS AND RECOMMENDATIONS:

- Need to update State permit (date valid until 1/1/15)
- please document back of MAR when given PEA meds

[Signature] FACILITY REPRESENTATIVE

[Signature] PHARMACIST SIGNATURE

Uyen Nguyen, Pharm D. PHARMACIST NAME (PRINT)



Correctional Pharmacy Services

MEDICATION ROOM INSPECTION for CORRECTIONAL INSTITUTIONS

FACILITY: Los Priets Boys Camp DATE: 2/16/15

✓ MEETS REQUIREMENTS

X ATTENTION RECOMMENDED

D. MEDICATION HANDLING & DISPOSITION:

- 1. No Reconstituted/Compounded Medications past Expiration Date
2. Controlled Substances Storage Area is Locked
3. Keys Controlled by Appropriate Staff
4. Correct Procedure for Disposal of Discontinued/Expired Meds
5. Correct Procedure for Disposal of Controlled Substances
6. Medication Disposal Records in Order & Readily Available
7. Change of Shift Count Sheets for Controlled Substances Complete
8. Inventory Count for Controlled Substances and Sharps Equals Count Sheet Balance
9. Perpetual Inventory for Stock Medications Equals Count Sheet Balance
10. Biennial Inventory Last Date done 1/1/15 and Copy on File at Site
11. DEA # BA5706405 Expiration Date 6/30/15
12. State Permit # WRP 1407 Expiration Date 1/1/16
13. Copy of Maxor's DEA # PM031503 Expiration Date 1/31/16
14. Copy of Maxor's State Permit # 3012 Expiration Date 4/30/16

E. EMERGENCY MEDICATION KIT:

- 1. Seal in Tact
2. No Deteriorated or Expired Meds Present
3. Current List Posted & On Kit
4. No Medication Missing and No Additional Items Present
5. Evidence that the box has been Checked Monthly, Signed and Dated
6. HIV Post Exposure Kits are within Expiration Dates

F. MISCELLANEOUS:

- 1. Proper Drug References Available
2. Policy and Procedure Manual Up to Date & Readily Available
3. Previous Recommendations Attended to

REMARKS AND RECOMMENDATIONS:

- Please remember to document reason when giving PRN meds.
- Please remember to sign MR when giving meds

[Signature] FACILITY REPRESENTATIVE

[Signature] PHARMACIST SIGNATURE

Wen Nguyen, PharmD. PHARMACIST NAME (PRINT)

Medication Management		CRITERIA:	YES, NO, or NOT SCORED	COMMENTS
H-1				
H-2		Is the site sending a list of discontinued medication orders to Pharmacor daily?	YES	
H-3				
H-4		Are all new orders being placed in the new orders bin and being faxed by the cutoff time?	YES	
H-5				
H-6		Is the Inventory Coordinator comparing the new orders to the manifest?	YES	
H-7				
H-8		Does each order/medication have one, and only one, card with an "L" indicated?	YES	
H-9				
H-10		KOP medication Reorder Stickers are not being pulled until they are issued?	YES	
H-11				
H-12		Are prior month KOP administrations brought forward on current month MAR?	YES	
H-13				
H-14		Did the nurse mark the MAR as they were passing the meds?	YES	
H-15				
H-16		Does the nurse that prepares the medication maintain custody through the administration of the medication?	YES	

Total Year: 16  
 Total No's Scored: 0  
 Grand Total: 16  
 Results = 100%

100%

Note:

PROPRIETARY

Pharmacor Audit 10 Apr 2014

	YES, NO, or Not Scored	COMMENTS
F-2	YES	Keys are maintained on the person designated each shift
F-4	YES	Perpetual inventory maintained
F-6	YES	Administration usage records are complete and current
F-8	YES	Bulk controlled stock inventory is correct
F-10	YES	Unit Destruction records available
F-12	YES	Controlled drug manifests are properly signed, dated, and filed.
F-14	YES	Verify 1 line item from 3 separate controlled drug manifests are correctly entered into the red book.

Total Yes: 15  
 Total No's: 0  
 Total Not Scored: 0  
 Grand Total: 15  
 Results = 100%

Note:

PHARMACORP, LLC  
SURVEY TOOL

	YES, NO, or Not Scored	COMMENTS
D-2 Inmate specific labels are not altered	YES	
D-4 Stop dates are current	YES	
D-6 Initials and entry data on all open sterile products (such as multidose vials, eye drops, sterile irrigations, reconstituted meds, or any sterile meds.) None over 30 days or applicable usage date. Opened single dose containers are destroyed after use.	YES	

Total Yes: 7  
 Total Not Scored: 0  
 Grand Total: 7  
 Results: 100%

Note:

PROPRIETARY

	YES, NO, or Not Scored	COMMENTS
B-2. External and internal medications are stored separately	YES	
B-4. Logs are maintained for returned medications. Logs are filed chronologically. Returns are done weekly or as designated by the consultant pharmacist	YES	
B-6. Only authorized personnel permitted to enter or use drug storage areas	YES	
B-8. Site has tickler file established to reorder KOP medications, not Welch Take, Hand Feeds, or DOT meds.	YES	

Note:

Total YES 0  
 Total NO 0  
 Total Not Scored 0  
 Grand Total 0  
 Results = 100%

**CAIR**

Print Date: 7/29/2015

Page: 1

**Vaccine Usage Report ( CA State version : New Logic 4-1-2004 )**

Vaccination Provider: 42CORIZON-SM

Patient Provider Group: All Groups

Vaccinations: 01/01/2015 To 07/29/2015

## A. VACCINE ADMINISTERED: Number of Immunizations by Age Group

Vaccine	<1	1	2	3-4	5	6-9	10-14	15-18	19+	Total
FLU - 1							8	55		63
Subtotal:							8	55		63

Vaccine	<1	1	2	3-4	5	6-9	10-14	15-18	19+	Total
HAV - 1								4		4
HAV - 2								4		4
Subtotal:								8		8

Vaccine	<1	1	2	3-4	5	6-9	10-14	15-18	19+	Total
HBV - 1								2		2
HBV - 3								2		2
Subtotal:								4		4

Vaccine	<1	1	2	3-4	5	6-9	10-14	15-18	19+	Total
HPV - 1							4	25		29
HPV - 2							5	30		35
HPV - 3							10	43		53
Subtotal:							19	98		117

Vaccine	<1	1	2	3-4	5	6-9	10-14	15-18	19+	Total
IPV - 1								2		2
IPV - 4								1		1
Subtotal:								3		3

Vaccine	<1	1	2	3-4	5	6-9	10-14	15-18	19+	Total
MCV4 - 1							1	15		16
MCV4 - 2								45		45
Subtotal:							1	60		61

**CAIR**

**Vaccine Usage Report ( CA State version : New Logic 4-1-2004 )**

Print Date: 7/29/2015

Page: 2

Vaccination Provider: 42CORIZON-SM

Patient Provider Group: All Groups

Vaccinations: 01/01/2015 To 07/29/2015

**A. VACCINE ADMINISTERED: Number of Immunizations by Age Group**

Vaccine	<1	1	2	3-4	5	6-9	10-14	15-18	19+	Total
MMR - 1								2		2
MMR - 2								2		2
Subtotal:								4		4

Vaccine	<1	1	2	3-4	5	6-9	10-14	15-18	19+	Total
Tdap - 1								2		2
Tdap - B								3		3
Subtotal:								5		5

Vaccine	<1	1	2	3-4	5	6-9	10-14	15-18	19+	Total
VZV - 1								1		1
VZV - 2								12		12
Subtotal:								13		13

<b>Vaccination Totals:</b>							28	250		278
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MINUTES

Meeting: Medical, Mental Health and Corrections Committee  
Date: 06/17/2015  
Time: 0930-1030  
Present: Carrick Adam, MD; Brian Swanson- SMJH manager, Lee Bethel, Sandy Fahey, Lisa Conn, MFT, Debra Mood, HAS, Shannon Guillen, RN manager

=====

- I. Welcome
  - a. Review of March meeting minutes and action items.
    - i. Action items still pending: Stats for SMJH on MRT, Probation ATD policy, update on Response Matrix work group, receiving screening change.
  - b. Stats: Lee asks that MH stats be available for next meeting.
- II. General
  - a. Think Trauma Training
    - i. Three trainings have been completed with good response from staff. More trainings are recommended on secondary trauma and institutional stress. Next training in July. Lee would like dates emailed to her.
    - ii. Staff reported they would like more information on trauma informed care and secondary trauma. Best strategy to disperse information will be discussed.
    - iii. There are 7 slots available for "Training the Trainer" on Trauma informed care. Lee would like managers and partners to identify staff how would be good trainers. She would like seniors or line staff.
  - b. Suicide Policy/Training:
    - i. Increased number of youth on suicide watch (5-10 minute checks) in last year. Mostly male youth. Explored possible explanations for the increase. Discussion regarding decrease in acute issues for females since more programming available for females. Discussed possible programming for males. Positive Behavior Reinforcement programming recommended.
  - c. Female programming:
    - i. Current programming is two 1-hour group sessions per week plus individual counseling. Going well. Conflict mediation has improved group dynamic.
    - ii. Dr. Sharkey and UCSB team observing periodically.
  - d. Manager changes at SMJH: discussed changes in manager at SMJH. Wendy Stanley has been re-assigned to SMJH. Move expected to happen in early July.
- III. Medical
  - a. Staffing: Medical Assistant out on medical leave. Applications pending for prn MA and LVNs.
  - b. Pharmacy change: Pharmacorr is the new pharmacy for the facility. Kinks are getting worked out. Issues related to psychotropic medication are ongoing.
- IV. Probation
  - a. SMJH

- i. Rounds: Continue to occur Tuesdays and Thursdays. All involved continue to believe they are beneficial. Will continue.
    - ii. Response Matrix work group: no update on Response Matrix.
    - iii. Life skills/job readiness programming: Ms. Santiago is meeting with program manager to discuss possibility of this program within SMJH.
  - b. LPBC
    - i. Sober Steps: debriefed on the status of a possible transition to more alcohol and drug programming at the camp. Committee meetings occurring regularly.
    - ii. John Doyle from ADMHS has stated that this program is a high priority for his department.
- V. Mental Health
  - a. Staffing:
    - i. Discussed staffing changes/rearrangements.
    - ii. A new intern, Andrew Ayala, will begin soon.
  - b. Lisa described some communication issues with Emergency Department and SAFTY. Would like to meet with SAFTY and ED staff to discuss.

The next MAC meeting will be September 9, 2015 at LPBC at 0930 in the conference room.



**Santa Maria Juvenile and Los Prietos Boys Camp  
Medical, Mental Health, and Corrections Committee**

**MINUTES**

Meeting: Medical, Mental Health and Corrections Committee  
 Date: 03/11/2015  
 Time: 0930-1030  
 Present: Carrick Adam, MD; Brian Swanson- SMJH manager, Laurie Holbrook-LPBC manager, Lee Bethel, Lisa Conn, MFT, Debra Mood, HSA

- =====
- I. Welcome
    - a. Review of December meeting minutes and action items.
      - i. Action items still pending: Annual Report, MRT stats, ATD policy update, environmental health issues, mental health stats, updating suicide annual training.
    - b. Stats: Lee asks that MH stats be available for meeting. Error on number of youth on Rx medication at Camp for January. Medical will investigate.
  
  - II. General
    - a. Trauma training for probation staff:
      - i. NCTSN "Think Trauma" all staff training is planned. Dr. Adam, Lisa Conn and Laurie Holbrook will be doing the trainings for all staff. Dates are 4/28, 4/29, 5/19 (lpbc) and 5/20 from 8am to 5pm.
      - ii. Probation did receive a grant with Ventura county for training the trainers for /Mental Health Training Curriculum for Juvenile Justice.
      - iii. Lisa relayed the County-wide Trauma Symposium "Trauma-Informed System of Care" on April 1 is sponsored by ADMHS. All encouraged to attend.
    - b. Suicide Policy/Training:
      - i. Increased number of youth with Suicidal Ideation. Two youth currently on 1;1 staffing.
      - ii. Mental health to review and update annual training.
      - iii. Lee is requesting that there is further training for intake staff on dealing with our high risk mental health youth. Would like to explore options at intake? What can we do on the front end?
      - iv. SAFETY and CARES inconsistencies discussed. Mental health and probation will set up a meeting with new management at SAFETY to discuss communication issues.
  
  - III. Medical
    - a. Staffing: no new issues to report.
    - b. Title 15 Public Health Inspection: Final report reviewed.
    - c. Peer Review: Dr. Adam and Lee Bethel have reviewed final report. QI follow up done.
    - d. Pharmacy update- we will be switching to Pharmacor from Maxor.
  
  - IV. Probation
    - a. SMJH

- i. Female Specific Programming: groups are continuing at least twice weekly.
- ii. Rounds: Continue to occur Tuesdays and Thursdays. It is difficult to type up minutes and distribute. Group discussed ways to get information out.
- iii. Response Matrix work group: no update on Response Matrix. There has been one meeting regarding different behavior management strategies to be implemented in the facility. Brian will look into status of work group.

b. LPBC

- i. Camp will move to smaller dorm at the end of the month.
- ii. No issues to report at Camp.

V. Mental Health

a. Staffing:

- i. Still looking for psychiatrist for Camp. Dr. Tilton will remain at Camp until replacement found.
- ii. Telemedicine update- issue with psychiatrist doing telemedicine from Hawaii. Probation recommends Dr. Shull doing tele-psychiatry for continuity of care, if telemedicine is to be pursued.
- iii. Victoria Lathos put in her resignation. Filling the position will be difficult. Lisa will be at SMJH more frequently until replacement is found.

The next MAC meeting will be June 10, 2015 at SMJH at 0930 in the conference room.



Santa Maria Juvenile and Los Prietos Boys Camp

Medical, Mental Health, and Corrections Committee

MINUTES

Meeting: Medical, Mental Health and Corrections Committee
Date: 12/17/2014
Time: 0930-1030
Present: Shannon Guillen, RN; Carrick Adam, MD; Brian Swanson, Laurie Holbrook, Sandy Fahey (ADMHS), Lee Bethel, Lisa Conn, MFT

I. Welcome

- a. Review of September meeting minutes and action items.
i. Action items still pending: 2013 Annual Report, MRT stats, ATD policy update.
b. Stats: lee asks that MH stats be available for meeting. Sandy will make sure monthly stats are being reported to probation.

II. General

- a. Trauma training for probation staff:
i. NCTSN "Think Trauma" probation training was placed on hold pending grant award notification for funding for training. SB County and Ventura county applied for grant money to pay for training for probation and clinical staff to become Trainers for Trauma informed care. Delay in notification but should hear any day.
ii. Back-up plan if grant not awarded: Lisa, Carrick, Laurie and Christina Brumbaugh will select dates for in-county training by ADMHS. ADMHS staff and Dr. Adam have already been trained as trainers in Trauma Informed care.
b. Suicide Policy/Training:
i. Suicide online training needs to be reviewed and updated. Mental Health to review online training and work with Christina to update if needed. Any updates will need to be presented at next staff meeting so that staff are aware of changes.
ii. There is an interdepartmental meeting tomorrow to discuss recent events and plan to better communicate between departments.
c. Drug and Alcohol Services
i. Discussion on the increasing number of youth with significant drug and alcohol issues and what services are in community and in custody. Camp has added more services for ATOD issues (2 MRT with relapse prevention component groups added and AA youth group).
ii. Discussion regarding continuity and consistency of services between north and south county and in and out of custody. Lee will talk with Mr. Delira about issue as Juvenile Drug Court providers meet monthly. Question of whether it would be beneficial for institutions to be involved in those meetings.

III. Medical

- a. Staffing: Nurse Guillen reported on staffing needs. New prn RN hired. Still looking for more LVNs to cover PRN.

- b. Title 15 Public Health Inspection: Awaiting final report from PHD. Medical Diets: continue to have problems implementing medical diets within the facility.
- c. Intake Receiving Screening: Medical and probation are working on revising Receiving Screening form to add ATD components and clarify when to call medical.
- d. Peer Review: Completed by Dr. Kayumi in November. Awaiting final report. Internal peer review completed in November.
- e. NCCHC v. IMQ: IMQ accreditation will expire in fall of 2015. Discussion regarding moving forward with NCCHC. Lee stated that with a new Chief starting in January, she will need to discuss with him/her. Plan is to move forward toward NCCHC compliance.
- f. Infection Control: medical has noticed increase in scabies within facility and T. Pedis. Medical and probation to review policies of institutional cleaning procedures. Lee would like a report on this.

#### IV. Probation

##### a. SMJH

- i. Female Specific Programming: lisa reported that groups are going again, 2x/week with goal of 3x/week. MH and Ms. Santiago identified 5 female staff that have started training on female specific programming and trauma informed care. Lisa is working with Dr. Sharkey from UCSB in the development and monitoring of program.
- ii. Rounds: Continue to occur Tuesdays and Thursdays. Tuesday afternoons have been inconsistent. A mental health intern will be writing minutes and will send out to designated staff. Lee would like a copy of minutes to be sent to Probation managers at Lompoc, sm and sb. Medical and MH will need to make sure no HIPAA protected information is on the minutes.
- iii. Response Matrix work group: Interdisciplinary (school, MH, medical and probation) group will have first meeting today to develop Behavior management program as alternative to separation.

##### b. LPBC

- i. See above for ATOD programming additions at camp. 95% of youth getting sentenced to camp have court order for ATOD services.

#### V. Mental Health

##### a. Staffing:

- i. The psychiatrist at camp has given her notice. ADMHS is looking for replacement. They are looking at Telepsychiatry services but there have been IT issues related to HIPAA. Sandy will get more information and notify group of updates. Telepsychiatry will save 2 hours of drive time and may make it possible for Dr. Shull to cover both sites.
- ii. Medical acknowledged Dr. Shull's responsiveness and professionalism.
- iii. Lisa will send updated on-call psychiatry schedule to medical for this month. Dr. Ole will be on vacation so medical questioned who will be covering for him if there are issues. Lisa will find out and let medical know.
- iv. All full time MFT positions are staffed. There are two bilingual staff onsite which has been helpful in communicating and providing psychoeducation at camp.

##### b. MRT:

- i. Still awaiting stats regarding youth on MRT.

- ii. Referrals are not going through for out of custody youth. Lisa will put together a screening for probation for AARC.
- c. Trauma informed Care: see IIa above. Lisa to provide dates to Laurie before end of the year.

The next MAC meeting will be March 11, 2015 at LPBC at 0930 in the conference room.



Statistical Report

	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEPT	OCT	NOV	DEC
Average Daily Population	61	67	63	62	69	67	69					
Average Monthly Intakes	101	100	93	116	110	124	88					
Grievances												
1. Medical	0	0	0	1	0	0	0					
2. Mental Health	0	0	0	0	0	0	0					
Youths Deaths												
Physician Services												
1. MD Sick Call	58	57	79	78	87	92	83					
2. Annuals	18	17	25	26	18	29	23					
Total	76	74	104	104	105	121	106					
Nursing Services												
1. Nursing Sick Call	230	268	233	231	277	287	319					
3. Interval Evaluations	32	36	19	25	31	30	18					
4. PPD's Administered	29	30	34	47	30	39	31					
5. Other Immunizations	65	28	36	43	24	20	34					
Total	356	362	322	346	362	376	402					
1. Positive PPD's	2	0	0	1	2	1	1					
2. Positive STD's	5	3	3	6	4	7	3					
Mental Health Services												
1. Psychiatrist Contacts												
2. Medical Referrals to M/H	2	8	6	11	4	6	5					
3. Mid Month Pysch Med Count	8	13	9	11	14	11	11					
Medications												
1. Total Doses of MH meds	878	722	800	787	722	593	756					
2. Total Doses of Rx Meds	316	497	420	268	497	408	273					
3. Total Doses of OTC meds	666	761	446	491	761	537	596					
4. Total Doses of OTC Creams			190									
Total	1860	1980	1856	1546	1980	1538	1625					
4. Youths on MH meds	19	18	25	22	18	22	22					
5. Youths on Rx meds	16	26	27	28	26	25	22					
6. Youths on OTC meds	63	61	59	52	61	55	67					
7. Youths on OTC Creams			15									
Total	98	105	126	102	105	102	111					
7. Youths on TB meds	0	0	0	0	1	1	0					
8. Youths on HIV/ AIDS meds	0	0	0	0	0	0	0					

Statistical Report

2015

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Inpatient Hospital Services	---	---	---	---	---	---	---	---	---	---	---	---
1. Hospital Admissions	0	0	0	0	0	1	0					
2. Hospital Days	0	0	0	0	0	1	0					
Emergency Hospital Services												
1. 911 Transports	1	0	2	1	0	0	0					
2. Probation Transports	3	2	0	0	4	3	2					
3. Emergency Treatment Only	4	2	0	1	4	3	2					
Total	4	2	2	1	4	3	2					
Out Patient Services												
1. Public Health	0	3	2	0	3	0	0					
2. Dental Office	0	7	2	1	1	4	6					
3. Private Office Appointments	5	4	4	1	8	1	4					
4. Out Patient surgeries	3	0	0	0	0	0	0					
Radiology Services												
1. Out Patient X-rays	4	2	4	5	1	3	9					
Radiology Services Total	4	2	4	5	1	3	9					
Laboratory Service												
Specimens Processed	47	50	42	70	60	81	69					
New Charts Processed	19	22	26	34	22	30	15					
24 hours sick call missed	0	0	0	0	0	0	0					
96 hours evaluation (missed)	0	1	0	0	0	0	0					
new preg youth intakes	1	1	0	1	2	0	1					
Total Preg youth	1	1	1	0	4	1	0					
HIV /AIDS actual referral within 7 days	0	0	0	0	0	0	0					
HIV / AIDS Youth in custody	0	0	0	0	0	0	0					

Statistical Report

2015

	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEPT	OCT	NOV	DEC
Average Daily Population	30	34	32	37	39	38						
Youths Deaths												
Grievances												
1. Medical	0	0	0	0	0	0						
2. Mental Health	0	0	0	0	0	0						
Total												
Physician Services												
1. MD Sick Call	23	20	17	24	15	30						
2. Annuals	0	3	1	1	0	0						
Total	23	23	18	25	15	30						
Nursing Services												
1. Nursing Sick Call	104	117	85	135	109	142						
2. Immunization	1	0	17	0	0	0						
3. PPD's Administered	1	3	1	1	2	1						
Total	106	120	103	136	111	143						
1. Positive PPD's	0	0	0	0	0	0						
2. Positive STD's	0	0	0	0	0	0						
Mental Health Services												
1. Psychiatrist Contacts												
2. Medical Referrals to M/H	3	3	5	8	9	12						
3. Mid Month Pysch Med Count												
Medications												
1. Total Doses of MH meds	480	263	543	566	316	483						
2. Total Doses of Rx Meds	148	205	167	393	349	429						
3. Total Doses of OTC meds	666	626	169	905	757	775						
4. Total Doses of OTC Creams			514									
Total	1294	1094	1393	1864	1422	1687						
4. Youths on MH meds	6	9	11	10	11	11						
5. Youths on Rx meds	8	7	8	11	12	18						
6. Youths on OTC meds	22	25	19	38	31	37						
7. Youths on OTC Creams			27									
Total	36	41	65	59	54	66						
7. Youths on TB meds	0	0	0	0	0	0						
8. Youths on HIV/AIDS meds	0	0	0	0	0	0						

Statistical Report

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
<b>Inpatient Hospital Services</b>												
1. Hospital Admissions	0	0	0	0	0	0	0	0	0	0	0	0
2. Hospital Days	0	0	0	0	0	0	0	0	0	0	0	0
<b>Emergency Hospital Services</b>												
1. 911 Transports	0	0	0	0	0	0	0	0	0	0	0	0
2. Probation Transports	0	1	0	0	0	0	0	0	0	0	0	0
3. Emergency Treatment Only	0	1	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	0	1	0	0	0	0	0	0	0	0	0	0
<b>Out Patient Services</b>												
1. Public Health	0	0	0	0	0	1	0	0	0	0	0	0
2. Dental Office	2	3	0	0	2	5	0	0	0	0	0	0
3. Private Office Appointments	0	3	0	0	3	2	0	0	0	0	0	0
4. Out Patient surgeries	0	0	0	0	0	0	0	0	0	0	0	0
<b>Radiology Services</b>												
1. PHD Xrays	0	0	0	0	0	0	0	0	0	0	0	0
2. Out Patient Xrays	0	1	0	0	0	1	0	0	0	0	0	0
<b>Radiology Services Total</b>	0	1	0	0	0	1	0	0	0	0	0	0
<b>Laboratory Service</b>												
1. Specimens Processed	1	0	0	0	0	1	0	0	0	0	0	0
<b>24 hour sick calls (missed)</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>Youths on HIV/AIDS Meds</b>	0	0	0	0	0	0	0	0	0	0	0	0

**Santa Maria Juvenile Hall**  
**Los Prietos Boys Camp**  
**Staff Licenses**  
**April 2013**

<b>Name</b>	<b>License Number</b>	<b>Expiration Date</b>	<b>CPR / AED Exp</b>
<b>Aguiar, Carol RN</b>	<b>607660</b>	<b>12/31/2013</b>	<b>12/2013</b>
<b>Alexander, Beverly RN</b>	<b>132755</b>	<b>8/31/2013</b>	<b>4/6/2013</b>
<b>Guillen, Shannon RN</b>	<b>763941</b>	<b>11/30/2013</b>	<b>1/2014</b>
<b>Oseguera, Brianna RN</b>	<b>720911</b>	<b>9/30/2013</b>	<b>8/31/2013</b>
<b>Penny, Linda RN</b>	<b>489284</b>	<b>8/31/2014</b>	<b>4/2/2014</b>
<b>Polmolea, Camelia RN</b>	<b>712883</b>	<b>9/30/2013</b>	<b>5/31/2013</b>
<b>Rodriguez, Michele RN</b>	<b>697442</b>	<b>1/31/2015</b>	<b>10/25/2014</b>
<b>Rubio, Virginia RN</b>	<b>792880</b>	<b>6/30/2014</b>	<b>7/31/02014</b>
<b>Golden, Tonya</b>	<b>743228</b>	<b>7/31/2014</b>	<b>5/31/2013</b>
<b>Schultz, Deborah RN</b>	<b>362329</b>	<b>9/30/2013</b>	<b>7/31/2013</b>
<b>Daphe, Laurel LVN</b>	<b>VN249322</b>	<b>2/28/2014</b>	<b>7/19/2013</b>
<b>Garcia, Mishila LVN</b>	<b>VN199426</b>	<b>11/30/2013</b>	<b>Pending</b>
<b>Nanalis, Rachel LVN</b>	<b>VN225733</b>	<b>12/31/2014</b>	<b>12/2013</b>
<b>Lamas, Tisa RN</b>	<b>763941</b>	<b>10/31/2014</b>	<b>2/28/2015</b>
<b>Neri, Vilma</b>	<b>VN176838</b>	<b>12/31/2013</b>	<b>1/10/2014</b>
<b>Adam, Carrick MD</b>	<b>A63883</b>	<b>7/31/13</b>	<b>12/2013</b>
<b>Dorman, John MD</b>	<b>C30728</b>	<b>10/31/2013</b>	<b>12/6/2013</b>
<b>Weinstein, Debra MD</b>	<b>A67667</b>	<b>1/31/2013</b>	<b>10/31/2013</b>

**Santa Maria Juvenile Hall**  
**Los Prietos Boys Camp**  
**Staff Licenses**  
**August 2013**

<b>Name</b>	<b>License Number</b>	<b>Expiration Date</b>	<b>CPR / AED Exp</b>
<b>Aguiar, Carol RN</b>	<b>607660</b>	<b>12/31/2013</b>	<b>12/2013</b>
<b>Alexander, Beverly RN</b>	<b>132755</b>	<b>8/31/2013</b>	<b>5/20/2015</b>
<b>Guillen, Shannon RN</b>	<b>763941</b>	<b>11/30/2013</b>	<b>1/2014</b>
<b>Penny, Linda RN</b>	<b>489284</b>	<b>8/31/2014</b>	<b>4/2//2014</b>
<b>Polmolea, Camelia RN</b>	<b>712883</b>	<b>9/30/2013</b>	<b>5/31/2015</b>
<b>Rodriguez, Michele RN</b>	<b>697442</b>	<b>1/31/2015</b>	<b>10/25/2014</b>
<b>Daphe, Laurel LVN</b>	<b>VN249322</b>	<b>2/28/2014</b>	<b>7/20/2015</b>
<b>Garcia, Mishila LVN</b>	<b>VN199426</b>	<b>11/30/2013</b>	<b>Pending</b>
<b>Nanalis, Rachel LVN</b>	<b>VN225733</b>	<b>12/31/2014</b>	<b>12/2013</b>
<b>Lamas, Tisa RN</b>	<b>763941</b>	<b>10/31/2014</b>	<b>2/28/2015</b>
<b>Neri, Vilma</b>	<b>VN176838</b>	<b>12/31/2013</b>	<b>1/10/2014</b>
<b>Adam, Carrick MD</b>	<b>A63883</b>	<b>7/31/15</b>	<b>12/2013</b>
<b>Dorman, John MD</b>	<b>C30728</b>	<b>10/31/2013</b>	<b>12/6/2013</b>
<b>Weinstein, Debra MD</b>	<b>A67667</b>		<b>10/31/2013</b>

Santa Maria Juvenile Hall  
 Los Prietos Boys Camp  
 Staff Licenses  
 February 2013

Name	License Number	Expiration Date	CPR / AED Exp
Aguiar, Carol RN	607660	12/31/2013	12/2013
Alexander, Beverly RN	132755	8/31/2013	4/6/2013
Guillen, Shannon RN	763941	11/30/2013	1/2014
Oseguera, Brianna RN	720911	9/30/2013	8/31/2013
Penny, Linda RN	489284	8/31/2014	4/2//2014
Polmolea, Camelia RN	712883	9/30/2013	5/31/2013
Rodriguez, Michele RN	697442	1/31/2015	10/25/2014
Rubio, Virginia RN	792880	6/30/2014	7/31/02014
Golden, Tonya	743228	7/31/2014	5/31/2013
Schultz, Deborah RN	362329	9/30/2013	7/31/2013
Daphe, Laurel LVN	VN249322	2/28/2014	7/19/2013
Garcia, Mishila LVN	VN199426	11/30/2013	Pending
Nanalis, Rachel LVN	VN225733	12/31/2014	12/2013
Lamas, Tisa RN	763941	10/31/2014	3/31/2013
Neri, Vilma	VN176838	12/31/2013	1/10/2014
Adam, Carrick MD	A63883	7/31/13	12/2013
Dorman, John MD	C30728	10/31/2013	12/6/2013
Weinstein, Debra MD	A67667	1/31/2013	10/31/2013

Santa Maria Juvenile Hall  
 Los Prietos Boys Camp  
 Staff Licenses  
 January 2013

Name	License Number	Expiration Date	CPR / AED Exp
Aguiar, Carol RN	607660	12/31/2013	12/2013
Alexander, Beverly RN	132755	8/31/2013	4/6/2013
Guillen, Shannon RN	763941	11/30/2013	1/2014
Oseguera, Brianna RN	720911	9/30/2013	8/31/2013
Penny, Linda RN	489284	8/31/2014	4/2/2014
Polmolea, Camelia RN	712883	9/30/2013	5/31/2013
Rodriguez, Michele RN	697442	1/31/2013	10/25/2014
Rubio, Virginia RN	792880	6/30/2014	7/31/02014
Golden, Tonya	743228	7/31/2014	5/31/2013
Schultz, Deborah RN	362329	9/30/2013	7/31/2013
Daphe, Laurel LVN	VN249322	2/28/2014	7/19/2013
Garcia, Mishila LVN	VN199426	11/30/2013	Pending
Nanalis, Rachel LVN	VN225733	12/31/2014	12/2013
Lamas, Tisa RN	763941	10/31/2014	3/31/2013
Neri, Vilma	VN176838	12/31/2013	1/10/2014
Adam, Carrick MD	A63883	7/31/13	12/2013
Dorman, John MD	C30728	10/31/2013	12/6/2013
Weinstein, Debra MD	A67667	1/31/2013	10/31/2013



Santa Maria Juvenile Hall  
 Los Prietos Boys Camp  
 Staff Licenses  
 June 2013

Name	License Number	Expiration Date	CPR / AED Exp
<b>Aguiar, Carol RN</b>	<b>607660</b>	<b>12/31/2013</b>	<b>12/2013</b>
<b>Alexander, Beverly RN</b>	<b>132755</b>	<b>8/31/2013</b>	<b>5/20/2015</b>
<b>Guillen, Shannon RN</b>	<b>763941</b>	<b>11/30/2013</b>	<b>1/2014</b>
<b>Oseguera, Brianna RN</b>	<b>720911</b>	<b>9/30/2013</b>	<b>8/31/2013</b>
<b>Penny, Linda RN</b>	<b>489284</b>	<b>8/31/2014</b>	<b>4/2//2014</b>
<b>Polmolea, Camelia RN</b>	<b>712883</b>	<b>9/30/2013</b>	<b>5/31/2015</b>
<b>Rodriguez, Michele RN</b>	<b>697442</b>	<b>1/31/2015</b>	<b>10/25/2014</b>
<b>Golden, Tonya</b>	<b>743228</b>	<b>7/31/2014</b>	<b>05/31/2015</b>
<b>Daphe, Laurel LVN</b>	<b>VN249322</b>	<b>2/28/2014</b>	<b>7/19/2013</b>
<b>Garcia, Mishila LVN</b>	<b>VN199426</b>	<b>11/30/2013</b>	<b>Pending</b>
<b>Nanalis, Rachel LVN</b>	<b>VN225733</b>	<b>12/31/2014</b>	<b>12/2013</b>
<b>Lamas, Tisa RN</b>	<b>763941</b>	<b>10/31/2014</b>	<b>2/28/2015</b>
<b>Neri, Vilma</b>	<b>VN176838</b>	<b>12/31/2013</b>	<b>1/10/2014</b>
<b>Adam, Carrick MD</b>	<b>A63883</b>	<b>7/31/15</b>	<b>12/2013</b>
<b>Dorman, John MD</b>	<b>C30728</b>	<b>10/31/2013</b>	<b>12/6/2013</b>
<b>Weinstein, Debra MD</b>	<b>A67667</b>		<b>10/31/2013</b>

Santa Maria Juvenile Hall  
 Los Prietos Boys Camp  
 Staff Licenses  
 March 2013

Name	License Number	Expiration Date	CPR / AED Exp
Aguiar, Carol RN	607660	12/31/2013	12/2013
Alexander, Beverly RN	132755	8/31/2013	4/6/2013
Guillen, Shannon RN	763941	11/30/2013	1/2014
Oseguera, Brianna RN	720911	9/30/2013	8/31/2013
Penny, Linda RN	489284	8/31/2014	4/2/2014
Polmolea, Camelia RN	712883	9/30/2013	5/31/2013
Rodriguez, Michele RN	697442	1/31/2015	10/25/2014
Rubio, Virginia RN	792880	6/30/2014	7/31/02014
Golden, Tonya	743228	7/31/2014	5/31/2013
Schultz, Deborah RN	362329	9/30/2013	7/31/2013
Daphe, Laurel LVN	VN249322	2/28/2014	7/19/2013
Garcia, Mishila LVN	VN199426	11/30/2013	Pending
Nanalis, Rachel LVN	VN225733	12/31/2014	12/2013
Lamas, Tisa RN	763941	10/31/2014	2/28/2015
Neri, Vilma	VN176838	12/31/2013	1/10/2014
Adam, Carrick MD	A63883	7/31/13	12/2013
Dorman, John MD	C30728	10/31/2013	12/6/2013
Weinstein, Debra MD	A67667	1/31/2013	10/31/2013

Santa Maria Juvenile Hall  
 Los Prietos Boys Camp  
 Staff Licenses  
 May 2013

Name	License Number	Expiration Date	CPR / AED Exp
Aguiar, Carol RN	607660	12/31/2013	12/2013
Alexander, Beverly RN	132755	8/31/2013	5/20/2015
Guillen, Shannon RN	763941	11/30/2013	1/2014
Oseguera, Brianna RN	720911	9/30/2013	8/31/2013
Penny, Linda RN	489284	8/31/2014	4/2//2014
Polmolea, Camelia RN	712883	9/30/2013	5/31/2013
Rodriguez, Michele RN	697442	1/31/2015	10/25/2014
Rubio, Virginia RN	792880	6/30/2014	7/31/02014
Golden, Tonya	743228	7/31/2014	5/31/2013
Schultz, Deborah RN	362329	9/30/2013	7/31/2013
Daphe, Laurel LVN	VN249322	2/28/2014	7/19/2013
Garcia, Mishila LVN	VN199426	11/30/2013	Pending
Nanalis, Rachel LVN	VN225733	12/31/2014	12/2013
Lamas, Tisa RN	763941	10/31/2014	2/28/2015
Neri, Vilma	VN176838	12/31/2013	1/10/2014
Adam, Carrick MD	A63883	7/31/13	12/2013
Dorman, John MD	C30728	10/31/2013	12/6/2013
Weinstein, Debra MD	A67667	1/31/2013	10/31/2013

**Santa Maria Juvenile Hall**  
**Los Prietos Boys Camp**  
**Staff Licenses**  
**November 2013**

<b>Name</b>	<b>License Number</b>	<b>Expiration Date</b>	<b>CPR / AED Exp</b>
<b>Aguiar, Carol RN</b>	<b>607660</b>	<b>12/31/2013</b>	<b>11/7/2015</b>
<b>Alexander, Beverly RN</b>	<b>132755</b>	<b>8/31/2015</b>	<b>5/20/2015</b>
<b>Guillen, Shannon RN</b>	<b>763941</b>	<b>11/30/2013</b>	<b>11/7/2015</b>
<b>Penny, Linda RN</b>	<b>489284</b>	<b>8/31/2014</b>	<b>4/2//2014</b>
<b>Polmolea, Camelia RN</b>	<b>712883</b>	<b>9/30/2015</b>	<b>5/31/2015</b>
<b>Daphe, Laurel RN</b>	<b>852074</b>	<b>2/28/2015</b>	<b>7/20/2015</b>
<b>Nanalis, Rachel LVN</b>	<b>VN225733</b>	<b>12/31/2014</b>	<b>11/7/2015</b>
<b>Garcia, Mishila</b>	<b>VN199426</b>	<b>11/30/2013</b>	<b>11/7/2015</b>
<b>Sanchez, Sharlene</b>	<b>VN215628</b>	<b>11/30/2014</b>	<b>05/31/2015</b>
<b>Lamas, Tisa RN</b>	<b>763941</b>	<b>10/31/2014</b>	<b>2/28/2015</b>
<b>Neri, Vilma LVN</b>	<b>VN176838</b>	<b>12/31/2013</b>	<b>1/10/2014</b>
<b>Adam, Carrick MD</b>	<b>A63883</b>	<b>7/31/15</b>	<b>11/7/2015</b>
<b>Weinstein, Debra MD</b>	<b>A67667</b>	<b>1/31/2015</b>	<b>11/10/2015</b>

**Santa Maria Juvenile Hall**  
**Los Prietos Boys Camp**  
**Staff Licenses**  
**September 2013**

<b>Name</b>	<b>License Number</b>	<b>Expiration Date</b>	<b>CPR / AED Exp</b>
<b>Aguiar, Carol RN</b>	<b>607660</b>	<b>12/31/2013</b>	<b>12/2013</b>
<b>Alexander, Beverly RN</b>	<b>132755</b>	<b>8/31/2013</b>	<b>5/20/2015</b>
<b>Guillen, Shannon RN</b>	<b>763941</b>	<b>11/30/2013</b>	<b>1/2014</b>
<b>Penny, Linda RN</b>	<b>489284</b>	<b>8/31/2014</b>	<b>4/2//2014</b>
<b>Polmolea, Camelia RN</b>	<b>712883</b>	<b>9/30/2013</b>	<b>5/31/2015</b>
<b>Daphe, Laurel LVN</b>	<b>VN249322</b>	<b>2/28/2014</b>	<b>7/20/2015</b>
<b>Garcia, Mishila LVN</b>	<b>VN199426</b>	<b>11/30/2013</b>	<b>Pending</b>
<b>Nanalis, Rachel LVN</b>	<b>VN225733</b>	<b>12/31/2014</b>	<b>12/2013</b>
<b>Lamas, Tisa RN</b>	<b>763941</b>	<b>10/31/2014</b>	<b>2/28/2015</b>
<b>Neri, Vilma</b>	<b>VN176838</b>	<b>12/31/2013</b>	<b>1/10/2014</b>
<b>Adam, Carrick MD</b>	<b>A63883</b>	<b>7/31/15</b>	<b>12/2013</b>
<b>Weinstein, Debra MD</b>	<b>A67667</b>	<b>1/31/2015</b>	<b>10/31/2013</b>

**Santa Maria Juvenile Hall**  
**Los Prietos Boys Camp**  
**Staff Licenses**  
**April 2014**

<b>Name</b>	<b>License Number</b>	<b>Expiration Date</b>	<b>CPR / AED Exp</b>
<b>Alexander, Beverly RN</b>	<b>132755</b>	<b>8/31/2015</b>	<b>5/20/2015</b>
<b>Guillen, Shannon RN</b>	<b>763941</b>	<b>11/30/215</b>	<b>1/2016</b>
<b>Penny, Linda RN</b>	<b>489284</b>	<b>8/31/2014</b>	<b>Pending</b>
<b>Polmolea, Camelia RN</b>	<b>712883</b>	<b>9/30/2015</b>	<b>5/31/2015</b>
<b>Daphe, Laurel RN</b>	<b>852074</b>	<b>2/28/2015</b>	<b>7/20/2015</b>
<b>Nanalis, Rachel LVN</b>	<b>VN225733</b>	<b>12/31/2014</b>	<b>11/7/2015</b>
<b>Garcia, Mishila</b>	<b>VN199426</b>	<b>11/30/2015</b>	<b>11/7/2015</b>
<b>Sanchez, Sharlene</b>	<b>VN215628</b>	<b>11/30/2014</b>	<b>05/31/2015</b>
<b>Lamas, Tisa RN</b>	<b>763941</b>	<b>10/31/2014</b>	<b>2/28/2015</b>
<b>Neri, Vilma LVN</b>	<b>VN176838</b>	<b>12/31/2015</b>	<b>01/21/2016</b>
<b>Aceves, Christy</b>	<b>VN277282</b>	<b>11/30/2015</b>	<b>7/13/2015</b>
<b>Bravo, Patricia</b>	<b>VN142791</b>	<b>04/30/2014</b>	<b>3/29/2015</b>
<b>Adam, Carrick MD</b>	<b>A63883</b>	<b>7/31/2015</b>	<b>11/7/2015</b>
<b>Weinstein, Debra MD</b>	<b>A67667</b>	<b>1/31/2015</b>	<b>11/10/2015</b>

**Santa Maria Juvenile Hall**  
**Los Prietos Boys Camp**  
**Staff Licenses**  
**August 2014**

<b>Name</b>	<b>License Number</b>	<b>Expiration Date</b>	<b>CPR / AED Exp</b>
<b>Alexander, Beverly RN</b>	<b>132755</b>	<b>8/31/2015</b>	<b>5/20/2015</b>
<b>Guillen, Shannon RN</b>	<b>763941</b>	<b>11/30/215</b>	<b>1/2016</b>
<b>Penny, Linda RN</b>	<b>489284</b>	<b>8/31/2016</b>	<b>5/31/2016</b>
<b>Polmolea, Camelia RN</b>	<b>712883</b>	<b>9/30/2015</b>	<b>5/31/2015</b>
<b>Daphe, Laurel RN</b>	<b>852074</b>	<b>2/28/2015</b>	<b>7/20/2015</b>
<b>Nanalis, Rachel LVN</b>	<b>VN225733</b>	<b>12/31/2014</b>	<b>11/7/2015</b>
<b>Garcia, Mishila LVN</b>	<b>VN199426</b>	<b>11/30/2015</b>	<b>11/7/2015</b>
<b>Sanchez, Sharlene LVN</b>	<b>VN215628</b>	<b>11/30/2014</b>	<b>05/31/2015</b>
<b>Cameron, Ann RN</b>	<b>615239</b>	<b>4/30/2016</b>	<b>On Vacation Will provide open return</b>
<b>Lamas, Tisa RN</b>	<b>763941</b>	<b>10/31/2014</b>	<b>2/28/2015</b>
<b>Neri, Vilma LVN</b>	<b>VN176838</b>	<b>12/31/2015</b>	<b>01/21/2016</b>
<b>Aceves, Christy LVN</b>	<b>VN277282</b>	<b>11/30/2015</b>	<b>7/13/2015</b>
<b>Bravo, Patricia LVN</b>	<b>VN142791</b>	<b>4/30/2016</b>	<b>3/29/2015</b>
<b>Adam, Carrick MD</b>	<b>A63883</b>	<b>7/31/2015</b>	<b>11/7/2015</b>
<b>Weinstein, Debra MD</b>	<b>A67667</b>	<b>1/31/2015</b>	<b>11/10/2015</b>

**Santa Maria Juvenile Hall**  
**Los Prietos Boys Camp**  
**Staff Licenses**  
**January 2014**

<b>Name</b>	<b>License Number</b>	<b>Expiration Date</b>	<b>CPR / AED Exp</b>
<b>Aguiar, Carol RN</b>	<b>607660</b>	<b>12/31/2015</b>	<b>11/7/2015</b>
<b>Alexander, Beverly RN</b>	<b>132755</b>	<b>8/31/2015</b>	<b>5/20/2015</b>
<b>Guillen, Shannon RN</b>	<b>763941</b>	<b>11/30/2015</b>	<b>11/7/2015</b>
<b>Penny, Linda RN</b>	<b>489284</b>	<b>8/31/2014</b>	<b>4/2/2014</b>
<b>Polmolea, Camelia RN</b>	<b>712883</b>	<b>9/30/2015</b>	<b>5/31/2015</b>
<b>Daphe, Laurel RN</b>	<b>852074</b>	<b>2/28/2015</b>	<b>7/20/2015</b>
<b>Nanalis, Rachel LVN</b>	<b>VN225733</b>	<b>12/31/2014</b>	<b>11/7/2015</b>
<b>Garcia, Mishila</b>	<b>VN199426</b>	<b>11/30/2015</b>	<b>11/7/2015</b>
<b>Sanchez, Sharlene</b>	<b>VN215628</b>	<b>11/30/2014</b>	<b>05/31/2015</b>
<b>Lamas, Tisa RN</b>	<b>763941</b>	<b>10/31/2014</b>	<b>2/28/2015</b>
<b>Neri, Vilma LVN</b>	<b>VN176838</b>	<b>12/31/2015</b>	<b>1/10/2014</b>
<b>Adam, Carrick MD</b>	<b>A63883</b>	<b>7/31/2015</b>	<b>11/7/2015</b>
<b>Weinstein, Debra MD</b>	<b>A67667</b>	<b>1/31/2015</b>	<b>11/10/2015</b>



Santa Maria Juvenile Hall  
 Los Prietos Boys Camp  
 Staff Licenses  
 February 2014

Name	License Number	Expiration Date	CPR / AED Exp
Alexander, Beverly RN	132755	8/31/2015	5/20/2015
Guillen, Shannon RN	763941	11/30/2015	1/2016
Penny, Linda RN	489284	8/31/2014	4/2//2014
Polmolea, Camelia RN	712883	9/30/2015	5/31/2015
Daphe, Laurel RN	852074	2/28/2015	7/20/2015
Nanalis, Rachel LVN	VN225733	12/31/2014	11/7/2015
Garcia, Mishila	VN199426	11/30/2015	11/7/2015
Sanchez, Sharlene	VN215628	11/30/2014	05/31/2015
Lamas, Tisa RN	763941	10/31/2014	2/28/2015
Neri, Vilma LVN	VN176838	12/31/2015	01/21/2016
Adam, Carrick MD	A63883	7/31/2015	11/7/2015
Weinstein, Debra MD	A67667	1/31/2015	11/10/2015

**Santa Maria Juvenile Hall**  
**Los Prietos Boys Camp**  
**Staff Licenses**  
**February 2014**

<b>Name</b>	<b>License Number</b>	<b>Expiration Date</b>	<b>CPR / AED Exp</b>
<b>Alexander, Beverly RN</b>	<b>132755</b>	<b>8/31/2015</b>	<b>5/20/2015</b>
<b>Guillen, Shannon RN</b>	<b>763941</b>	<b>11/30/215</b>	<b>1/2016</b>
<b>Penny, Linda RN</b>	<b>489284</b>	<b>8/31/2014</b>	<b>4/2//2014</b>
<b>Polmolea, Camelia RN</b>	<b>712883</b>	<b>9/30/2015</b>	<b>5/31/2015</b>
<b>Daphe, Laurel RN</b>	<b>852074</b>	<b>2/28/2015</b>	<b>7/20/2015</b>
<b>Nanalis, Rachel LVN</b>	<b>VN225733</b>	<b>12/31/2014</b>	<b>11/7/2015</b>
<b>Garcia, Mishila</b>	<b>VN199426</b>	<b>11/30/2015</b>	<b>11/7/2015</b>
<b>Sanchez, Sharlene</b>	<b>VN215628</b>	<b>11/30/2014</b>	<b>05/31/2015</b>
<b>Lamas, Tisa RN</b>	<b>763941</b>	<b>10/31/2014</b>	<b>2/28/2015</b>
<b>Neri, Vilma LVN</b>	<b>VN176838</b>	<b>12/31/2015</b>	<b>01/21/2016</b>
<b>Adam, Carrick MD</b>	<b>A63883</b>	<b>7/31/2015</b>	<b>11/7/2015</b>
<b>Weinstein, Debra MD</b>	<b>A67667</b>	<b>1/31/2015</b>	<b>11/10/2015</b>

**Santa Maria Juvenile Hall**  
**Los Prietos Boys Camp**  
**Staff Licenses**  
**June 2014**

<b>Name</b>	<b>License Number</b>	<b>Expiration Date</b>	<b>CPR / AED Exp</b>
<b>Alexander, Beverly RN</b>	<b>132755</b>	<b>8/31/2015</b>	<b>5/20/2015</b>
<b>Guillen, Shannon RN</b>	<b>763941</b>	<b>11/30/215</b>	<b>1/2016</b>
<b>Penny, Linda RN</b>	<b>489284</b>	<b>8/31/2014</b>	<b>5/31/2016</b>
<b>Polmolea, Camelia RN</b>	<b>712883</b>	<b>9/30/2015</b>	<b>5/31/2015</b>
<b>Daphe, Laurel RN</b>	<b>852074</b>	<b>2/28/2015</b>	<b>7/20/2015</b>
<b>Nanalis, Rachel LVN</b>	<b>VN225733</b>	<b>12/31/2014</b>	<b>11/7/2015</b>
<b>Garcia, Mishila LVN</b>	<b>VN199426</b>	<b>11/30/2015</b>	<b>11/7/2015</b>
<b>Sanchez, Sharlene LVN</b>	<b>VN215628</b>	<b>11/30/2014</b>	<b>05/31/2015</b>
<b>Lamas, Tisa RN</b>	<b>763941</b>	<b>10/31/2014</b>	<b>2/28/2015</b>
<b>Neri, Vilma LVN</b>	<b>VN176838</b>	<b>12/31/2015</b>	<b>01/21/2016</b>
<b>Aceves, Christy LVN</b>	<b>VN277282</b>	<b>11/30/2015</b>	<b>7/13/2015</b>
<b>Bravo, Patricia LVN</b>	<b>VN142791</b>	<b>4/30/2016</b>	<b>3/29/2015</b>
<b>Adam, Carrick MD</b>	<b>A63883</b>	<b>7/31/2015</b>	<b>11/7/2015</b>
<b>Weinstein, Debra MD</b>	<b>A67667</b>	<b>1/31/2015</b>	<b>11/10/2015</b>

**Santa Maria Juvenile Hall**  
**Los Prietos Boys Camp**  
**Staff Licenses**  
**March 2014**

<b>Name</b>	<b>License Number</b>	<b>Expiration Date</b>	<b>CPR / AED Exp</b>
<b>Alexander, Beverly RN</b>	<b>132755</b>	<b>8/31/2015</b>	<b>5/20/2015</b>
<b>Guillen, Shannon RN</b>	<b>763941</b>	<b>11/30/215</b>	<b>1/2016</b>
<b>Penny, Linda RN</b>	<b>489284</b>	<b>8/31/2014</b>	<b>4/2//2014</b>
<b>Polmolea, Camelia RN</b>	<b>712883</b>	<b>9/30/2015</b>	<b>5/31/2015</b>
<b>Daphe, Laurel RN</b>	<b>852074</b>	<b>2/28/2015</b>	<b>7/20/2015</b>
<b>Nanalis, Rachel LVN</b>	<b>VN225733</b>	<b>12/31/2014</b>	<b>11/7/2015</b>
<b>Garcia, Mishila</b>	<b>VN199426</b>	<b>11/30/2015</b>	<b>11/7/2015</b>
<b>Sanchez, Sharlene</b>	<b>VN215628</b>	<b>11/30/2014</b>	<b>05/31/2015</b>
<b>Lamas, Tisa RN</b>	<b>763941</b>	<b>10/31/2014</b>	<b>2/28/2015</b>
<b>Neri, Vilma LVN</b>	<b>VN176838</b>	<b>12/31/2015</b>	<b>01/21/2016</b>
<b>Aceves, Christy</b>	<b>VN277282</b>	<b>11/30/2015</b>	<b>07/13/2015</b>
<b>Bravo, Patricia</b>	<b>VN142791</b>	<b>04/30/2014</b>	<b>03/29/2015</b>
<b>Adam, Carrick MD</b>	<b>A63883</b>	<b>7/31/2015</b>	<b>11/7/2015</b>
<b>Weinstein, Debra MD</b>	<b>A67667</b>	<b>1/31/2015</b>	<b>11/10/2015</b>

Santa Maria Juvenile Hall  
 Los Prietos Boys Camp  
 Staff Licenses  
 May 2014

Name	License Number	Expiration Date	CPR / AED Exp
Alexander, Beverly RN	132755	8/31/2015	5/20/2015
Guillen, Shannon RN	763941	11/30/2015	1/2016
Penny, Linda RN	489284	8/31/2014	5/31/2016
Polmolea, Camelia RN	712883	9/30/2015	5/31/2015
Daphe, Laurel RN	852074	2/28/2015	7/20/2015
Nanalis, Rachel LVN	VN225733	12/31/2014	11/7/2015
Garcia, Mishila	VN199426	11/30/2015	11/7/2015
Sanchez, Sharlene	VN215628	11/30/2014	05/31/2015
Lamas, Tisa RN	763941	10/31/2014	2/28/2015
Neri, Vilma LVN	VN176838	12/31/2015	01/21/2016
Aceves, Christy	VN277282	11/30/2015	7/13/2015
Bravo, Patricia	VN142791	4/30/2016	3/29/2015
Adam, Carrick MD	A63883	7/31/2015	11/7/2015
Weinstein, Debra MD	A67667	1/31/2015	11/10/2015

**Santa Maria Juvenile Hall**  
**Los Prietos Boys Camp**  
**Staff Licenses**  
**November 2014**

<b>Name</b>	<b>License Number</b>	<b>Expiration Date</b>	<b>CPR / AED Exp</b>
<b>Alexander, Beverly RN</b>	<b>132755</b>	<b>8/31/2015</b>	<b>5/20/2015</b>
<b>Guillen, Shannon RN</b>	<b>763941</b>	<b>11/30/215</b>	<b>1/2016</b>
<b>Penny, Linda RN</b>	<b>489284</b>	<b>8/31/2016</b>	<b>5/31/2016</b>
<b>Polmolea, Camelia RN</b>	<b>712883</b>	<b>9/30/2015</b>	<b>5/31/2015</b>
<b>Daphe, Laurel RN</b>	<b>852074</b>	<b>2/28/2015</b>	<b>7/20/2015</b>
<b>Nanalis, Rachel LVN</b>	<b>VN225733</b>	<b>12/31/2014</b>	<b>11/7/2015</b>
<b>Garcia, Mishila LVN</b>	<b>VN199426</b>	<b>11/30/2015</b>	<b>11/7/2015</b>
<b>Sanchez, Sharlene LVN</b>	<b>VN215628</b>	<b>11/30/2014</b>	<b>05/31/2015</b>
<b>Long, Lupe LVN</b>	<b>VN 204445</b>	<b>3/31/2014</b>	<b>2/26/2016</b>
<b>Cameron, Ann RN</b>	<b>615239</b>	<b>4/30/2016</b>	<b>07/31/2016</b>
<b>Lamas, Tisa RN</b>	<b>763941</b>	<b>10/31/2014</b>	<b>2/28/2015</b>
<b>Neri, Vilma LVN</b>	<b>VN176838</b>	<b>12/31/2015</b>	<b>01/21/2016</b>
<b>Aceves, Christy LVN</b>	<b>VN277282</b>	<b>11/30/2015</b>	<b>7/13/2015</b>
<b>Bravo, Patricia LVN</b>	<b>VN142791</b>	<b>4/30/2016</b>	<b>3/29/2015</b>
<b>Adam, Carrick MD</b>	<b>A63883</b>	<b>7/31/2015</b>	<b>11/7/2015</b>
<b>Weinstein, Debra MD</b>	<b>A67667</b>	<b>1/31/2015</b>	<b>11/10/2015</b>

**Santa Maria Juvenile Hall**  
**Los Prietos Boys Camp**  
**Staff Licenses**  
**September 2014**

<b>Name</b>	<b>License Number</b>	<b>Expiration Date</b>	<b>CPR / AED Exp</b>
<b>Alexander, Beverly RN</b>	<b>132755</b>	<b>8/31/2015</b>	<b>5/20/2015</b>
<b>Guillen, Shannon RN</b>	<b>763941</b>	<b>11/30/215</b>	<b>1/2016</b>
<b>Penny, Linda RN</b>	<b>489284</b>	<b>8/31/2016</b>	<b>5/31/2016</b>
<b>Polmolea, Camelia RN</b>	<b>712883</b>	<b>9/30/2015</b>	<b>5/31/2015</b>
<b>Daphe, Laurel RN</b>	<b>852074</b>	<b>2/28/2015</b>	<b>7/20/2015</b>
<b>Nanalis, Rachel LVN</b>	<b>VN225733</b>	<b>12/31/2014</b>	<b>11/7/2015</b>
<b>Garcia, Mishila LVN</b>	<b>VN199426</b>	<b>11/30/2015</b>	<b>11/7/2015</b>
<b>Sanchez, Sharlene LVN</b>	<b>VN215628</b>	<b>11/30/2014</b>	<b>05/31/2015</b>
<b>Cameron, Ann RN</b>	<b>615239</b>	<b>4/30/2016</b>	<b>07/31/2016</b>
<b>Lamas, Tisa RN</b>	<b>763941</b>	<b>10/31/2014</b>	<b>2/28/2015</b>
<b>Neri, Vilma LVN</b>	<b>VN176838</b>	<b>12/31/2015</b>	<b>01/21/2016</b>
<b>Aceves, Christy LVN</b>	<b>VN277282</b>	<b>11/30/2015</b>	<b>7/13/2015</b>
<b>Bravo, Patricia LVN</b>	<b>VN142791</b>	<b>4/30/2016</b>	<b>3/29/2015</b>
<b>Adam, Carrick MD</b>	<b>A63883</b>	<b>7/31/2015</b>	<b>11/7/2015</b>
<b>Weinstein, Debra MD</b>	<b>A67667</b>	<b>1/31/2015</b>	<b>11/10/2015</b>

**Santa Maria Juvenile Hall**  
**Los Prietos Boys Camp**  
**Staff Licenses**  
**April 2015**

<b>Name</b>	<b>License Number</b>	<b>Expiration Date</b>	<b>CPR / AED Exp</b>
<b>Guillen, Shannon RN</b>	<b>763941</b>	<b>11/30/215</b>	<b>1/2016</b>
<b>Penny, Linda RN</b>	<b>489284</b>	<b>8/31/2016</b>	<b>5/31/2016</b>
<b>Polmolea, Camelia RN</b>	<b>712883</b>	<b>9/30/2015</b>	<b>5/31/2015</b>
<b>Daphe, Laurel RN</b>	<b>852074</b>	<b>2/28/2017</b>	<b>7/20/2015</b>
<b>Nanalis, Rachel LVN</b>	<b>VN225733</b>	<b>12/31/2016</b>	<b>11/7/2015</b>
<b>Garcia, Mishila LVN</b>	<b>VN199426</b>	<b>11/30/2015</b>	<b>11/7/2015</b>
<b>Cameron, Ann RN</b>	<b>615239</b>	<b>4/30/2016</b>	<b>7/31/2016</b>
<b>Lamas, Tisa RN</b>	<b>763941</b>	<b>10/31/2016</b>	<b>4/30/2017</b>
<b>Legaspi-Burkley, Rainier RN</b>	<b>684736</b>	<b>1/31/2016</b>	<b>3/2017</b>
<b>Neri, Vilma LVN</b>	<b>VN176838</b>	<b>12/31/2015</b>	<b>1/21/2016</b>
<b>Bravo, Patricia LVN</b>	<b>VN142791</b>	<b>4/30/2016</b>	<b>Pending</b>
<b>Adam, Carrick MD</b>	<b>A63883</b>	<b>7/31/2015</b>	<b>11/7/2015</b>
<b>Weinstein, Debra MD</b>	<b>A67667</b>	<b>1/31/2017</b>	<b>11/10/2015</b>



**Santa Maria Juvenile Hall**  
**Los Prietos Boys Camp**  
**Staff Licenses**  
**August 2015**

<b>Name</b>	<b>License Number</b>	<b>Expiration Date</b>	<b>CPR / AED Exp</b>
<b>Guillen, Shannon RN</b>	<b>763941</b>	<b>11/30/215</b>	<b>1/2016</b>
<b>Penny, Linda RN</b>	<b>489284</b>	<b>8/31/2016</b>	<b>5/31/2016</b>
<b>Polmolea, Camelia RN</b>	<b>712883</b>	<b>9/30/2015</b>	<b>Pending</b>
<b>Daphe, Laurel RN</b>	<b>852074</b>	<b>2/28/2017</b>	<b>11/2015</b>
<b>St.Hilaire, Nancy</b>	<b>742879</b>	<b>3/31/2016</b>	<b>5/2016</b>
<b>Nanalis, Rachel LVN</b>	<b>VN225733</b>	<b>12/31/2016</b>	<b>11/7/2015</b>
<b>Garcia, Mishila LVN</b>	<b>VN199426</b>	<b>11/30/2015</b>	<b>11/7/2015</b>
<b>Ogana, Vanessa LVN</b>	<b>VN288206</b>	<b>4/30/2017</b>	<b>1/2016</b>
<b>Cameron, Ann RN</b>	<b>615239</b>	<b>4/30/2016</b>	<b>7/31/2016</b>
<b>Lamas, Tisa RN</b>	<b>763941</b>	<b>10/31/2016</b>	<b>4/30/2017</b>
<b>Legaspi-Burkley, Rainier RN</b>	<b>684736</b>	<b>1/31/2016</b>	<b>3/2017</b>
<b>Neri, Vilma LVN</b>	<b>VN176838</b>	<b>12/31/2015</b>	<b>1/21/2016</b>
<b>Adam, Carrick MD</b>	<b>A63883</b>	<b>7/31/2017</b>	<b>11/7/2015</b>
<b>Weinstein, Debra MD</b>	<b>A67667</b>	<b>1/31/2017</b>	<b>11/10/2015</b>

**Santa Maria Juvenile Hall**  
**Los Prietos Boys Camp**  
**Staff Licenses**  
**February 2015**

<b>Name</b>	<b>License Number</b>	<b>Expiration Date</b>	<b>CPR / AED Exp</b>
<b>Guillen, Shannon RN</b>	<b>763941</b>	<b>11/30/215</b>	<b>1/2016</b>
<b>Penny, Linda RN</b>	<b>489284</b>	<b>8/31/2016</b>	<b>5/31/2016</b>
<b>Polmolea, Camelia RN</b>	<b>712883</b>	<b>9/30/2015</b>	<b>5/31/2015</b>
<b>Daphe, Laurel RN</b>	<b>852074</b>	<b>2/28/2015</b>	<b>7/20/2015</b>
<b>Nanalis, Rachel LVN</b>	<b>VN225733</b>	<b>12/31/2016</b>	<b>11/7/2015</b>
<b>Garcia, Mishila LVN</b>	<b>VN199426</b>	<b>11/30/2015</b>	<b>11/7/2015</b>
<b>Sanchez, Sharlene LVN</b>	<b>VN215628</b>		<b>5/31/2015</b>
<b>Cameron, Ann RN</b>	<b>615239</b>	<b>4/30/2016</b>	<b>7/31/2016</b>
<b>Lamas, Tisa RN</b>	<b>763941</b>	<b>10/31/2016</b>	<b>2/28/2015</b>
<b>Legaspi-Burkley, Rainier RN</b>	<b>684736</b>	<b>1/31/2016</b>	<b>3/2015</b>
<b>Neri, Vilma LVN</b>	<b>VN176838</b>	<b>12/31/2015</b>	<b>1/21/2016</b>
<b>Aceves, Christy LVN</b>	<b>VN277282</b>	<b>11/30/2015</b>	<b>7/13/2015</b>
<b>Bravo, Patricia LVN</b>	<b>VN142791</b>	<b>4/30/2016</b>	<b>3/29/2015</b>
<b>Adam, Carrick MD</b>	<b>A63883</b>	<b>7/31/2015</b>	<b>11/7/2015</b>
<b>Weinstein, Debra MD</b>	<b>A67667</b>	<b>1/31/2015</b>	<b>11/10/2015</b>

**Santa Maria Juvenile Hall**  
**Los Prietos Boys Camp**  
**Staff Licenses**  
**January 2015**

<b>Name</b>	<b>License Number</b>	<b>Expiration Date</b>	<b>CPR / AED Exp</b>
<b>Alexander, Beverly RN</b>	<b>132755</b>	<b>8/31/2015</b>	<b>5/20/2015</b>
<b>Guillen, Shannon RN</b>	<b>763941</b>	<b>11/30/215</b>	<b>1/2016</b>
<b>Penny, Linda RN</b>	<b>489284</b>	<b>8/31/2016</b>	<b>5/31/2016</b>
<b>Polmolea, Camelia RN</b>	<b>712883</b>	<b>9/30/2015</b>	<b>5/31/2015</b>
<b>Daphe, Laurel RN</b>	<b>852074</b>	<b>2/28/2015</b>	<b>7/20/2015</b>
<b>Nanalis, Rachel LVN</b>	<b>VN225733</b>	<b>12/31/2016</b>	<b>11/7/2015</b>
<b>Garcia, Mishila LVN</b>	<b>VN199426</b>	<b>11/30/2015</b>	<b>11/7/2015</b>
<b>Sanchez, Sharlene LVN</b>	<b>VN215628</b>	<b>11/30/2014</b>	<b>05/31/2015</b>
<b>Cameron, Ann RN</b>	<b>615239</b>	<b>4/30/2016</b>	<b>07/31/2016</b>
<b>Lamas, Tisa RN</b>	<b>763941</b>		<b>2/28/2015</b>
<b>Neri, Vilma LVN</b>	<b>VN176838</b>	<b>12/31/2015</b>	<b>01/21/2016</b>
<b>Aceves, Christy LVN</b>	<b>VN277282</b>	<b>11/30/2015</b>	<b>7/13/2015</b>
<b>Bravo, Patricia LVN</b>	<b>VN142791</b>	<b>4/30/2016</b>	<b>3/29/2015</b>
<b>Adam, Carrick MD</b>	<b>A63883</b>	<b>7/31/2015</b>	<b>11/7/2015</b>
<b>Weinstein, Debra MD</b>	<b>A67667</b>	<b>1/31/2015</b>	<b>11/10/2015</b>

**Santa Maria Juvenile Hall**  
**Los Prietos Boys Camp**  
**Staff Licenses**  
**June 2015**

<b>Name</b>	<b>License Number</b>	<b>Expiration Date</b>	<b>CPR / AED Exp</b>
<b>Guillen, Shannon RN</b>	<b>763941</b>	<b>11/30/215</b>	<b>1/2016</b>
<b>Penny, Linda RN</b>	<b>489284</b>	<b>8/31/2016</b>	<b>5/31/2016</b>
<b>Polmolea, Camelia RN</b>	<b>712883</b>	<b>9/30/2015</b>	<b>Pending</b>
<b>Daphe, Laurel RN</b>	<b>852074</b>	<b>2/28/2017</b>	<b>Pending</b>
<b>St.Hilaire, Nancy</b>	<b>742879</b>	<b>3/31/2016</b>	<b>5/2016</b>
<b>Nanalis, Rachel LVN</b>	<b>VN225733</b>	<b>12/31/2016</b>	<b>11/7/2015</b>
<b>Garcia, Mishila LVN</b>	<b>VN199426</b>	<b>11/30/2015</b>	<b>11/7/2015</b>
<b>Ogana, Vanessa LVN</b>	<b>VN288206</b>	<b>4/30/2017</b>	<b>1/2016</b>
<b>Cameron, Ann RN</b>	<b>615239</b>	<b>4/30/2016</b>	<b>7/31/2016</b>
<b>Lamas, Tisa RN</b>	<b>763941</b>	<b>10/31/2016</b>	<b>4/30/2017</b>
<b>Legaspi-Burkley, Rainier RN</b>	<b>684736</b>	<b>1/31/2016</b>	<b>3/2017</b>
<b>Neri, Vilma LVN</b>	<b>VN176838</b>	<b>12/31/2015</b>	<b>1/21/2016</b>
<b>Adam, Carrick MD</b>	<b>A63883</b>	<b>7/31/2017</b>	<b>11/7/2015</b>
<b>Weinstein, Debra MD</b>	<b>A67667</b>	<b>1/31/2017</b>	<b>11/10/2015</b>

**Santa Maria Juvenile Hall**  
**Los Prietos Boys Camp**  
**Staff Licenses**  
**May 2015**

<b>Name</b>	<b>License Number</b>	<b>Expiration Date</b>	<b>CPR / AED Exp</b>
<b>Guillen, Shannon RN</b>	<b>763941</b>	<b>11/30/215</b>	<b>1/2016</b>
<b>Penny, Linda RN</b>	<b>489284</b>	<b>8/31/2016</b>	<b>5/31/2016</b>
<b>Polmolea, Camelia RN</b>	<b>712883</b>	<b>9/30/2015</b>	<b>5/31/2015</b>
<b>Daphe, Laurel RN</b>	<b>852074</b>	<b>2/28/2017</b>	<b>7/20/2015</b>
<b>Nanalis, Rachel LVN</b>	<b>VN225733</b>	<b>12/31/2016</b>	<b>11/7/2015</b>
<b>Garcia, Mishila LVN</b>	<b>VN199426</b>	<b>11/30/2015</b>	<b>11/7/2015</b>
<b>Cameron, Ann RN</b>	<b>615239</b>	<b>4/30/2016</b>	<b>7/31/2016</b>
<b>Lamas, Tisa RN</b>	<b>763941</b>	<b>10/31/2016</b>	<b>4/30/2017</b>
<b>Legaspi-Burkley, Rainier RN</b>	<b>684736</b>	<b>1/31/2016</b>	<b>3/2017</b>
<b>Neri, Vilma LVN</b>	<b>VN176838</b>	<b>12/31/2015</b>	<b>1/21/2016</b>
<b>Bravo, Patricia LVN</b>	<b>VN142791</b>	<b>4/30/2016</b>	<b>Pending</b>
<b>Adam, Carrick MD</b>	<b>A63883</b>	<b>7/31/2017</b>	<b>11/7/2015</b>
<b>Weinstein, Debra MD</b>	<b>A67667</b>	<b>1/31/2017</b>	<b>11/10/2015</b>