Page 3 [of contract]

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.

Page 4

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 a 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 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.

Page 5

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 ontinuing care is coordinated while the youth is in the facility.

Page 6

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. here 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.

Page 7

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.

Page 8

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

N/A

Page 9

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.

Page 10

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 rovided 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.

Page 11

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.

Page 12

.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).

Page 14

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.

Page 17

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-

ppies 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.

Page 19

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)

Page 20

7.2 Provide quarterly reports of staff license reports

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

age 25

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 practicioner) 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.

CONTRACT QUALITY INDICATOR	2013	2014	2015*
1. 100% of known pregnant youth and HIV/AIDS patients shall be referred to PHD within 7 days of booking.	100%	100%	100%
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.** *Ignuary through May 2015			

^{*}January through May 2015

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.

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

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 = !383901 Layout Options: Summarized By = Department; Page Break At = Fund; Columns = Vendor Last Updated: 8/4/2015 4:40:43 AM

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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 1st 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. AINEE GRIEVANCE FORM
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JIO Signature:
JIO, Sr. Signature: Date: Time: Desire To Pursue Further Detainee Signature: Deputy Probation Officer, Senior (DPO, Sr.) Decision/Comments:
DPO, Sr Signature: Date:Time: Desire To Pursue Further Detainee Signature: Deputy Probation Officer, Supervising (SPO) Decision/Comments:
SPO Signature: Date: Time: Desire To Pursue Further Detainee Signature: Director Decision/Comments:
Signature Of Director:

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Name of Detainee:	DOB: 11/271
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Detainee Signature:	Date: 100 Time: 170
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Detainee Signature:	Date: 1/14 Time: PM
JIO, St Decision/Comments:	
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JTO, Sr. Signature:Agree/Do Not Wish To Pursue	Date:Time: Desire To Pursue Further
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Detainee Signature:	
Deputy Probation Officer, Senior (DPO, S	Sr.) Decision/Comments:
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Director Decision/Comments:	•
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Signature Of Director:	
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Detainee Signature:	Date: 11 U 13 Time:

Youth Grievance Hearing Form

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Youth Signature:	Date: 4-19-15 Time: 9200 1/19
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Agree/Will Not PursueWish To Pursue Youth	Signature: A
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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
	Article 8.	Health	Services	
1400 Responsibility For Health Care Services 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.	х			
A responsible physician is designated to develop policy in health care matters involving clinical judgments.	х			
1401 Patient Treatment Decisions				
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.	Х			
Security policies and procedures apply to both child supervision and health care personnel.	Х			
1402 Scope of Health Care				
Policy and procedures define which health care services are provided in the facility and which services are provided through community providers.	х			
There is at least one physician available to provide treatment.	х			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.	Х			
Staff, space, equipment, supplies, materials and resource manuals are adequate for the level of health care provided in the facility.	Х			
There is provision for parents, guardians, or other legal custodians to arrange for health care that is permitted by law, at their expense.	х			
1403 Health Care Monitoring and Audits (Applicable to facilities with on-site health care staff) There are policies and procedures to collect statistical data and submit at least annual summaries of health care services to the facility administrator.	х			
There are policies and procedures requiring that the quality and adequacy of health care services are assessed at least annually.	Х			
There is a process for correcting identified deficiencies in the medical, dental, mental health and pharmaceutical services delivered.	Х			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The health administrator provides the facility	1			
administrator with an annual written report on				
medical, dental, mental health and	X			
pharmaceutical services. (Inspectors are	1			
requested to verify existence of these reports.)				
At least quarterly, there are documented				
administrative meetings between health and facility				
administrators to review medical, mental health and	X			
medical services.				
1404 Health Care Staff Qualifications (Applicable				
to facilities with on-site health care staff)				
to factities with on-site health care stage	х			
Recruitment education and experience requirements	1			
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	X			
health care personnel in the facility				
Health care staff credentials are on file at the facility	1			All nursing and medical licenses are current. CPR
or another central location where they are available				licenses are current.
for review. Policies and procedures require that these	х			nediges are editerit.
credentials are periodically reviewed and remain				
•				
current.				
Position descriptions and actual practice reflect that				
health care staff receive the supervision required by	X			
their license and operate within the scope of their				
practice.				
1405 Health Care Procedures (Applicable to				
facilities with on-site health care staff)				
When the responsible physician determines that a	x			
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.			ļ	Random chart reviews were complete and up- to-
1406 Health Care Records (Applicable to facilities			ļ	date.
with on-site health care staff)	X			date.
	A			
Complete, individual and dated health records are				
maintained and include, but are not limited to:	ļ			
Intake health screening form (Note: The intake			-	
screening form may also be included in the	X			
probation file as a non-confidential document.				
See guidelines for discussion.);				
Health appraisals/medical examinations;	<u> </u>		-	
11				
Heath service reports (e.g., emergency	X			
department, dental, psychiatric and other				
consultations);	· X			
Complaints of illness or injury;				
Names of personnel who treat prescribe, and/or	X			
administer/deliver prescription medication;	37			
Location where treatment is provided;	X			
Medication records in conformance with Title 15	X			
§ 1438;				
Progress notes;	X	ļ <u> </u>		
Consent forms;	X	L	<u> </u>	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Authorization for release of information;	Х			
Copies of previous health records;	Х			
Immunization records; and,	X			
Laboratory reports.	Х			
Policies/procedures and practice require that health				The Santa Maria Juvenile Hall keeps all Health
records are in a locked area separate from the	l x			records in locked Medical Office.
confinement record.				
The health administrator controls access to health				
records and confidentiality laws related to provider-				
patient privilege apply. Minors are not used to	X			
translate confidential medical information for non-				
English speaking minors.				
Health records are retained in accordance with	Х			
community standards.	_ ^ _			
1407 Confidentiality				
•				
Policy and procedures for multi-disciplinary sharing				
of health information, address providing information	X			
to the court, child supervision staff and to probation.				
Information from minors' (probation) case files is				
shared with health care staff when relevant.				
The nature and extent of information shared is				
appropriate to: treatment planning; program needs;	X			
protecting the minor or others; facility management;	1	ļ	1	
security or preservation of safety; and order.				
Information can be communicated confidentially at	X			
the time of health encounters.				
1408 Transfer of Health Care Summary Records	E			
Policy and procedures assure that:				
	l x	İ		
A summary of the health record, in an	^			
established format, or documentation that no			ļ	
health record exists in the facility, is transferred				
to another jurisdiction prior to or at the time of		1		
transfer; Relevant health records are forwarded to the	1			
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	x			
prior to the release or transfer of minors with	"			
known or suspected active tuberculosis disease;				
Written authorization from the parent and/or				
legal guardian is obtained prior to transferring				
copies of actual health records, unless otherwise	X			
provided by court order, statute or regulation				
having the force and effect of law; and,		<u></u>		
Confidentiality of health records is maintained	X			
during transfer.	^_	<u> </u>		
After minors are released to the community, health				
record information is transmitted to community				
physicians or health care facilities upon the request	X			
and with written authorization of the minor and/or				
parent or guardian.	1			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
In facilities without on-site health care staff, policies				
and procedures assure that child supervision staff		1		
forward non-confidential information on medications	X			
and other treatment orders, prior to or at the time of				
transfer.				
1409 Health Care Procedures Manual (Applicable				CORIZON has a medical procedure manual for
to facilities with on-site health care staff)				health care services on location in Medical Office.
to factities with on site nearly care straig)				
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	Х			
applicable to the facility. (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.)				
The manual is available to all health care staff, the				
facility administrator, the facility manager, and other	x			
individuals as appropriate to ensure effective service	^			
delivery.	İ			
There is a documented annual review of the health	Х	1		
care procedures manual, with revisions as necessary.				
The facility administrator, the facility manager, the				
health administrator and the responsible physician	X			
have approved and signed the manual.				71 11 000
1410 Management of Communicable Diseases				Dr. Charity Thoman -Deputy Health Officer
_				consults on Infectious Disease.
Policy and procedures have been developed in			1	
cooperation with the local health officer to address	X			
the identification, treatment, control and follow-up	1			
management of communicable diseases. Policy and				
procedures include:				
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	X			
treatment;			_	
Applicable reporting requirements, and,	X			
Strategies for handling disease outbreaks.	X			
Policies and procedures are updated as necessary to	X			
reflect local disease priorities.	^_			
1411 Access to Treatment				
	X			
Policy and procedures provide unimpeded access to	1 "			
health care.				C.O. Emergency Policy and Procedure: 4119
1412 First Aid and Emergency Response		1		C.O. Emergency Policy and Procedure. 4117
	X			
Policy and procedures assure access to first aid and		1		
emergency services.		_		First Aid Kits in Units and office with out-of-date
First aid kits are available in designated areas of each			1	supplies. Epi-Pen Trainer found in Unit Emergency
juvenile facility.	X			kit. Oxygen tank empty. Glucometer not up-to-date
				with quality assurance testing.
				want dumit, apparation country.
The responsible physician approved the contents,	X			
number, location and procedure for periodic	^]	_
inspection of the first aid kits.				

ARTIC	CLE/SECTION	YES	NO	N/A	COMMENTS
	health care staff is trained and				
	rocedures to respond to	X			
emergencies requiring		1,			
	reatment Plans (Excluding				
Special Purpose Juven	· • • • • • • • • • • • • • • • • • • •				
Special Furpose suven	ne riuns)				
D. P	diment that booth gave	X			
Policy and procedures					
	eloped for minors who receive				
services for significant					
•	plans are considered in facility	X			
program planning.					
	do not limit participation in				
	and other programs beyond	X			
what is necessary to pro	otect the health of the minor or				
others.					
Medical and mental he	alth information is shared with				
	ordance with §1407 for	х			
purposes of programmi	ing, treatment planning and	^			
implementation.					
	ides pre-release arrangements		:		
for continuing health co	are, together with participation	Х			
in relevant programs up					
Minors who are suspec	ted or confirmed to be				
developmentally disabl	ed are referred to the local				
Regional Center for the	Developmentally Disabled	х			
	tification, excluding holidays	Λ			
	so Title 15 § 1355, Assessment				
and Plan)					
1414 Health Clearand	e for in-Custody Work and				
Program Assignments					
There are health screen	ing and monitoring	X			
	d program assignments that				
	ations, including, but not				
	s. (See also Title 15 § 1465.)				
	n (Excluding Special Purpose				
Juvenile Halls)					
Policy and procedures	assure that age- and sex-	X			
appropriate health educ	cation and disease prevention				
programs are offered to					
	rograms are updated as				
	rent health priorities and meet	X			
the needs of the offend					
1416 Reproductive So					Policy G O-7 states Public Health will consult on
a rieli namanica me	-				reproductive issues, and may be referred to Planned
Policy and procedures	assure that reproductive health	Х			Parenthood. If pregnant will see OB at Public
	o both male and female				Health. Birth control offered.
minors.	ne ne nevà proponte nucleur Ethiropas				
	include but are not be limited				
	WIC § 220, 221 and 222, and	х			
HSC § 123450.	y 220, 221 and 222, and	^			
Section 1417. Pregna	nt Minare				
pection 1417, 1 tegns	me iveritora.			1	
Policies and procedur	es pertaining address	X			
	ation and limitations on the				
use of restraints.					
ase or restraines		I	I		

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1430 Intake Health Screening				
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.	х			
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			The state of the s
Unconscious minors are not accepted;	Х			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, (Intoxicated and Substance Abusing Minors)	Х			
Circumstances and reasons for requiring a medical clearance are documented whenever a minor is not accepted for booking; and,	х			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.	х			
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.	Х			
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.				
There is provision for a timely referral for health care commensurate with the nature of any problems or compliant identified during the screening process.	х			
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 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
Designated housing, including protective environments for placement of intoxicated minors;	Х			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;	х			Policy and Procedure: Y-G-06,00

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Management of pregnant minors who use alcohol or other drugs;	Х			
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,	х			
Coordination of mental health services in cases of substance abusing minors with known or suspected mental illness.	Х			
A medical clearance is obtained prior to booking any minor who displays outward sings of intoxication or is known or suspected to have ingested any substance that could result in a medical emergency.	Х			
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.	Х			
The monitoring observations are documented, with actual time of occurrence recorded.	х			
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.	х			
1432 Health Appraisals/Medical Examinations 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.	Х			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.	х			
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.	х			
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.	Х			

-	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.	Х			
	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.	Х			
-	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.	х			
	For minors who are transferred to jails and juvenile facilities outside their detention system, policy and procedures assure that the health appraisal/medical examination:	Х			
-	Is received from the sending facility;	Х			
-	Is reviewed by designated health care staff at the receiving facility; and,	Х			
-	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.	Х			
	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.	х		1.	
_	1433 Requests for Health Care Services Policy and procedures establish a daily routine for minors to convey requests for emergency and non-emergency health care requests and include the following:	х			Minors may submit at any time, a Medical Request Form for medical attention or notify a Correctional Officer.
	There is opportunity for both written and verbal requests, with provision for minors having language or literacy barriers.	х			
-) -	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.	Х		A. Taranta A. Taranta	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Designated staff inquires and make observations	i			
regarding the health of each minor on a daily basis	X			
and in the event of possible injury.				
There is 24-hour opportunity for minors and staff to				
communicate the need for emergency health care	X			
services.	^			
	<u> </u>			
There is provision for any minor requesting health	x			
care, or observed to need such care, to be given that	_ ^			
attention by licensed or certified health care staff.	<u> </u>		<u> </u>	
All health care requests are documented and	l x		1	
maintained.	<u>ļ</u>			
1434 Consent for Health Care				Parental consent is obtained when feasible;
	X			otherwise, court ordered consent obtained at intake.
Policy and procedures require informed consent for				
health care examinations.				
Examinations, treatments, and procedures requiring				
verbal or written consent in the community also	X			
require that consent for confined minors.		ŀ		
There is provision for obtaining parental consent and				
obtaining authorization for health care services from	l			
the court when there is no parent-guardian or other	X			
person standing in loco parentis.		İ		
Policy and procedures are consistent with applicable		<u> </u>		
statute in those instances where the minor's consent				
	X			
for testing or treatment is sufficient or specifically				
required.		<u> </u>		
Conservators provide consent only within limits of	X			1
their court authorization.	ļ			
Minors may refuse non-emergency medical and	X			
mental health care, verbally or in writing.	ļ	<u> </u>		
1435 Dental Care				
Policy and procedures require that dental treatment is	l x			
provided to minors as necessary to respond to acute	1 "			
conditions and to avert adverse effects on the minor's				
health. Treatment is not limited to extractions.				
1436 Prostheses and Orthopedic Devices				
•				
Policy and procedures address the provision,	Х	1		
retention and removal of medical and dental				
prostheses, including eyeglasses and hearing aids.				
Prostheses are provided when the responsible			1	
physician determines that the health of the minor	X			
would be adversely affected without them.	'			
Procedures for the retention and removal of		 	-	
	X			1
prostheses comply with the requirements of Penal	_ ^			
Code § 2656. (See guidelines discussion.)	 	 		Adult Days & Mantal Health Carvice is
1437 Mental Health Services and Transfer to a	}			Adult Drug & Mental Health Service is
Treatment Facility				responsible for the established policies and
	X			procedures for mental health services under
Policy and procedures require providing mental				CORIZON. When ADMHS not present,
health services that include but not limited to:				will refer to SAFETY.
		<u> </u>		WILLIEU SALLII.
Screening for mental heath problems at intake;	X	ļ		
Crisis intervention and the management of acute	X	1		
psychiatric episodes;	1			
Stabilization of the mentally ill and prevention of	х			
psychiatric deterioration in the facility setting;		<u> </u>		
p2/ 2.1141 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_ 1			

_	ARTICLE/SECTION	YES	NO	N/A	COMMENTS
-	Elective therapy services and preventive treatment,	Х			
	where resources permit;	Χ			
-	Medication support services; and,	X			
-	Provision for referral and admission to licensed				
	mental health facilities for minors whose psychiatric	X			
_	needs exceed the treatment capability of the facility.				Any youth may submit Medical Request Form for
	The minor may be evaluated by licensed health	37			Mental Health Services.
	personnel to determine if treatment can be initiated at	X			Wiemai Ficatti Scivices.
_	the juvenile facility.				
	Any minor who displays significant symptoms of				
	severe depression, suicidal ideation, irrational,		İ		
	violent or self destructive behaviors, or who is	Х			
	receiving psychotropic medication, is provided a				
	mental status assessment by a licensed mental health				
-	clinician, psychologist or psychiatrist. 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			1	
	emergency, unless the facility has been designated as				
	a Lanterman-Petris-Short (LPS) facility, and minors	٠,,			
	meet the criteria for involuntary commitment under	X			
	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,	<u> </u>			The state of the s
	1438 Pharmaceutical Management	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:		 		
	Securely lockable cabinets, closets and refrigeration	Х			
	units:		<u> </u>		
	A means for the positive identification of the	X			
	recipient of the prescribed medication; Administration/delivery of medicines to minors as				
	prescribed;	X			
	Confirmation that the recipient has ingested the		<u> </u>		
	medication;	X	1		
	Documenting that prescribed medications have or			1	
	have not been administered by whom, and if not, for	x		1	
	what reason;				
	Prohibition of the delivery of drugs from one minor	Х			
	to another:	^	ļ		
	Limitation to the length of time medication may be	Х			
	administered without further medical evaluation;	_ ^_			
	The length of time allowable for a physician's	X			
	signature on verbal orders;		<u> </u>		
	Training for non-licensed personnel includes, but is				
	not limited to: delivery procedures and			1	
	documentation; recognizing common symptoms and				
	side-effects that should result in contacting health	X			
	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,	<u></u>			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
	165	110	7 17 12	MAXOR Pharmacy and Dr. Carrick Adam prepare
At least annually, a pharmacist prepares a written		·		annual report and inspection which deems the Santa
report on the status of pharmacy services in the	х			Maria Juvenile Hall compliant with regulations.
facility. The report is provided to the health authority	Λ			, , , , , , , , , , , , , , , , , , , ,
and the facility administrator. (See also Title 15 §				
1403.)				
Written protocols are consistent with pharmacy laws	v			
and regulations and limit the following functions to	X			
being performed by the identified personnel:				
Procurement is done only by a physician, dentist,	Х			
pharmacist, or other person authorized by law.				
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	Х			
supplies of over-the-counter medications may be				
accessed by both licensed and trained non-licensed				
staff.				
Repackaging is done only by a physician, dentist,	х			
pharmacist, or other persons authorized by law.	^			
Labels are prepared by a physician, dentist,				
pharmacist or other personnel, either licensed or				
trained non-licensed, provided the label is checked		ł		
and affixed to the medication container by the				
physician, dentist, or pharmacist before	X			
administration or delivery to the minor. Labels are				
prepared in accordance with Business and				
Professions Code § 4047.5.	1			
Dispensing is only done by a physician, dentist,				
pharmacist, or other person authorized by law.	X			
Administration of medication is only done by			i	
licensed health care personnel who are authorized to		ļ		
administer medication and acting on the order of a	X			
prescriber.				
Licensed and trained non-licensed personnel may	<u> </u>		<u> </u>	
deliver medication acting on the order of a prescriber.	X			
deliver medication acting on the order of a prescriber.	<u> </u>	-		
Disposal of legend medication is done accordance				
with pharmacy laws and regulations and requires any				
combination of two of the following classifications:	X	1		
physician, dentist, pharmacist, or reregistered nurse.	^			
Controlled substances are disposed of in accordance				
with Drug Enforcement Administration disposal				
procedures.			1	
There are written procedures for managing and	X			
providing over-the-counter medications to minors.	_	-		Correctional policy 4125
1439 Psychotropic Medications				Correctional pointy (1.22
	X			
Policies and procedures govern the use of voluntary	^			
and involuntary medications. These policies and	1			
procedures include, but are not limited to:	 			
Protocols for physicians' written and verbal orders for	V			
psychotropic medications in dosages appropriate for	X		1	
the minor's need;				
Requirements that verbal orders be entered in the	1			
minor's health record and signed by a physician	X			1
within 72 hours;				
The length of time voluntary and involuntary				
medications may be ordered and administered before	X			1
re-evaluation by a physician;			<u> </u>	
				

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;	х			
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,	х			
Provision for regular clinical-administrative review for utilization patterns for all psychotropic medications, including every emergency situation.	Х			
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.	х			
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.	х			
Assessment and diagnosis supports the administration of psychotropic medications and administration of psychotropic medication is not allowed for coercion, discipline, convenience or retaliation.	X			
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
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. 1453 Sexual Assaults	X			
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	Х			
	is properly equipped and staffed with personnel				
	trained and experienced in such procedures.		ĺ		
•	1454 Participation in Research				
	1454 I dittelpation in research				
	Policy and procedures govern biomedical or				
	behavioral research involving minors and require			х	
	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.				
•	Participation in research is not a condition for				
	obtaining privileges or other rewards and the court,			X	
	health administrator, and facility administrator are			,,	
	informed of all proposed actions.				
	1358 Use of Physical Restraints				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	1			
	devices and/or techniques; acceptable restraint	l x		1	
	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.		<u> </u>		
)	Physical restraints are utilized only when it appears	X			
	less restrictive alternatives would be ineffective in	^	1		
	controlling the disordered behavior.	<u> </u>	<u> </u>		
	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	X			
		^		1	
	property, or reveals the intent to cause self-inflicted				
	physical harm. Minors are placed in restraints only with the approval		1	 	
	of the facility manager or the shift supervisor. The				
	facility manager may delegate authority to place a	X	1		
	minor in restraints to a physician.				
	Continued retention in restraints is reviewed a				
	minimum of every hour.	X		l	
	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	х			
	minor is medically cleared for continued retention at	^			
	least every three hours after the initial medical				
	opinion.				
	A mental health consultation to assess the need for				
	mental health treatment is secured as soon as	X			
	possible, but in no case longer than four hours from	'`			
	the time of placement.			<u> </u>	
	Continuous direct visual supervision is conducted and				
	documented to ensure that the restraints are properly	X			
	employed and to ensure the well-being of the minor.			<u> </u>	
À	All minors in restraint devices are housed alone or in	1 ,		1	
2	a specified housing area for restrained minors with	X			
	provisions to protect the minor from abuse.		1		

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Restraints are not used as punishment, discipline, or as a substitution for treatment.	Х			
The affixing of hands and feet together behind the back (hog-tying) is prohibited.	Х			
Policies and procedures govern the use of safety rooms, as described in Title 24, Part 2, Section 460A.1.13.	х			Juvenile Hall does not have a Safety Cell per se, but will use an observation/isolation cell as deemed necessary.
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.	Х		:	
The safety room is not to be used for punishment, discipline, or as a substitute for treatment. Policies and procedures:	Х			
Include provisions for administration of necessary nutrition and fluids, access to a toilet, and suitable clothing to provide for privacy;	Х			
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;	Х			
Provide that the minor is evaluated by the facility administrator, or designee, every four hours;	Х			
Provide for immediate medical assessment, where appropriate, or an assessment at the next daily sick call;	Х			
Provide that a minor is medically cleared for continued retention every 24 hours;	х			
Provide that a mental health opinion is secured within 24 hours; and,	Х			
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.	х			

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:		47	1 ~ 0	47
note:	1//		//41	1.3
Date.				

Date: 12/13/2013	MEC	NO	N/A	COMMENTS
ARTICLE/SECTION	YES	NO		COMMINIS
	rticle 8.	Health	Services	The Los Prietos Boys Camp is under the provision
1400 Responsibility For Health Care Services	v			of Dr. Carrick Adam, Medical Director.
	X			of Di, Carrier Adam, Medical Succession
Health care services are provided to all minors.				Dr. Carrick Adam, Medical Director
There is a designated health administrator who, in				Dr. Peter Tilton, Psychiatrist
cooperation with the mental health director and the	X			Debra Mood, Health Care Administrator
facility administrator, has responsibility for				Debra Mood, Hearth Care Administrator
administrative health care policies.				Dr. Carrick Adam
A responsible physician is designated to develop				Dr. Carrick Adam
policy in health care matters involving clinical	X			
judgments.				
1401 Patient Treatment Decisions	<u> </u>			
Clinical decisions about the treatment of individual	l x			
minors are the sole province of licensed health care	``	1		
professionals operating within the scope of their				
license and within facility policy.				
Security policies and procedures apply to both child	х			
supervision and health care personnel.				
1402 Scope of Health Care				
a to a couple of a course of the couple of t				
Policy and procedures define which health care	X			
services are provided in the facility and which				
services are provided through community providers.		l		
There is at least one physician available to	v			Dr. Carrick Adam has office hours on Wednesdays,
provide treatment.	X			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	1			
and/or conditions and avoid preventable	X			
deterioration of the minor's health while in				
confinement.				
Staff, space, equipment, supplies, materials and	-			
resource manuals are adequate for the level of health	X			
	'			
care provided in the facility. There is provision for parents, guardians, or other	—	-		
legal custodians to arrange for health care that is	x			
legal custodians to arrange for health care that is	'`			
permitted by law, at their expense.	 		 	There are corporate inspections by CORIZON
1403 Health Care Monitoring and Audits	1		1	Health Care.
(Applicable to facilities with on-site health care staff)				
my produced and analysis and and another forth	X	1		
There are policies and procedures to collect statistical			1	
data and submit at least annual summaries of health				
care services to the facility administrator.				
There are policies and procedures requiring that the	X			
quality and adequacy of health care services are	^			
assessed at least annually.				
There is a process for correcting identified	3,			
deficiencies in the medical, dental, mental health	X		1	
and pharmaceutical services delivered.	<u> </u>			

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	Х			
pharmaceutical services. (Inspectors are				
requested to verify existence of these reports.)				
At least quarterly, there are documented				There are monthly staff meetings, as well as,
administrative meetings between health and facility				meetings with CORIZON, Probation, and Mental
administrators to review medical, mental health and	X			Health conducted every other month (MAC
medical services.				meetings)
1404 Health Care Staff Qualifications (Applicable		i e		
to facilities with on-site health care staff)	Х			
	Λ.			
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	X	ŀ		
restrictions that apply in the community, also apply to				
health care personnel in the facility				
Health care staff credentials are on file at the facility				
or another central location where they are available		1		
for review. Policies and procedures require that these	X		1	
credentials are periodically reviewed and remain				
current.				
Position descriptions and actual practice reflect that				
health care staff receive the supervision required by	X			
their license and operate within the scope of their				
practice.		ļ		
1405 Health Care Procedures (Applicable to	1			
facilities with on-site health care staff)		1		
When the responsible physician determines that a				
clinical function can be delegated to health care staff	Х			
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.				
1406 Health Care Records (Applicable to facilities				
with on-site health care staff)		ļ		
	X		1	
Complete, individual and dated health records are				
maintained and include, but are not limited to:			1	
Intake health screening form (Note: The intake				
screening form may also be included in the	X			
probation file as a non-confidential document.				
See guidelines for discussion.);	ļ			
Health appraisals/medical examinations;	X	<u> </u>		
Heath service reports (e.g., emergency	X			
department, dental, psychiatric and other	'`			
consultations);				
Complaints of illness or injury;	X		4	
Names of personnel who treat prescribe, and/or	Х			
administer/deliver prescription medication;				
Location where treatment is provided;	X			
Medication records in conformance with Title 15	30			
§ 1438;	X		<u> </u>	
Progress notes;	X			
Consent forms;	X			
Consonerorms		·	•	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Authorization for release of information;	X		T	
	X	<u> </u>		
Copies of previous health records;	X		<u> </u>	
Immunization records; and,	X			
Laboratory reports.			<u> </u>	
Policies/procedures and practice require that health	, , , , , , , , , , , , , , , , , , ,	ľ		
records are in a locked area separate from the	X			
confinement record.				
The health administrator controls access to health				
records and confidentiality laws related to provider-				
patient privilege apply. Minors are not used to	X			
translate confidential medical information for non-				
English speaking minors.			ļ	:
Health records are retained in accordance with	X			
community standards.				
1407 Confidentiality				
Policy and procedures for multi-disciplinary sharing	1			
of health information, address providing information	X			
to the court, child supervision staff and to probation.				
Information from minors' (probation) case files is				
shared with health care staff when relevant.				
The nature and extent of information shared is				
appropriate to: treatment planning; program needs;	l x			
protecting the minor or others; facility management;	^			
security or preservation of safety; and order.				
Information can be communicated confidentially at	X			
the time of health encounters.	^			
1408 Transfer of Health Care Summary Records				·
1400 Transfer of freaken Care Samuel, 2005	1			
Policy and procedures assure that:			ļ	
t oney and procedures assure man				
A summary of the health record, in an	X			
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;				
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		1	1	
responsible physician of the receiving facility	x			
prior to the release or transfer of minors with			1	
known or suspected active tuberculosis disease;	1			
Written authorization from the parent and/or				
legal guardian is obtained prior to transferring				
copies of actual health records, unless otherwise	X			
provided by court order, statute or regulation				
having the force and effect of law; and,				
Confidentiality of health records is maintained				
Confidentially of fleatin records is maintained	X			
during transfer.		1		
After minors are released to the community, health		1		
record information is transmitted to community	X			
physicians or health care facilities upon the request	1 ^			
and with written authorization of the minor and/or				
parent or guardian.			1	

	ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<u> </u>	a facilities without on-site health care staff, policies				
11	nd procedures assure that child supervision staff				
a G	privard non-confidential information on medications	х			
	nd other treatment orders, prior to or at the time of				
	ransfer.				
	409 Health Care Procedures Manual (Applicable				
1.	facilities with on-site health care staff)				
**	Jucinites with on one near and and some				
Т	there is a facility-specific health services manual for				<u> </u>
v	vitten policies and procedures that, at a minimum,]			
a	ddress all health care related standards that are	X			
а	pplicable to the facility. (Note: "Facility specific"				
n	neans that policies and procedures for that facility				
a	re included. In multi-facility systems policies and	1			
p	rocedures for more than one facility in that system				
n	nav be included in the same manual.)				
7	he manual is available to all health care staff, the				
f	acility administrator, the facility manager, and other	\mathbf{x}			
i	ndividuals as appropriate to ensure effective service				
	elivery.		<u> </u>		
7	here is a documented annual review of the health	Х			
_ 0	are procedures manual, with revisions as necessary.	<u> </u>			
7	The facility administrator, the facility manager, the	X			
ŀ	realth administrator and the responsible physician	_ ^			
<u> </u>	have approved and signed the manual.	 	 		Any Youth with an active disease will be transferred
1	410 Management of Communicable Diseases				back to the Santa Maria Juvenile Hall.
	Policy and procedures have been developed in				
1	cooperation with the local health officer to address	X			
) ;	he identification, treatment, control and follow-up				
	nanagement of communicable diseases. Policy and				
	procedures include:				
	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	X			
	treatment;				
	Applicable reporting requirements, and,	X			
	Strategies for handling disease outbreaks.	X		ļ	
	Policies and procedures are updated as necessary to	Х			
	reflect local disease priorities.			<u> </u>	
	1411 Access to Treatment			1	
		X			
	Policy and procedures provide unimpeded access to		1		
	health care.	-	1	 	
	1412 First Aid and Emergency Response		1		
	Policy and procedures assure access to first aid and	X			
	emergency services.				
-	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	X			
	inspection of the first aid kits.			1	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Child supervision and health care staff is trained and	1			
there are policies and procedures to respond to	l x			
emergencies requiring first aid.				
1413 Individualized Treatment Plans (Excluding				
Special Purpose Juvenile Halls)				
opecial i ai pose o ai como	l x			
Policy and procedures direct that health care	X	ļ		
treatment plans are developed for minors who receive				
services for significant health care concerns.				
Health care treatment plans are considered in facility	х			
program planning.	X			
Health care restrictions do not limit participation in				-
school, work, exercise and other programs beyond	l x			
what is necessary to protect the health of the minor or	^			
others.				
Medical and mental health information is shared with				
supervision staff in accordance with §1407 for	l x			
purposes of programming, treatment planning and	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
implementation.		ļ	<u> </u>	
Program planning includes pre-release arrangements				
for continuing health care, together with participation	X	1		
in relevant programs upon release.				
Minors who are suspected or confirmed to be				
developmentally disabled are referred to the local				
Regional Center for the Developmentally Disabled	l x			
within 24 hours of identification, excluding holidays	Į.	1		
and weekends. (See also Title 15 § 1355, Assessment			1	
and Plan)		<u> </u>		
1414 Health Clearance for in-Custody Work and				
Program Assignments				
	l x			
There are health screening and monitoring	X			
procedures for work and program assignments that				
have health care implications, including, but not				
limited to food handlers. (See also Title 15 § 1465.)				
1415 Health Education (Excluding Special Purpose				
Juvenile Halls)				
Delian and progradures occurs that are and sev-	X			
Policy and procedures assure that age- and sex- appropriate health education and disease prevention				
programs are offered to minors.		j	1	
The health education programs are updated as				
necessary to reflect current health priorities and meet	X			
the needs of the offender population.				
1416 Reproductive Services				
1410 Reproductive 2011				
Policy and procedures assure that reproductive health	X		-	
services are available to both male and female		1		
minors.				
Reproductive services include but are not be limited				
to those prescribed in WIC § 220, 221 and 222, and	X			
HSC § 123450.				
Section 1417. Pregnant Minors.				Females are not housed at the camp.
Policies and procedures pertaining address	X			
a diet, vitamins, education and limitations on the				
use of restraints.			!	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1430 Intake Health Screening				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	X			
acceptance for booking, and establish a documented				•
intake screening procedure to be conducted				
immediately upon entry into the facility.				
Consistent with facility resources to safely hold a				
minor, the responsible physician has identified health	ν,			
conditions that would preclude a minor's acceptance	Х			
into a facility without a documented medical				
clearance. At a minimum, intake criteria provide that:	$\frac{1}{x}$			
Unconscious minors are not accepted; Minors who are known to have ingested or who	_^_			
appear to be under the influence of intoxicating				
substances are cleared in accordance with Title	x			
15 § 1431, (Intoxicated and Substance Abusing	^			
Minors)				
Circumstances and reasons for requiring a				
medical clearance are documented whenever a	x			
minor is not accepted for booking; and,	*			
Written medical clearance is received prior to				
accepting any minor who was referred for pre-	х			
booking treatment and clearance.	.			
An intake screening, consisting of a defined,			•	This is done at the Santa Maria Juvenile Hall.
systematic inquiry and observation of every minor				
booked into the facility is conducted by health care or	Х			
trained child supervision staff at the time of entry into				
the facility.				
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	Х			
conditions that require treatment while the minor is in				
the facility.				
Minors suspected of having a communicable disease				
are separated from the general population pending the	X			
outcome of an evaluation by medical staff.				
There is provision for a timely referral for health care				
commensurate with the nature of any problems or	X			
compliant identified during the screening process.				
1431 Intoxicated and Substance Abusing Minors				
	١,, ١			
There are policy and procedures for the identification	Х			
and management of alcohol and other drug				
intoxication that address:				
Designated housing, including protective environments for placement of intoxicated	х			
minors;	Λ			
Symptoms or known history of ingestion that				
should prompt immediate referral for medical	x			
evaluation and treatment;				
Determining when the minor is no longer			<u> </u>	
considered intoxicated and documenting when				
the monitoring requirements of this regulation	X			
are discontinued;				
Medical responses to minors experiencing				
intoxication or withdrawal reactions;	X			
Management of pregnant minors who use alcohol			٠,,	Pregnant minors are not housed at the camp
or other drugs;			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Initiation of substance abuse counseling during				
confinement and referral procedures for				
continuation upon release to the community,	X			
consistent with Title 15 § 1413 and Title 15 §				
1355; and,				
Coordination of mental health services in cases				
of substance abusing minors with known or	X			
suspected mental illness.				
A medical clearance is obtained prior to booking any				Booking of juveniles is completed at the Santa
minor who displays outward sings of intoxication or			X	Maria Juvenile Hall
is known or suspected to have ingested any substance			^	
that could result in a medical emergency.				
Supervision of intoxicated minors who are				•
cleared to be booked into a facility includes			X	
monitoring no less often than every 15 minutes			^	
until resolution of the intoxicated state.				
The monitoring observations are documented,			X	
with actual time of occurrence recorded.			^	
Medical, or child supervision staff operating				
pursuant to medical protocols, conduct a medical				
evaluation for all minors whose intoxicated			X	
behavior persists beyond six hours from the time		ļ		
of admission.				
1432 Health Appraisals/Medical Examinations				Health appraisals are completed upon admission at
1452 Health Appliations in tentent Extension	1 .,			the Santa Maria Juvenile Hall, and annually.
Policy and procedures require a health	X			
appraisal/medical examination of minors.				
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	1		X	
or other licensed or certified health professional				
working under direction of a physician.				
This health evaluation includes a health history,				
medical examination, laboratory and diagnostic	X			
testing and necessary immunizations.				
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),	Х			
developmental history (e.g., school, home, and	1 -			
peer relations), sexual activity, contraceptive				
methods, reproductive history, physical and				
sexual abuse, neglect, history of mental illness,			1	
self-injury, and suicidal ideation.	1			
The examination includes: Temperature, height,		1		
weight, pulse, blood pressure, appearance, gait,		1		
head and neck, a preliminary dental and visual			1	
acuity screening, gross hearing test, lymph				
nodes, chest and cardiovascular, breasts,	X			
abdomen, genital (pelvic and rectal examination,				
with consent, if clinically indicated),				
with consent, it clinically indicated), musculoskeletal neurological.				
musculoskejetal neurological.				

	ADTICLE/CECTION	YES	NO	N/A	COMMENTS
_	ARTICLE/SECTION	1 231.7	- 1.0	T	
	Laboratory and diagnostic testing includes:			1	
	Tuberculosis testing, pap smears and testing for sexually transmitted diseases for sexually active				
	minors. Additional testing is available as	X			
	clinically indicated, including pregnancy testing,				
	urinalysis, hemoglobin or hematocrit.				
-	Immunizations are verified and, within two				
	weeks of the Health Appraisal/ Medical				
	Examination, a program is started to bring the	Х			
	minor's immunizations up-to-date in accordance	•			
	with current public health guidelines.				
-	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	X		İ	
	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.				
-	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.				
	attly a, each of without satural series	Х	1		
	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	ļ		1	
	includes screening for tuberculosis.		ļ		
	For minors who are transferred to jails and juvenile				
er .	facilities outside their detention system, policy and	X			
	procedures assure that the health appraisal/medical	''			
	examination:				
	Is received from the sending facility;	X			
	Is reviewed by designated health care staff at the	x			
	receiving facility; and,	<u> </u>			
	Absent a previous appraisal/examination or				
	receipt of the record, a health appraisal/medical				
	examination, as outlined in this regulation, is	Х			
	completed on the minor within 96 hours of				
	admission.		<u> </u>		
	Policy and procedures require that minors who are				
	transferred among juvenile facilities within the same				
	detention system, receive a written health care	X			
	clearance. The health appraisal/medical examination	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
	is reviewed and updated prior to transfer and				
	forwarded to facilities that have licensed on-site			1	
	health care staff.	+			
	1433 Requests for Health Care Services				
	Policy and procedures establish a daily routine for				
	minors to convey requests for emergency and non-	X	1		
	emergency health care requests and include the				
	following:		1		
	There is opportunity for both written and verbal	1			
	requests, with provision for minors having	X			
٠.,	language or literacy barriers.			<u> </u>	
- J	unificante of the second				

-	ARTICLE/SECTION	YES	NO	N/A	COMMENTS
-	Supervision staff relays requests from the minor,				
	initiate referrals when the need for health care	v			
	services is observed, and advocate for the minor	X			
1	when the need for services appears urgent.				
-	Designated staff inquires and make observations				
	regarding the health of each minor on a daily	X			
	basis and in the event of possible injury.				
_	There is 24-hour opportunity for minors and staff				
	to communicate the need for emergency health	X			
	care services.				
-	There is provision for any minor requesting				
	health care, or observed to need such care, to be	х			
	given that attention by licensed or certified	^			
	health care staff.				
•	All health care requests are documented and	Х			
	maintained.				
•	1434 Consent for Health Care		•		
		х			,
	Policy and procedures require informed consent for	,,			
	health care examinations.				
	Examinations, treatments, and procedures				
	requiring verbal or written consent in the	x			
	community also require that consent for confined				
	minors.				
	There is provision for obtaining parental consent				
	and obtaining authorization for health care	x			
	services from the court when there is no parent-	^			
	guardian or other person standing in loco				
-	parentis.				
Ŋ.	Policy and procedures are consistent with applicable statute in those instances where the		ļ		
1	minor's consent for testing or treatment is	X			
	sufficient or specifically required.				
	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			
•	1435 Dental Care		1	"	CHC Dental
	The Beneat Care				
	Policy and procedures require that dental treatment is	X			
	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.				
	1436 Prostheses and Orthopedic Devices				
	Policy and procedures address the provision,	X	1		
	retention and removal of medical and dental		}		
	prostheses, including eyeglasses and hearing aids.	 			
	Prostheses are provided when the responsible			1	
	physician determines that the health of the minor	X		1	
	would be adversely affected without them.		 	-	
	Procedures for the retention and removal of	l x		1	
	prostheses comply with the requirements of Penal	X			
	Code § 2656. (See guidelines discussion.) 1437 Mental Health Services and Transfer to a		1	-	
	Treatment Facility	X			
4	Policy and procedures require providing mental	``			
IJ	health services that include but not limited to:				
	nearly services that melade out not himselfor	.1		I	• • • • • • • • • • • • • • • • • • •

_	ARTICLE/SECTION	YES	NO	N/A	COMMENTS
_	Screening for mental heath 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			T	
	Stabilization of the mentarty in and prevention of	X			
_	psychiatric deterioration in the facility setting;				
	Elective therapy services and preventive	X			
_	treatment, where resources permit;	X			
	Medication support services; and,	Λ			
	Provision for referral and admission to licensed				
	mental health facilities for minors whose	Х			
	psychiatric needs exceed the treatment capability				
	of the facility.				
_	The minor may be evaluated by licensed health				
	personnel to determine if treatment can be initiated at	Х			
	the juvenile facility.				
-	Any minor who displays significant symptoms of	<u> </u>			
	severe depression, suicidal ideation, irrational,				
	violent or self destructive behaviors, or who is	x			
	receiving psychotropic medication, is provided a	^			
	mental status assessment by a licensed mental health				
	clinician, psychologist or psychiatrist.		1		
-	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	x	1		
	emergency, unless the facility has been designated as				
	a Lanterman-Petris-Short (LPS) facility, and minors		1		
	meet the criteria for involuntary commitment under				
ŧ.	the LPS Act in Welfare and Institutions Code § 5000		1		
2	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		ļ		
	Institutions Code § 6552,				
	1438 Pharmaceutical Management		1		
		X			
	Pharmaceutical policies, procedures, space and		1		
	accessories include but not be limited to:				
	Securely lockable cabinets, closets and	X			
	refrigeration units:			_	
	A means for the positive identification of the	x			
	recipient of the prescribed medication;				
	Administration/delivery of medicines to minors	x			
	as prescribed;	Λ			
	Confirmation that the recipient has ingested the	X		1	
	medication;	^			
	Documenting that prescribed medications have				
	or have not been administered by whom, and if	X			
	not, for what reason;			•	
	Prohibition of the delivery of drugs from one				
		X			
	minor to another:				
	Limitation to the length of time medication may	l x			
	be administered without further medical	^			
	evaluation;				
	The length of time allowable for a physician's	X			
	signature on verbal orders;				

	ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1	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.)	Х			
	Written protocols are consistent with pharmacy laws and regulations and limit the following functions to being performed by the identified personnel:	Х			
	Procurement is done only by a physician, dentist, pharmacist, or other person authorized by law.	Х			
	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.	Х			
, distribution	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.	Х			
_	Dispensing is only done by a physician, dentist, pharmacist, or other person authorized by law.	Х			
_	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.	х			
_	Licensed and trained non-licensed personnel may deliver medication acting on the order of a prescriber.	х			
_	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.	Х	TOTAL PROPERTY OF THE PROPERTY		
_	There are written procedures for managing and providing over-the-counter medications to minors.	х			
1	Policies and procedures govern the use of voluntary and involuntary medications. These policies and procedures include, but are not limited to:	Х			

-	ARTICLE/SECTION	YES	NO	N/A	COMMENTS
-	Protocols for physicians' written and verbal				
	orders for psychotropic medications in dosages	Х			
	appropriate for the minor's need;				
-	Requirements that verbal orders be entered in the				
	minor's health record and signed by a physician	Х			
	within 72 hours;				
-	The length of time voluntary and involuntary				
	medications may be ordered and administered	Х			
	before re-evaluation by a physician;				
-	Provision that minors who are on psychotropic				
	medications prescribed in the community are				
	continued on their medications pending re-	х			
	evaluation and further determination by a	7.			
	4				
-	physician; Provision that the necessity for continuation on			-	
	psychotropic medication is addressed in pre-				
	release planning and prior to transfer to another	X			
-	facility or program; and,		<u> </u>		
	Provision for regular clinical-administrative		1		
	review for utilization patterns for all	X			
	psychotropic medications, including every				
	emergency situation.				
	Psychotropic medications are not administered to a		İ		
	minor absent an emergency unless informed consent	X			
	has been given by the legally authorized person or				
	entity.			 	
	Minors are informed of the expected benefits,	Х			
	potential side effects and alternatives to	^			
١.	psychotropic medications.			_	
į.	Absent an emergency, minors may refuse	х			
	treatment.		<u> </u>		There are two Mental Health Counselors, and two
	Minors found by a physician to be a danger to			ļ	Mental Health Interns on site Mon-Fri.
	themselves or others by reason of a mental disorder,				Wellar ricarn filerns on site won-11.
	may be involuntarily given psychotropic medication		1		
	that is immediately necessary for the preservation of		ļ		
	life or the prevention of serious bodily harm. This	X			
	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	1		1	
	necessary for harm to take place or become				
	unavoidable prior to initiating treatment.		<u> </u>		
	Assessment and diagnosis supports the administration			1	
	of psychotropic medications and administration of				
	psychotropic medication is not allowed for coercion,	X			
	discipline, convenience or retaliation.				
	ALTO CALLED TO THE PARTY OF THE		-	_	
	1450 Suicide Prevention Program				
	There is a written suicide prevention plan, with				
	policies and procedures to prevent and respond to				1
	crisis. Staff training shall include, but not be limited				
	to, identification of t minors who present a suicide	X			
	risk, appropriate monitoring of their condition and				
	provide for the necessary treatment ,follow-up and				
	emergency response protocols for self-injurious			ł	
	behaviors.				
	Denarios.				
1					

	ARTICLE/SECTION	YES	NO	N/A	COMMENTS
	1452 Collection of Forensic Evidence				
	1452 Conceion di 2 di ondie 27 idones				
	Policy and procedures assure that forensic medical				
	services, including drawing of blood alcohol samples,				
	body cavity searches, and other functions for the			X	
	purpose of prosecution are collected by appropriately				
	trained medical personnel who are not responsible for				
	providing ongoing health care to the minor.				
	1453 Sexual Assaults		****		
	1435 Sexual Assaults				
	There is policy and procedures for treating victims of	x			
	sexual assaults and for reporting such incidents, when	^			
	they occur in the facility, to local law enforcement.				
	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	х			
	is properly equipped and staffed with personnel	1			
	trained and experienced in such procedures.				
•	1454 Participation in Research				
	1454 Participation in Research				
	Policy and procedures govern biomedical or				
	behavioral research involving minors and require				
	assurances for informed consent and the safety of the			X	
	minor. Such research occurs only when ethical,				
	medical and legal standards for human research are				
	met.				
•	Participation in research is not a condition for				
	obtaining privileges or other rewards and the court,	İ	:		
	health administrator, and facility administrator are			Х	
1	informed of all proposed actions.				
•	1358 Use of Physical Restraints				
	The state of the s				
	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	X			
	immediate medical/mental health referral; availability				
	of cardiopulmonary resuscitation equipment;				
	protective housing of restrained minors; provision for				
	hydration and sanitation needs; exercising of				
	extremities.				
	Physical restraints are utilized only when it appears				
	less restrictive alternatives would be ineffective in	X			
	controlling the disordered behavior.				
	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	X			
	property, or reveals the intent to cause self-inflicted				
	physical harm.				
	Minors are placed in restraints only with the approval				
	of the facility manager or the shift supervisor. The	$_{\rm X}$			
	facility manager may delegate authority to place a				
	minor in restraints to a physician.				
	Continued retention in restraints is reviewed a	X			
-	minimum of every hour.				

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.	х			
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.	х			
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.	Х			
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.	х			
Restraints are not used as punishment, discipline, or as a substitution for treatment.	Х			
The affixing of hands and feet together behind the back (hog-tying) is prohibited.	Х			
1359 Safety Room Procedures				
Policies and procedures govern the use of safety rooms, as described in Title 24, Part 2, Section 460A.1.13.			х	
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.			х	
The safety room is not to be used for punishment, discipline, or as a substitute for treatment. Policies and procedures:			Х	
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;			х	
Provide for continuous direct visual observation;			Х	
Provide that the minor is evaluated by the facility administrator, or designee, every four hours;			х	
Provide for immediate medical assessment, where appropriate, or an assessment at the next daily sick call;			х	
Provide that a minor is medically cleared for continued retention every 24 hours;			х	
Provide that a mental health opinion is secured within 24 hours; and,			х	
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.			х	

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.

- 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.
 - 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.
 - 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



MEDICATION ROOM INSPECTION for CORRECTIONAL INSTITUTIONS

FACILITY: Santa mana Juvenile Hall	DATE: 12/11/185
√MEETS REQUIREMENTS X ATTEN	TION RECOMMENDED
D. MEDICATION HANDLING & DISPOSITION: 1. No Reconstituted/Compounded Medications past Expiration Data 2. Controlled Substances Storage Area is Locked	te E
Equals Count Sheet Balance	
11. DEA #Expiration Date	_'
12. State Permit # Expiration Date Is Current and Copy Posted in Medical Area	
Is Current and Posted in Medical Area 14. Copy of Maxor's State Permit # Expiration Date is Current and Posted in Medical Area	te/
E. EMERGENCY MEDICATION KIT: 1. Seal in Tact	Dated
F. MISCELLANEOUS: 1. Proper Drug References Available 2. Policy and Procedure Manual Up to Date & Readily Available 3. Previous Recommendations Attended to	N/ /
REMARKS AND RECOMMENDATIONS: - SHE MOEK INVER REQUIREMENT I IMPROVE MENT TO THE TOP & END DATES.	add Peuseen
FACILITY REPRESENTATIVE PHARMACIST	SIGNATURE

PHARMACIST NAME (PRINT)



MEDICATION ROOM INSPECTION for CORRECTIONAL INSTITUTIONS

FAC	ILITY: L	Prives	Boys	(amp		DATE:	10 15	13
	√ MEETS REQ		0	1	X ATTENTION F	RECOMME	NDED	_
	MEDICATION I No Recons Controlled Keys Control Correct Pro Correct Pro Medication Change of Inventory Cequals Cou Perpetual Iequals Cou Biennial Invand Copy of Inventory Cequals Courrent and Copy of Copy of Ma	HANDLING & stituted/Composubstances Stolled by Appropriate for Disposal Reconstitute for Count for Count for Count for Count Sheet Balanventory for Stunt Sheet Balanventory Last Don File at Site. AS 706405 and Copy Postitute A S 706405 and Copy Postitute A S 706405 and Copy Postitute A S 706405 and Copy Postitute A S 706405 and Copy Postitute A S 706405 and Copy Postitute A S 706405 and Copy Postitute A S 706405 and Posted in Item A S 706405 and Posted in Item A S 706405	unded Med orage Area priate Staff sposal of Co ords in Orde eets for Co olled Subst nce dock Medica nce ed in Medic ed in Medic Medical Are rmit # 120	ications pas is Locked scontinued/l ontrolled Sul er & Readily ntrolled Sub ances and S tions Expire al Area 507 a	Expired Meds	01 2015 11 2015 13 1	2016	
; ;	EMERGENCY M 1. Seal in Tac 2. No Deterior 3. Current List 4. No Medicat 5. Evidence th	TEDICATION I tated or Expire Posted & On ion Missing an	KIT: d Meds Pre Kitd No Additi	sentonal Items F	Present V, Signed and Dated			<u>6</u>
;	MISCELLANEO 1. Proper Drug 2. Policy and I 3. Previous Re	US: g References A Procedure Mar ecommendatio	Available nual Up to D ns Attended	ate & Read	ily Available			.
(antrol Pleuse	be sure t	Should to document	e kept Rationale	1	y from non co		odiration	15
Pleax	be supe to	have cont	rol log 5	liqued fin	my a tem gap	2 Noted	The state of the s	
F	ACILITY REPRI	SENTATIVE		-	PHARMACIST SIGNA	That Ture	n D	
				Ī	Myen Wayye	n Pha (PRINT)	rm D	



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

MEDICATION ROOM INSPECTION for CORRECTIONAL INSTITUTIONS

FA	CILIT	Y: LOS Prietos	Boys	Camp	DATE: 10 (19)1 2.
			U	'	X ATTENTION RECOMMENDED
	•	√ MEETS REQUIREME	NTS		X ATTENTION RECOMMENDED
Α.		DICATION STATION A	ND STORA	GE:	DC.
	1.	Medication Room Lock	ed	*****************	
	2.	Medication Carls Locke	∋d		
	3.	Locks on Carls working	Properly		
	4.	Keys Controlled by App	propriate St	атт	
	5.	Medication Room/Cart	s Clean		
	6.	Patient Meds Stored St	eparately		
	7.	Externals Separate troi	n internais.	***************	<u> </u>
	8.	Non-Drug Items sorted	Separately		
	9.	Medication stored in ac			itulei s
		recommendations		(000 400)	/// °E P
	10.	Refrigerator at Correct	emperatu	re (36"-46")	_46_°F
	11.	Medication Refrigerato	r Contains o	oniy .	
		Medications and Adjun	ctive Foods		E
		Lighting and Ventilation	Adequate.		nd 1
	13.	Multiple dose parenters	als dated Wi	ien opened ar	ofacturer M. A.
		discarded within the tin	ne mame an	Otted by mane	ofacturer
_				O. O. O. A. R. F. D. C.	o).
В.					
	1.				
	2.				
	3.	Non-Prescription Meds	Jaholed Co	ntainers of Me	dications
	4.				
	5,				
	6. 7.	No Expired Meds of the	on Hand		
	7.	MO Defellolated mega	011 1 10110		
C.	B A Z	DICATION ADMINISTR	ATION & O	RDERS (RAN	IDOM SAMPLES):
U.	1VIE 1.				
	1. 2.				
	2. 3.				
	3. 4.				
	4. 5.				
	o.	Descend Administerir	n Medicatio	n have Sione	d 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 pharmalinks website by the RN. These procedures are in the Maxor binder.
- 5. Controlled Substances are entered into the pharmalinks 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

Print Date: 7/28/2015

Page: 1

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

Vaccination Provider: 42CORIZON-SM Patient Provider Group: All Groups Vaccinations: 01/01/2013 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
							12	105		117
Subtotal:				L	L	L			·	

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

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

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

Vancina	<1	1	2	3-4	5	6-9	10-14	15-18	19+	Total
Vaccine		-						8		8
IPV - 4								8		8
Subtotal:			<u></u>	l	<u>L</u>					

	<1	4 l	2	3-4	5	6-9	10-14	15-18	19+	Total
Vaccine							4	29		33
MCV4 - 1										104
MCV4 - 2							1	103		104
								1		1
MCV4 - 3	_						5	133		138
Subtotal:						1			Date: 7/28	3/2015

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

Vaccination Provider: 42CORIZON-SM

Print Date: 7/28/2015 Page: 2

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+	Totai
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
Subtotai:								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
Vaccination Totals:							78	580		658

		ssion Sile average	N/A 100%	Site Avelage	10098	Sie Average	100%	Sha Average	%66	ľ	N/A 99%	Site Average	100%	Site Average	%66	Asharida seed Site Average	100%		100% 9R% 9R%		Site Average	ID/VIOL	Gira Ayarasa	100%		SILP AVERBRE
		CAD - Coronic Care MH-Wajor Debression Site Average	N/A			2	N/A	Schipo	N/A	Womens Health Preg MH-Master Pro List Site Average	N/A			7.0	N/A		N/A		2%		Sease	W/W				N/A
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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

Welcome

a. Minutes from September 2013 meeting reviewed.

- 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.
- 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.
- 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 Psychoeducation, 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

- 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 <u>Los Prietos Boys Camp</u>.

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	Carrick Adam	March MAC
accreditation	Lisa Conn	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	?

i.



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

 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.

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: Time:

06/11/2013 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.
- 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:
 - 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.

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

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Average Daily Population	1.1	69	72	99	80	73	53	56	29	99	2	62
Average Montly Intakes	106	97	107	109	152	92	67	101	91	111	111	72
Grievances											-	1
1. Medical	0	0	0	0	0	0	0		0	0	5	_
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	-	133	118	106
2. Annuals	13	25	29	20	39	15	10	21		24	23	13
	151	118	120	121	152	115	93	139	141	157	141	119
Nursing Services												1
1. Nursing Sick Call	264	221	215	141	223	206	237	230	214	191	235	249
2 Pregnancy	2	-	,	_	τ-	4	3	_	-	-	0	
3 Interval Evaluations	34	15	32	102	28	19	61	20			22	8
4 PPD's Administered	32	41	39	44	71	26	18	36			34	17
5 Other Immunizations	84	37		23	49	16	6	21			73	45
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Mental Health Services												
Psychiatrist Contacts	24	25	24	19	27	23	13					
2. Medical Referrals to M/H	18	15	12	10	12	4	6	3		2	14	80
3. Mid Month Pysch Med Count	12	12	12	13	13	14	8	9		17	80	위
Medications											1	
Total Doses of MH meds	913	921	946	978	899							570
2 Total Doses of Rx Meds	725	329	517	512	751	784	469					456
3 Total Doses of OTC meds	1608	937	1087	840	1013	867	829	888	3 505	704		101
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A Voirths on MH meds	22	27	, 25	24	31	20	14	14	36	22	22	21
5 Youths on Rx meds	31			33	44	40	23	19	9 73	33	19	33
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3 Emergency Treatment Only	0	-	0	0	3	1	2		2		5	7
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3. Private Office Appointments	7				T	C		С	Ŧ	0	0	0
4. Out Patient surgeries			0		-	2						
Radiology Services										7	C	7
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Radiology Services Total	7	9	3	2	2	2		9	8	13	n	٥
Laboratory Service										5	90	45
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Santa Maria Juvenile Hall 2013

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Youths Deaths												
Grievances												1
1. Medical	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
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Physician Services												
1. MD Sick Call	43	30	38	42	36	51	44	31	41	40	24	29
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Nursing Services												
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3. Mid Month Pysch Med Count	24	19	20	20	17	20	4	9	4	15	10	10
Medications												
1. Total Doses of MH meds	883	782	820								418	281
2. Total Doses of Rx Meds	864	884	820	657		2 588						341
3. Total Doses of OTC meds	682	647	740	1290	688	3 767	, 682	586				545
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5. Youths on Rx meds	24	26	28	28	3 27	7 20	23	3 16				18
6. Youths on OTC meds	20	46	54	58	90	59	46	39				39
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Los Prietos Boys Camp 2013

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24 hour sick calls (missed)					,	,		c	c	_	c	a
Youths on HIV/AIDS Meds	0	0	0	0	5				,	,		

Los Prietos Boys Camp

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

Santa Maria Juvenile Hall

Date: A	August	25, 2014

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
	Article 8.	Health	Services	
1400 Responsibility For Health Care Services Health care services are provided to all minors.	х		***	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.	Х			
A responsible physician is designated to develop policy in health care matters involving clinical judgments.	Х			Policy and Procedure: J-115
1401 Patient Treatment Decisions				
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			
1402 Scope of Health Care				
Policy and procedures define which health care services are provided in the facility and which services are provided through community providers.	х			
There is at least one physician available to provide treatment.	х			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.	х			
Staff, space, equipment, supplies, materials and resource manuals are adequate for the level of health care provided in the facility.	х			
There is provision for parents, guardians, or other legal custodians to arrange for health care that is permitted by law, at their expense.	Х			
1403 Health Care Monitoring and Audits (Applicable to facilities with on-site health care staff) There are policies and procedures to collect statistical data and submit at least annual summaries of health care services to the facility administrator.	х			
There are policies and procedures requiring that the quality and adequacy of health care services are assessed at least annually.	х			
There is a process for correcting identified deficiencies in the medical, dental, mental health and pharmaceutical services delivered.	х			

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	X			
pharmaceutical services. (Inspectors are				
requested to verify existence of these reports.)				
At least quarterly, there are documented				
administrative meetings between health and facility	X			
administrators to review medical, mental health and	^			
medical services.				
1404 Health Care Staff Qualifications (Applicable				
to facilities with on-site health care staff)				
•	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	X			
restrictions that apply in the community, also apply to	^	l		
health care personnel in the facility				
Health care staff credentials are on file at the facility				All nursing and medical licenses are current. CPR
or another central location where they are available		1		licenses are current.
for review. Policies and procedures require that these	X	ŀ		
credentials are periodically reviewed and remain				
current.				
Position descriptions and actual practice reflect that		!		
health care staff receive the supervision required by	х			
their license and operate within the scope of their	Λ			
practice.				
1405 Health Care Procedures (Applicable to				
facilities with on-site health care staff)				
	i i			•
When the responsible physician determines that a				
clinical function can be delegated to health care staff	Х			
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.				
1406 Health Care Records (Applicable to facilities				Random chart reviews are complete and up-to-date.
with on-site health care staff)				Recommend on screening intake to add: Do You
	Х			Have a Cough, of any duration? And establish a
Complete, individual and dated health records are				Respiratory Policy.
maintained and include, but are not limited to:				
Intake health screening form (Note: The intake				
screening form may also be included in the	X			
probation file as a non-confidential document.				·
See guidelines for discussion.);				
Health appraisals/medical examinations;				
Heath service reports (e.g., emergency	X			•
department, dental, psychiatric and other	l		i	
consultations);	X			
Complaints of illness or injury;				
Names of personnel who treat prescribe, and/or	х			
administer/deliver prescription medication;				
Location where treatment is provided;	X			
Medication records in conformance with Title 15	Х			
§ 1438;	- V			
Progress notes;	X			
Consent forms;		<u></u>		

Authorization for release of information; Copies of previous health records; Immunization records; and, Laboratory reports. Policies/procedures and practice require that health records are in a locked area separate from the confinement record. Policies/procedures and practice require that health records are in a locked area separate from the confinement record. The health administrator controls access to health records and confidentiality laws related to provider-patient privitege apply. Minors are not used to transfate confidentiality laws related to provider-patient privitege apply. Minors are not used to transfate confidentiality laws related to provider-patient privitege apply. Minors are not used to transfate confidentiality laws related to provider-patient privitege apply. Minors are not used to transfate confidentiality laws related to provider-patient privitege apply. Minors are not used to transfate confidentiality laws related to provider-patient privitege apply. Minors are not used to transfate on the court, child supervision staff and to probation information from minors (prodation) acuse files is shared with health care staff when relevant. 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. Information can be communicated confidentially at the time of Patient Produced wests in the facility, is transfered to another jurisdiction and the responsible physician of the receiving facility; Advance notification from the parent and/or legal guardion is obtained prior to transferring capies of actual health records, unless otherwise to the local health officer and effect of fains; and, Confidentially of health records is ministance during transfer. At summary of the health record, anders otherwise to ministance during transfer of minors with known or suspected active meeting in the process of the process of actual health records and or transferring capies	ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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forward non-confidential information on medications X	and procedures assure that child supervision staff		İ		
	forward non-confidential information on medications	$_{\rm X}$	İ		
	and other treatment orders, prior to or at the time of				
transfer.					

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1409 Health Care Procedures Manual (Applicable	1			CORIZON has a medical procedure manual for
to facilities with on-site health care staff)				health care services on location in Medical Office.
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. (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	х			
may be included in the same manual.)				
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.	х			
There is a documented annual review of the health care procedures manual, with revisions as necessary.	х			
The facility administrator, the facility manager, the health administrator and the responsible physician have approved and signed the manual.	Х			
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;	Х			Recommend changing cough screening length from three weeks to one week.
Identification of relevant symptoms;	Х			
Referral for medical evaluation;	X		Ī	
Treatment responsibilities during detention;	X			
Coordination with public and private community-based resources for follow-up treatment;	х			
Applicable reporting requirements, and,	X			A THE SECOND CONTRACTOR OF THE SECOND CONTRACT
Strategies for handling disease outbreaks.	X			
Policies and procedures are updated as necessary to	v			
reflect local disease priorities.	X			
1411 Access to Treatment Policy and procedures provide unimpeded access to health care.	x			
1412 First Aid and Emergency Response Policy and procedures assure access to first aid and	Х			C.O. Emergency Policy and Procedure: 4124 Policy and Procedure: Y-A-7, J-111
emergency services.				
First aid kits are available in designated areas of each juvenile facility.	х			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.	х			
Child supervision and health care staff is trained and there are policies and procedures to respond to emergencies requiring first aid.	х			

A DEPOSITION OF THE OPENSION O	3/17/2	T NO	1 87/1	COMMENTED
ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1413 Individualized Treatment Plans (Excluding Special Purpose Juvenile Halls)				
Special Furpose suvenile rialis)		-	1	
Policy and procedures direct that health care	X			
treatment plans are developed for minors who receive				
services for significant health care concerns.				
Health care treatment plans are considered in facility	<u> </u>	-	_	
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	X			
others.				
Medical and mental health information is shared with		1	1	
supervision staff in accordance with §1407 for				
purposes of programming, treatment planning and	X			
implementation.]		
Program planning includes pre-release arrangements		1		
for continuing health care, together with participation	Х	1		
in relevant programs upon release.				
Minors who are suspected or confirmed to be				
developmentally disabled are referred to the local			1	
Regional Center for the Developmentally Disabled	٠,			
within 24 hours of identification, excluding holidays	Х			
and weekends. (See also Title 15 § 1355, Assessment				
and Plan)				
1414 Health Clearance for in-Custody Work and				
Program Assignments				
There are health screening and monitoring	X			
procedures for work and program assignments that				
have health care implications, including, but not				
limited to food handlers. (See also Title 15 § 1465.)				
1415 Health Education (Excluding Special Purpose				
Juvenile Halls)				
	X			
Policy and procedures assure that age- and sex-				
appropriate health education and disease prevention				
programs are offered to minors.	<u> </u>			
The health education programs are updated as]	
necessary to reflect current health priorities and meet	Х			
the needs of the offender population.				P. C. C. C. C. L. P. L. L. L. L. L. L. L. L. L. L. L. L. L.
1416 Reproductive Services	1			Policy G O-7 states Public Health will consult on reproductive issues, and may be referred to Planned
Policy and procedures assure that reproductive health	X		1	Parenthood. If pregnant will see OB at Public
services are available to both male and female	^		j	Health Birth control offered.
minors.		j		Teath Dith control officed.
Reproductive services include but are not be limited				
to those prescribed in WIC § 220, 221 and 222, and	x	ĺ	İ	
HSC § 123450.	^	1		
Section 1417. Pregnant Minors.		+		HARLE AL HARLE LIPHE
TITLE A LANGE TO A LAN				
Policies and procedures pertaining address	x			
a diet, vitamins, education and limitations on the				
use of restraints.				



ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1430 Intake Health Screening				·
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:	х			
Unconscious minors are not accepted;	Х			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, (Intoxicated and Substance Abusing Minors)	х			
Circumstances and reasons for requiring a medical clearance are documented whenever a minor is not accepted for booking; and,	Х			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.	Х			
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 ninor or others in the facility, as well as health conditions that require treatment while the minor is in the facility.	х			
Minors suspected of having a communicable disease are separated from the general population pending the outcome of an evaluation by medical staff.	х			
There is provision for a timely referral for health care ommensurate with the nature of any problems or ompliant identified during the screening process.	х			
431 Intoxicated and Substance Abusing Minors There are policy and procedures for the identification and management of alcohol and other drug atoxication that address:	Х			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;	х	1	1	Correctional Officers use Juvenile Facility Detoxification Checklist while Youth is under the nfluence of a substance
Symptoms or known history of ingestion that should prompt immediate referral for medical evaluation and treatment;	х			
Determining when the minor is no longer considered intoxicated and documenting when the monitoring requirements of this regulation are discontinued;	х			
Medical responses to minors experiencing intoxication or withdrawal reactions;	x		P	olicy and Procedure: Y-G-06.00

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Management of pregnant minors who use alcohol or other drugs;	Х			
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,	х			
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 sings of intoxication or is known or suspected to have ingested any substance that could result in a medical emergency.	х			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.	Х			
The monitoring observations are documented, with actual time of occurrence recorded.	Х			
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.	х			
1432 Health Appraisals/Medical Examinations Policy and procedures require a health appraisal/medical examination of minors.	Х			Policy and Procedure: Y-E-9
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.	Х	7. 77.		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.	х			
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.	х			
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.	х			

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.	х			
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.	х			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.	Х			
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.	х			
For minors who are transferred to jails and juvenile facilities outside their detention system, policy and procedures assure that the health appraisal/medical examination:	Х			
Is received from the sending facility;	Х			
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.	Х			
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 procedures establish a daily routine for minors to convey requests for emergency and non-emergency health care requests and include the following:	х			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.	х			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Supervision staff relays requests from the minor,				
initiate referrals when the need for health care	X			
services is observed, and advocate for the minor	^	1		
when the need for services appears urgent.				
Designated staff inquires and make observations				
regarding the health of each minor on a daily	X			
basis and in the event of possible injury.	ļ			
There is 24-hour opportunity for minors and staff		1		A CONTRACTOR OF THE CONTRACTOR
to communicate the need for emergency health	\mathbf{x}	•		
care services.	1			
	<u> </u>	<u> </u>		
There is provision for any minor requesting				
health care, or observed to need such care, to be	X			
given that attention by licensed or certified				
health care staff.				
All health care requests are documented and	х			
maintained.				
1434 Consent for Health Care				Parental consent is obtained when feasible
Policy and procedures require informed consent for	X			otherwise, Court Ordered consent obtained at
health care examinations.				intake.
Examinations, treatments, and procedures				
requiring verbal or written consent in the	\ , \			
community also require that consent for confined	X	ŀ		
minors.	ĺ			
There is provision for obtaining parental consent				· · · · · · · · · · · · · · · · · · ·
and obtaining authorization for health care				
services from the court when there is no parent-	X			
guardian or other person standing in loco	1	j		
parentis.		1		
Policy and procedures are consistent with				The state of the s
applicable statute in those instances where the				
minor's consent for testing or treatment is	X			
		1		
sufficient or specifically required.				
Conservators provide consent only within limits	X			
of their court authorization.				
Minors may refuse non-emergency medical and	x			
mental health care, verbally or in writing.				
1435 Dental Care				Policy and Procedure: Y-E-6
Policy and procedures require that dental treatment is		ĺ		
provided to minors as necessary to respond to acute	X		i	
conditions and to avert adverse effects on the minor's			-	
health. Treatment is not limited to extractions.				
1436 Prostheses and Orthopedic Devices				Policy and Procedure: Y-G-10
Policy and procedures address the provision,	x	ŀ		
retention and removal of medical and dental				
prostheses, including eyeglasses and hearing aids.				
Prostheses are provided when the responsible				
physician determines that the health of the minor	X			
would be adversely affected without them.		-		
Procedures for the retention and removal of				
prostheses comply with the requirements of Penal	\mathbf{x}	-		
Code § 2656. (See guidelines discussion.)	.		- 1	
1437 Mental Health Services and Transfer to a				Adult Drug & Mental Health is responsible for the
Treatment Facility				established policies and procedures for mental
Freatment Patinty	x			health services under CORIZON. When ADMHS
Dallay and managlusas social and action and the	^			not present, will refer to SAFETY (Crisis
Policy and procedures require providing mental				Intervention Team).
health services that include but not limited to:				inici vention Teamj.
Screening for mental heath problems at intake;	<u> </u>			
Crisis intervention and the management of acute	x]		
psychiatric episodes;				
				1 0 000 DOOG FORM (F) (D 10/00)

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Stabilization of the mentally ill and prevention of	x			
psychiatric deterioration in the facility setting;				
Elective therapy services and preventive	Х			
treatment, where resources permit;	7.			
Medication support services; and,	X			
Provision for referral and admission to licensed				
mental health facilities for minors whose	X			
psychiatric needs exceed the treatment capability				
of the facility.				Any Youth may submit request form for Mental
The minor may be evaluated by licensed health	37			Health services.
personnel to determine if treatment can be initiated at	Х			realm services.
the juvenile facility.				Policy and Procedures MH: Y-G-4, Y-E-5, Y-G-2
Any minor who displays significant symptoms of				Policy and Procedures Witt. 140-4, 146-5, 1-0-2
severe depression, suicidal ideation, irrational,				
violent or self destructive behaviors, or who is	X			
receiving psychotropic medication, is provided a				
mental status assessment by a licensed mental health				
clinician, psychologist or psychiatrist. 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	- 1			
a Lanterman-Petris-Short (LPS) facility, and minors				
meet the criteria for involuntary commitment under	X			
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	1			
Institutions Code § 6552,				
1438 Pharmaceutical Management	- 1	1		Policy and Procedure: Y-D-1.01thru Y-D-1.08, Y-
	$_{\rm X}$	ĺ		D-02
Pharmaceutical policies, procedures, space and	.			
accessories include but not be limited to:				
Securely lockable cabinets, closets and	x			
refrigeration units:				
A means for the positive identification of the	\mathbf{x}	:	ļ	
recipient of the prescribed medication;				
Administration/delivery of medicines to minors	X			
as prescribed;				
Confirmation that the recipient has ingested the	X			
medication;				
Documenting that prescribed medications have	$_{\rm x}$			
or have not been administered by whom, and if	^		İ	
not, for what reason; Prohibition of the delivery of drugs from one				
	X			
minor to another: Limitation to the length of time medication may				
be administered without further medical	x			
evaluation;	^		l	
The length of time allowable for a physician's				
signature on verbal orders;	Х	ļ		
Signature on verbai orders,		<u></u>		



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; proceedings and consultation with health care staff for or waluation; proceeding and, consultation with health care staff for monitoring the minor's response to medication; and, Az 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. The report is provided to the health authority and the facility. The report is provided to the health authority and the facility administrator. (See absolute that the state of the state	ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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pharmacist, or reregistered nurse. Controlled substances are disposed of in accordance with		7.	ĺ		
		X			
Drug Enforcement Administration disposal	substances are disposed of in accordance with				
procedures.	procedures.				
There are written procedures for managing and X		\mathbf{v}			
providing over-the-counter medications to minors.		^			
1439 Psychotropic Medications Correctional policy 4125	1439 Psychotropic Medications				Correctional policy 4125
				1	
Policies and procedures govern the use of voluntary X		X			
and involuntary medications. These policies and				- 1	
procedures include, but are not limited to:	procedures include, but are not limited to:				

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Protocols for physicians' written and verbal				
orders for psychotropic medications in dosages	X			
appropriate for the minor's need;				
Requirements that verbal orders be entered in the			,	
minor's health record and signed by a physician	X			
within 72 hours;				
The length of time voluntary and involuntary				
medications may be ordered and administered	X			
before re-evaluation by a physician;				
Provision that minors who are on psychotropic				
medications prescribed in the community are				
continued on their medications pending re-	X			
evaluation and further determination by a				
physician;				
Provision that the necessity for continuation on				
psychotropic medication is addressed in pre-	,,			
release planning and prior to transfer to another	X			
facility or program; and,				
Provision for regular clinical-administrative				
review for utilization patterns for all				
psychotropic medications, including every	X			
emergency situation.				
Psychotropic medications are not administered to a				
minor absent an emergency unless informed consent		1		
has been given by the legally authorized person or	X	1		
entity.				
Minors are informed of the expected benefits,				
potential side effects and alternatives to	Х	ĺ	i	
psychotropic medications.				
Absent an emergency, minors may refuse				11.11.11.11.11.11.11.11.11.11.11.11.11.
treatment,	X			
Minors found by a physician to be a danger to				
themselves or others by reason of a mental disorder,		1		
may be involuntarily given psychotropic medication				
that is immediately necessary for the preservation of				•
life or the prevention of serious bodily harm. This	7/		1	
can only be done when there is insufficient time to	X			
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.				
Assessment and diagnosis supports the administration				
of psychotropic medications and administration of		1		
psychotropic medication is not allowed for coercion,	X		İ	
discipline, convenience or retaliation.	l			
			<u> </u>	
1450 Suicide Prevention Program		1	1	MAYSI form is used to screen Mental Health status
				by Mental Health staff.
There is a written suicide prevention plan, with				Policy and Procedure-Y-G-05
policies and procedures to prevent and respond to				M.H chapter 1:1
crisis. Staff training shall include, but not be limited	_		1	S.A.F.T.Y. called for crisis invention if the
to, identification of t minors who present a suicide	X			A.D.M.H.S. staff is not there. A.D.M.H.S. available
risk, appropriate monitoring of their condition and				7 days/week day shift.
provide for the necessary treatment ,follow-up and	1]	}	
emergency response protocols for self-injurious	1	1		
behaviors.				
				The state of the s

				
ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1452 Collection of Forensic Evidence				Policy and Procedure: Y-I-03
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			
1453 Sexual Assaults				Policy and Procedure: Y-B-05
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.	х			
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.	Х	1		
1454 Participation in Research				
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		7 11 11 11 11 11 11 11 11 11 11 11 11 11	Х	
met. 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	
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. Physical restraints are utilized only when it appears less restrictive alternatives would be ineffective in	X			Policy and Procedure: Y-I-01 C.O. Policy and Procedure:4122, MH- Ch 11
controlling the disordered behavior.	^			
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.	х			
Continued retention in restraints is reviewed a minimum of every hour.	Х			

	ARTICLE/SECTION	YES	NO	N/A	COMMENTS
	A medical opinion on the safety of placement and	1 220	110	IVA	COMMENTS
	retention is secured as soon as possible, but no later				
,	than two hours from the time of placement. The	ŀ			
	minor is medically cleared for continued retention at	X		İ	
	least every three hours after the initial medical				
	opinion.				
•	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	X			
	the time of placement.				
-	Continuous direct visual supervision is conducted and				
	documented to ensure that the restraints are properly	x			
		^			
-	employed and to ensure the well-being of the minor. All minors in restraint devices are housed alone or in				
		_V			
	a specified housing area for restrained minors with	X			
_	provisions to protect the minor from abuse.				
	Restraints are not used as punishment, discipline, or	X	ľ		
_	as a substitution for treatment.	<u> </u>			
	The affixing of hands and feet together behind the				
	back (hog-tying) is prohibited.	X			
_					
	1359 Safety Room Procedures		ľ	i	Juvenile Hall does not have a Safety Cell per se, but
					will use an observation/isolation cell as one when
	Policies and procedures govern the use of safety	X			deemed necessary.
	rooms, as described in Title 24, Part 2, Section		İ		
	460A.1.13.				
	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	X			
	destruction of property, or reveals the intent to cause	•		į	
	self-inflicted physical harm.				
	The safety room is not to be used for punishment,		ļ		
	discipline, or as a substitute for treatment. Policies	Х		1	
	and procedures:				
	nclude provisions for administration of necessary			1	
	nutrition and fluids, access to a toilet, and suitable	Х	1		
	lothing to provide for privacy;				
	Provide for approval of the facility administrator, or		-		
	lesigned shift supervisor, before a minor is placed	X			
	nto a safety room;				
	rovide for continuous direct visual observation;	X			
	rovide that the minor is evaluated by the facility	$_{\rm X}$			
	dministrator, or designee, every four hours;				
	rovide for immediate medical assessment, where				
a	ppropriate, or an assessment at the next daily sick	X	•		
	all;				
	rovide that a minor is medically cleared for	$_{\rm X}$			
C	ontinued retention every 24 hours;				
P	rovide that a mental health opinion is secured within	х			
	4 hours; and,				
P	rovide a process for documenting the reason for				
	acement, including attempts to use less restrictive			- 1	
m	eans of control, observations of the minor during	x			
CO	onfinement, and decisions to continue and end		ľ		
pl	acement.				

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
	Article 8.	Health	Services	·
1400 Responsibility For Health Care Services	x			The Los Prietos' Boys Camp is under the provision of Dr. Carrick Adam, Medical Director.
Health care services are provided to all minors.				
There is a designated health administrator who, in				Dr. Carrick Adam, Medical Director
cooperation with the mental health director and the	x			Dr. Peter Tilton, Psychiatrist
facility administrator, has responsibility for	^			Debra Mood, Health Care Administrator
administrative health care policies.				
A responsible physician is designated to develop				Dr. Carrick Adam
policy in health care matters involving clinical	X			
judgments.				
1401 Patient Treatment Decisions				
Clinical decisions about the treatment of individual				
minors are the sole province of licensed health care	X			
professionals operating within the scope of their			ľ	
license and within facility policy.				
Security policies and procedures apply to both child				
supervision and health care personnel.	X			
1402 Scope of Health Care				
1402 Ocope of Health Care		- 1		
Policy and procedures define which health care	X			
services are provided in the facility and which		1		
services are provided through community providers.		j	- 1	
There is at least one physician available to				Dr. Carrick Adam holds a weekly clinic on either
provide treatment.	Х			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.	х			
Staff, space, equipment, supplies, materials and				
resource manuals are adequate for the level of health	X			
care provided in the facility.			İ	
There is provision for parents, guardians, or other				
legal custodians to arrange for health care that is	Х		l	
permitted by law, at their expense.				
1403 Health Care Monitoring and Audits				There are corporate inspections by CORIZON
(Applicable to facilities with on-site health care staff)				Health Care. IMQ completed 10/2013
	x			
There are policies and procedures to collect statistical		1		
data and submit at least annual summaries of health				
care services to the facility administrator.				
There are policies and procedures requiring that the		-	1	
quality and adequacy of health care services are	X		ĺ	
assessed at least annually.				
There is a process for correcting identified	,,			
deficiencies in the medical, dental, mental health	X			
and pharmaceutical services delivered.				

L DELICAL PLANT CONTINUE	1 1750	1 110	1 5777	COMMUNICA
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. (Inspectors are requested to verify existence of these reports.)	X			
At least quarterly, there are documented administrative meetings between health and facility administrators to review medical, mental health and medical services.	х			There are monthly staff meetings, as well as, meetings with CORIZON, Probation, and Mental Health conducted every other month (MAC meetings)
1404 Health Care Staff Qualifications (Applicable				
to facilities with on-site health care staff)				
Recruitment education and experience requirements are consistent with those in the community.	Х			
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				
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	x		,	
credentials are periodically reviewed and remain		-		
current.				
Position descriptions and actual practice reflect that				
health care staff receive the supervision required by	X			
their license and operate within the scope of their	^			
practice.				
1405 Health Care Procedures (Applicable to				
facilities with on-site health care staff) 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			
1406 Health Care Records (Applicable to facilities				Random charts pulled for review.
with on-site health care staff)				
	X			
Complete, individual and dated health records are			1	
maintained and include, but are not limited to:				***************************************
Intake health screening form (Note: The intake screening form may also be included in the probation file as a non-confidential document. See guidelines for discussion.);	Х			
Health appraisals/medical examinations;	Х			
Heath service reports (e.g., emergency department, dental, psychiatric and other consultations);	х			
Complaints of illness or injury;	X			
Names of personnel who treat prescribe, and/or administer/deliver prescription medication;	Х			
Location where treatment is provided;	X			
Medication records in conformance with Title 15 § 1438;	X			
Progress notes;	X			
Consent forms;	х			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Authorization for release of information;	X			
Copies of previous health records;	Х			
Immunization records; and,	X			
Laboratory reports.	X			
Policies/procedures and practice require that health				In secured area in Medical Office.
records are in a locked area separate from the	X			
confinement record.				
The health administrator controls access to health				
records and confidentiality laws related to provider-				
patient privilege apply. Minors are not used to	X			
translate confidential medical information for non-				
English speaking minors.				
Health records are retained in accordance with	Х	:		
community standards.	^			
1407 Confidentiality				Policy and Procedure: Y-H-02.00
•				
Policy and procedures for multi-disciplinary sharing				
of health information, address providing information	X			
to the court, child supervision staff and to probation.				
Information from minors' (probation) case files is	İ			
shared with health care staff when relevant.				
The nature and extent of information shared is				
appropriate to: treatment planning; program needs;	X			
protecting the minor or others; facility management;				
security or preservation of safety; and order.				
Information can be communicated confidentially at	X	ľ		
the time of health encounters.				
1408 Transfer of Health Care Summary Records				
- · · · · · · · · · · · · · · · · · · ·		İ		
Policy and procedures assure that:		-	`	
A summary of the health record, in an	X	l		
established format, or documentation that no	**		1	
health record exists in the facility, is transferred			-	
to another jurisdiction prior to or at the time of				
transfer;		ľ		
Relevant health records are forwarded to the				
health care staff of the receiving facility;	Х		[
Advance notification is provided to the local				
health officer in the sending jurisdiction and the				
responsible physician of the receiving facility	X			
prior to the release or transfer of minors with		İ		
known or suspected active tuberculosis disease;				
Written authorization from the parent and/or				
legal guardian is obtained prior to transferring		[
copies of actual health records, unless otherwise	X			
provided by court order, statute or regulation				
having the force and effect of law; and,				
Confidentiality of health records is maintained	x			
during transfer.				
After minors are released to the community, health		1	1	
record information is transmitted to community			-	
physicians or health care facilities upon the request	X			
and with written authorization of the minor and/or				
parent or guardian.				The state of the s



ARTICLE/SECTION	YES	NO	N/A	COMMENTS
In facilities without on-site health care staff, policies			Ī	
and procedures assure that child supervision staff				
forward non-confidential information on medications	X			
and other treatment orders, prior to or at the time of				
transfer.				
1409 Health Care Procedures Manual (Applicable				Manuals are found in Medical Office.
to facilities with on-site health care staff)				
ž				
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	X			
applicable to the facility. (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.)				
The manual is available to all health care staff, the				
facility administrator, the facility manager, and other	x			
individuals as appropriate to ensure effective service				
delivery.				
There is a documented annual review of the health	х	Ì		
care procedures manual, with revisions as necessary.				
The facility administrator, the facility manager, the	,,			
health administrator and the responsible physician	X			
have approved and signed the manual.				Any Youth with an active disease will be transferred
1410 Management of Communicable Diseases				back to the Santa Maria Juvenile Hall.
P. F. day and the bound have developed in		İ		Policy and Procedure: IP-20.30
Policy and procedures have been developed in cooperation with the local health officer to address	x		İ	TB: IP-10.50
the identification, treatment, control and follow-up	^			15.11-10.50
management of communicable diseases. Policy and				
procedures include:				
Intake health screening procedures;	Х			
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	x			
treatment;	*	1		
Applicable reporting requirements, and,	X			
Strategies for handling disease outbreaks.	X			
Policies and procedures are updated as necessary to				
reflect local disease priorities.	X			
1411 Access to Treatment				
	37			
Policy and procedures provide unimpeded access to	X			
health care.				
1412 First Aid and Emergency Response				Policy and Procedure: Y-A-07.00
<u> </u>	х]		Policy and Procedure: Chapter #5127 pages 1-2
Policy and procedures assure access to first aid and	^			
emergency services.				
First aid kits are available in designated areas of each	х			
juvenile facility.	^			
The responsible physician approved the contents,				
number, location and procedure for periodic	X		ĺ	
inspection of the first aid kits.				

ARTICLE/SECTION Child supervision and health care staff is trained and there are policies and procedures to respond to emergencies requiring first aid. 1413 Individualized Treatment Plans (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. Health care treatment plans are considered in facility program planning.	
there are policies and procedures to respond to emergencies requiring first aid. 1413 Individualized Treatment Plans (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. Health care treatment plans are considered in facility program planning.	
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Services for significant health care concerns. Health care treatment plans are considered in facility program planning.	•
Health care treatment plans are considered in facility program planning.	
program planning.	
Health care restrictions do not limit participation in	
school, work, exercise and other programs beyond X	
what is necessary to protect the health of the minor or	
others.	
Medical and mental health information is shared with	
supervision staff in accordance with §1407 for X	
purposes of programming, treatment planning and	
implementation.	·
Program planning includes pre-release arrangements	
for continuing health care, together with participation X	
in relevant programs upon release.	
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)	
1414 Health Clearance for in-Custody Work and Screening for in Custody Work s	tarts at the
Program Assignments screening process prior to transfe	r to the Los
Prietos' Boys Camp.	
There are health screening and monitoring X	
procedures for work and program assignments that	
have health care implications, including, but not	
limited to food handlers. (See also Title 15 § 1465.)	
1415 Health Education (Excluding Special Purpose	
Juvenile Halls)	
Policy and procedures assure that age- and sex-	
appropriate health education and disease prevention	
programs are offered to minors.	
The health education programs are updated as	
necessary to reflect current health priorities and meet X	
the needs of the offender population.	
1416 Reproductive Services	
Policy and procedures assure that reproductive health X	
services are available to both male and female	
minors.	
Reproductive services include but are not be limited	
to those prescribed in WIC § 220, 221 and 222, and X	
HSC & 123450	
Section 1417. Pregnant Minors. Females are not housed at the Lo	s Prietos' Boys
Camp.	
Policies and procedures pertaining address X	
a diet, vitamins, education and limitations on the	
use of restraints.	

	ARTICLE/SECTION	YES	NO	5	N/A	COMMENTS
	1430 Intake Health Screening					Intake screenings are done at the Santa Maria
	Delicies and the Lorentz to the			-		Juvenile Hall, prior to being transferred to the Los
	Policies and procedures define when a health evaluation and/or treatment must be obtained prior to	,,		1		Prietos' Boy Camp.
	acceptance for booking, and establish a documented	X				
	intake screening procedure to be conducted					
	immediately upon entry into the facility.					
	Consistent with facility resources to safely hold a		-	_		
	minor, the responsible physician has identified health	ļ				
	conditions that would preclude a minor's acceptance	X				
	into a facility without a documented medical					
	clearance. At a minimum, intake criteria provide that:					
	Unconscious minors are not accepted;	X				
	Minors who are known to have ingested or who	ŀ				
	appear to be under the influence of intoxicating			1		
	substances are cleared in accordance with Title	X				
	15 § 1431, (Intoxicated and Substance Abusing Minors)					
	Circumstances and reasons for requiring a		ļ	_		
	medical clearance are documented whenever a	X				
	minor is not accepted for booking; and,	Λ.			:	
	Written medical clearance is received prior to			-		
	accepting any minor who was referred for pre-	X				
	booking treatment and clearance.					
	An intake screening, consisting of a defined,		•			This is done at the Santa Maria Juvenile Hall.
	systematic inquiry and observation of every minor					
	booked into the facility is conducted by health care or	X				
	trained child supervision staff at the time of entry into				- 1	
	the facility.					
	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	Х			-	
	conditions that require treatment while the minor is in	Χ		i i	1	
	the facility.				1	
-	Minors suspected of having a communicable disease				+	
	are separated from the general population pending the	X			ļ	
	outcome of an evaluation by medical staff.				- 1	
_	There is provision for a timely referral for health care					
	commensurate with the nature of any problems or	X				
_	compliant identified during the screening process.					
	1431 Intoxicated and Substance Abusing Minors	1				These Youths are screened at the Santa Maria
	There are a line of the state o	,,			-	Juvenile Hall.
	There are policy and procedures for the identification and management of alcohol and other drug	X				
	intoxication that address:					
	Designated housing, including protective					THE TAX I SHOW THE TA
	environments for placement of intoxicated	\mathbf{x}				
	minors;	^				
	Symptoms or known history of ingestion that			-		
	should prompt immediate referral for medical	x				
_	evaluation and treatment;					
	Determining when the minor is no longer					
	considered intoxicated and documenting when	x				
	the monitoring requirements of this regulation	^				
	are discontinued;					
v.	Medical responses to minors experiencing	x	i			
,4	intoxication or withdrawal reactions;			!		
	Management of pregnant minors who use alcohol or other drugs;			X		regnant minors are not housed at the Los Prietos'
	o. omer ereg.				1 12	Boys Camp.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Initiation of substance abuse counseling during	1	1	1	A SA A SA A SA A SA A SA A SA A SA A S
confinement and referral procedures for				
continuation upon release to the community,			X	
consistent with Title 15 § 1413 and Title 15 §	}]		
1355; and,				
Coordination of mental health services in cases				
of substance abusing minors with known or	X			
suspected mental illness.	İ			
A medical clearance is obtained prior to booking any				Booking of Juveniles is completed at the Santa
minor who displays outward sings of intoxication or]		Maria Juvenile Hall
is known or suspected to have ingested any substance		1	X	
that could result in a medical emergency.				
Supervision of intoxicated minors who are				, , , , , , , , , , , , , , , , , , , ,
cleared to be booked into a facility includes			 	
monitoring no less often than every 15 minutes			X	
until resolution of the intoxicated state.				
The monitoring observations are documented,				·
with actual time of occurrence recorded.			X	
Medical, or child supervision staff operating			<u> </u>	
pursuant to medical protocols, conduct a medical				
evaluation for all minors whose intoxicated			X	
behavior persists beyond six hours from the time				
of admission.	İ			
1432 Health Appraisals/Medical Examinations				Health appraisals are completed upon admission at
Town Housen 12pp alsons Tourent Datiminations				the Santa Maria Juvenile Hall, and annually.
Policy and procedures require a health	X			and Sainta Man as Family Train, and annually
appraisal/medical examination of minors.				
The health appraisal/medical examination is				
completed within 96 hours of admission, in a location	1			
that protects the minor's privacy and by a physician			x	
or other licensed or certified health professional				
working under direction of a physician.	1			
This health evaluation includes a health history,				
medical examination, laboratory and diagnostic	Х			
esting and necessary immunizations.				
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),	X			
developmental history (e.g., school, home, and		ļ		
peer relations), sexual activity, contraceptive				
methods, reproductive history, physical and]	
sexual abuse, neglect, history of mental illness,		1	İ	
self-injury, and suicidal ideation.				
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	v			
nodes, chest and cardiovascular, breasts,	Х	ľ		
abdomen, genital (pelvic and rectal examination,		ļ		
with consent, if clinically indicated),				
musculoskeletal neurological.				



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.				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.	Х			
For minors who are transferred to jails and juvenile facilities outside their detention system, policy and procedures assure that the health appraisal/medical examination:	Х			
Is received from the sending facility;	X			
Is reviewed by designated health care staff at the	X			
receiving facility; and, 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.	Х			
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.	х			Policy and Procedure: Y-E-03.00(Transfer) Y-E-02.00(Receiving)
1433 Requests for Health Care Services			F	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:	х			,
There is opportunity for both written and verbal requests, with provision for minors having language or literacy barriers.	х			

ARTICLE/SECTION	VEC	NO	NI/4	COMMITTING
Supervision staff relays requests from the minor,	YES	NO	N/A	COMMENTS
initiate referrals when the need for health care			1	
services is observed, and advocate for the minor	X			
when the need for services appears urgent.				
Designated staff inquires and make observations		 	 	
regarding the health of each minor on a daily	$\mid x \mid$			
basis and in the event of possible injury.	^			
There is 24-hour opportunity for minors and staff	-			
to communicate the need for emergency health	\mathbf{x}			
care services.	^			
There is provision for any minor requesting				
health care, or observed to need such care, to be				
given that attention by licensed or certified	X			
health care staff.				
All health care requests are documented and	3,0		**	
maintained.	X			
1434 Consent for Health Care				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	x			
community also require that consent for confined	^	-		
minors.	<u> </u>			
There is provision for obtaining parental consent				
and obtaining authorization for health care				
services from the court when there is no parent-	X			
guardian or other person standing in loco		i		
parentis.				
Policy and procedures are consistent with			İ	
applicable statute in those instances where the	X		- 1	
minor's consent for testing or treatment is sufficient or specifically required.				
Conservators provide consent only within limits				, , , , , , , , , , , , , , , , , , ,
of their court authorization.	X		1	
Minors may refuse non-emergency medical and				
mental health care, verbally or in writing.	X]	
1435 Dental Care			-	Evaluated by Dr. Adam, then referred to CHC
		İ		Dental or Western Dental
Policy and procedures require that dental treatment is				Chapter #5127 page 10
provided to minors as necessary to respond to acute	X	1		
conditions and to avert adverse effects on the minor's				
health. Treatment is not limited to extractions.				
1436 Prostheses and Orthopedic Devices				Policy and Procedure: Y-G-10.00
	İ			
Policy and procedures address the provision,	X			
retention and removal of medical and dental				
prostheses, including eyeglasses and hearing aids.				
Prostheses are provided when the responsible				
physician determines that the health of the minor	X			
would be adversely affected without them.				
Procedures for the retention and removal of	.,]	•
prostheses comply with the requirements of Penal	х			
Code § 2656. (See guidelines discussion.) 1437 Mental Health Services and Transfer to a				
Treatment Facility				
reasment facinty	x			
Policy and procedures require providing mental	^			
health services that include but not limited to:				

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Screening for mental heath 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;	х			
Elective therapy services and preventive treatment, where resources permit;	х			
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.	х			
The minor may be evaluated by licensed health personnel to determine if treatment can be initiated at the juvenile facility.	х			Policy and Procedure: Chapter # 5127 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.	х	The state of the s		
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,	Х			
Pharmaceutical Management Pharmaceutical policies, procedures, space and accessories include but not be limited to:	х			Policy and Procedure: Y-D-02.00 Policy and Procedure Chapter#5127 pages 7-9
Securely lockable cabinets, closets and refrigeration units:	х			
A means for the positive identification of the recipient of the prescribed medication;	х			
Administration/delivery of medicines to minors as prescribed;	х			
Confirmation that the recipient has ingested the medication;	х			
Documenting that prescribed medications have or have not been administered by whom, and if not, for what reason;	х			
Prohibition of the delivery of drugs from one minor to another:	х			
Limitation to the length of time medication may be administered without further medical evaluation;	х			
The length of time allowable for a physician's signature on verbal orders;	х			

			7	
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		1	1	
and side-effects that should result in contacting	X			
health care staff for evaluation; procedures for	^ ·		İ	
confirming ingestion of medication; and,				
consultation with health care staff for monitoring				
the minor's response to medication; and,				<u>, </u>
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	X		•	
authority and the facility administrator. (See				
also Title 15 § 1403.)				
Written protocols are consistent with pharmacy laws				
and regulations and limit the following functions to	X			
being performed by the identified personnel:	!			
Procurement is done only by a physician, dentist,	X			
pharmacist, or other person authorized by law.	^			`
Medication storage assures that stock supplies of				
legend medications are accessed only by licensed		1		
health care personnel. Supplies of legend	ļ			
medications that have been properly dispensed	X			
and supplies of over-the-counter medications]	1		
may be accessed by both licensed and trained	ĺ			
non-licensed staff.				
Repackaging is done only by a physician, dentist,	X			
pharmacist, or other persons authorized by law.				
Labels are prepared by a physician, dentist,	j	1	1	
pharmacist or other personnel, either licensed or trained non-licensed, provided the label is			İ	
checked and affixed to the medication container		ľ	-	
by the physician, dentist, or pharmacist before	X		1	
administration or delivery to the minor. Labels	- 1			
are prepared in accordance with Business and				
Professions Code § 4047.5.			ĺ	
Dispensing is only done by a physician, dentist,	v			
pharmacist, or other person authorized by law.	Х			
Administration of medication is only done by				
licensed health care personnel who are	x			
authorized to administer medication and acting	^			
on the order of a prescriber.				
Licensed and trained non-licensed personnel may		- 1	İ	
deliver medication acting on the order of a	Х	1		
prescriber.				
Disposal of legend medication is done				
accordance with pharmacy laws and regulations and requires any combination of two of the				
following classifications: physician, dentist,		j		
pharmacist, or reregistered nurse. Controlled	X	1		
substances are disposed of in accordance with				
Drug Enforcement Administration disposal				
procedures.			ľ	
There are written procedures for managing and	7.7			
providing over-the-counter medications to minors.	X			
1439 Psychotropic Medications			I	Policy and Procedure: Y-D-01.07
Policies and procedures govern the use of voluntary	X			
and involuntary medications. These policies and				
procedures include, but are not limited to:				

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Protocols for physicians' written and verbal	1	1	1	
orders for psychotropic medications in dosages	X	•		
appropriate for the minor's need;				
Requirements that verbal orders be entered in the				
minor's health record and signed by a physician	X			
within 72 hours;				
The length of time voluntary and involuntary				
medications may be ordered and administered	X	1		
before re-evaluation by a physician;		<u> </u>	ļ	
Provision that minors who are on psychotropic]		
medications prescribed in the community are				
continued on their medications pending re-	X			
evaluation and further determination by a				
physician; Provision that the necessity for continuation on	-	ļ	-	
psychotropic medication is addressed in pre-				
release planning and prior to transfer to another	X			
facility or program; and,			İ	
Provision for regular clinical-administrative	1			
review for utilization patterns for all				
psychotropic medications, including every	X			
emergency situation.				
Psychotropic medications are not administered to a				Policy and Procedure: Y-I-02.00
minor absent an emergency unless informed consent	х			
has been given by the legally authorized person or	^			
entity.				
Minors are informed of the expected benefits,				
potential side effects and alternatives to	Х			
psychotropic medications.				
Absent an emergency, minors may refuse	x			
treatment.				
Minors found by a physician to be a danger to themselves or others by reason of a mental disorder,				There are Mental Health Counselors, Mental
may be involuntarily given psychotropic medication		ļ		Health Interns, and a Psych Tech on site Mon-Fri.
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	X			
obtain consent from the parent, guardian or court				
before the threatened harm would occur. It is not			ĺ	
necessary for harm to take place or become		j	[
unavoidable prior to initiating treatment.			İ	
Assessment and diagnosis supports the administration				
of psychotropic medications and administration of				
psychotropic medication is not allowed for coercion,	X			
discipline, convenience or retaliation.				
1450 Suicide Prevention Program				Policy and Procedure Y-G-05.00
1400 Outcide 1 teachtion 1 tofium			j	Chapter #5127 page 12-16
There is a written suicide prevention plan, with		1		combine notal ballo 12-10
policies and procedures to prevent and respond to			ľ	
crisis. Staff training shall include, but not be limited				
to, identification of t minors who present a suicide	X			
risk, appropriate monitoring of their condition and				
provide for the necessary treatment, follow-up and				
emergency response protocols for self-injurious				
behaviors.				

I VEC	NO	I NI/A	COMMENTS
IES	NO	IN/A	COMMENTS
		X	
			Policy and Procedure for CORIZON: Y-B-06.00.
			Policy and Procedure: Chapter #5127pages 17-18
1 "			
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			Policy and Procedure: Ch. 5109
			rolloy and rivocadic. On 5109
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X			
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ARTICLE/SECTION	YES	NO	N/A	COMMENTS
A medical opinion on the safety of placement and		1		O DADILLI I D
retention is secured as soon as possible, but no later	1			
than two hours from the time of placement. The	X			
minor is medically cleared for continued retention at	^			
least every three hours after the initial medical	1		1	
opinion.				
A mental health consultation to assess the need for				
mental health treatment is secured as soon as	X			
possible, but in no case longer than four hours from				
the time of placement.	<u> </u>			
Continuous direct visual supervision is conducted and				
documented to ensure that the restraints are properly	X			
employed and to ensure the well-being of the minor.				· ·
All minors in restraint devices are housed alone or in				
a specified housing area for restrained minors with	X		[
provisions to protect the minor from abuse.				
Restraints are not used as punishment, discipline, or	x			
as a substitution for treatment.	11			
The affixing of hands and feet together behind the				
back (hog-tying) is prohibited.	X			
1359 Safety Room Procedures				
1359 Safety Room Procedures				There are no Safety Rooms at the Los Prietos' Boys
Policies and procedures a second to				Camp.
Policies and procedures govern the use of safety rooms, as described in Title 24, Part 2, Section			X	
460A.1.13.	[]	
The safety room is used to hold only those minors				
who present an immediate danger to themselves or			1	
others who exhibit behavior that results in the				
destruction of property, or reveals the intent to cause			X	
self-inflicted physical harm.		,	1	
The safety room is not to be used for punishment,				
discipline, or as a substitute for treatment. Policies				
and procedures:			Х	
Include provisions for administration of necessary				
nutrition and fluids, access to a toilet, and suitable				
clothing to provide for privacy;		j	X	
Provide for approval of the facility administrator, or				
designed shift supervisor, before a minor is placed			. I	
into a safety room;			х	
Provide for continuous direct visual observation;			X	
Provide that the minor is evaluated by the facility			X	
administrator, or designee, every four hours;	- 1		X	
Provide for immediate medical assessment, where				
appropriate, or an assessment at the next daily sick			v	
call;	-		X	
Provide that a minor is medically cleared for				
continued retention every 24 hours;	- 1		X	
Provide that a mental health opinion is secured within				
24 hours; and,			\mathbf{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			X	
placement.				
Summary of modical/mantal haulth and hatter				

Summary of medical/mental health evaluation: The Los Prietos' Boys Camp is in compliance with the Title 15

Medical/Mental Health regulations.



F	ACILITY: Sama Maria	Suvenile Hall	DATE:	118/14
	✓ MEETS REQUIREMENTS	X ATTENTION I	RECOMME	, NDED
D	MEDICATION HANDLING No Reconstituted/Comp Controlled Substances Keys Controlled by App Correct Procedure for D Correct Procedure for D Medication Disposal Re Change of Shift Count S Inventory Count for Con Equals Count Sheet Bai Perpetual Inventory for Equals Count Sheet Bai DEA# B A 5706 101 Is Current and Copy Pos State Permit # 102 112 State Permit # 102 113 Copy of Maxor's DEA #	& DISPOSITION: counded Medications past Expiration Date Storage Area is Locked	12015	N/A D
Ξ.	Is Current and Posted in EMERGENCY MEDICATION 1. Seal in Tact	Medical Area KIT: N/K ed Meds Present Kit nd No Additional Items Present s been Checked Monthly, Signed and Dated are within Expiration Dates	- 11-141 - 11-141	7
F.	MISCELLANEOUS: 1. Proper Drug References at 2. Policy and Procedure Mai	Available	<u> </u>	
20	MARKS AND RECOMMENDAT Check found in med cood, with implement I on funding s cocument P.M. (Asaly)	thened into Super NSOR		
	(Alara) Acidity representative	PHARMACIST SIGNAT	_	Phazm12



FACILITY	1: Los Prietos Boys	Conp DA X ATTENTION RECO	TE: 1/18/14
JM	TETS DECUIDEMENTS	V ATTENDO STORE	, , , , , , , , , , , , , , , , , , ,
A fail	LIO REGUIREMIS	K ATTENTION RECO	MMENDED
	ICATION HANDLING & DISPO		
		Medications past Expiration Date	าชา์
2.	Controlled Substances Storage	Area is Locked	tre-
.3.	Keys Controlled by Angropriate	Staff	······································
4.	Correct Procedure for Disposal	of Discontinued/Expired Meds	······································
5.	Correct Procedure for Disposal r	of Controlled Substances	•••
6.	Medication Disposal Records in	Order & Readily Available	Щ
7.	Change of Shift Count Shoots fo	r Controlled Substances Complete	···
8.	Inventory Count for Controlled S	hetanear and Shares Complete	
J.	Fourist Count Sheet Release	obstances and Shaips	مكيرية
9.	Perpetual Inventory for Stock Me	dications	U
Ψ.	Founds Count Sheet Balance	vections.	✓
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	and Convine File at Site	E	_/
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	S Cuttent and Conv Paged in M	edical Area	
12. 5	State Permit# ALS44 3	Expiration Date 6 / 30 / 13 edical Area Expiration Date 7 / 31 / 2	
i	s Current and Conv Posted in M.	Edical Area	213
13. (CODY OF Maxor's DEA # PW 03	01503 Expiration Date 1 / 3	1 2016
1:	Current and Posted in Medical	Area	<u> </u>
14. (opy of Mexor's State Permit #	4017 Evaluation Date 4 / Za	1 7015
i:	Current and Posted in Medical	Area Expiration Date 4 / 30 Area	
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2. N	o Deterioried or Evelend Made	D	
3. C	urrent liet Posted & On Kil	Present	
4. N	o Medication Mission and No As	Altimat Itana Parant	<u>-</u>
5 F	vidence that the toy her heer C	Iditional Items Present	····· <u>-</u>
6. H	IV Post Exposure Kits are within	hecked Monthly, Signed and Dated Expiration Dates	ــــــــــــــــــــــــــــــــــــــ
	who one that one within	Expiration pares	
	LLANEOUS;		
1, Þj	oper Drug References Available		ter "
Z. F	and Procedure Manual Up t	o Date & Readily Available	rtx*
O. 71	EVIOUS RECOMMENDATIONS Allah	niction and in the later of the	' 11. a. \ 1_m . '
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REMARKS	AND RECOMMENDATIONS:		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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		PHARMACIST NAME (PRINT	JAMENAD
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416 Mary Lindsay Polk Drive, Suite 515

416 Mary Lindsay Polk Drive, Stille 31 Franklin, Tennessee 37067 (615) 771-1436 (800) 833-2510

MEDICATION ROOM INSPECTION for CORRECTIONAL INSTITUTIONS

05/16/2014

DATE: FACILITY: LOS PRIETOS BOYS CAMP X ATTENTION RECOMMENDED √ MEETS REQUIREMENTS MEDICATION STATION AND STORAGE: Medication Room Locked 1. Medication Carts Locked 2. Locks on Carts working Properly..... 3. 4. Medication Room/Carts Clean Patient Meds Stored Separately..... 6. 7. 8. Medication stored in accordance within manufacturer's 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 MEDICATIONS AND LABELS (RANDOM SAMPLES): Prescription Meds Properly Labeled В. 1. Inmate Specific Labels Are Not Altered..... 2. Non-Prescription Meds Properly Labeled.... 3. No Unlabeled or Hand-labeled Containers of Medications..... 4. No Discontinued Meds & Meds from Discharged Patients on Hand No Expired Meds on Hand 5. 6. No Deteriorated Meds on Hand...... 7. MEDICATION ADMINISTRATION & ORDERS (RANDOM SAMPLES): Stop Date is Not Exceeded... 1. 2. P R N Medications are Documented with Reasons Medication Exceptions being Properly Documented (Refusals, Inmate Out of Facility, etc.)..... Medications Being Administered Within Acceptable Parameters of Pass-time..... 4. 5. Personnel Administering Medication have Signed and Initialed the MAR......



FACILITY: LOS PRIETOS BOYS CAMP	DATE: 05/16/2014
	RECOMMENDED
D. MEDICATION HANDLING & DISPOSITION: 1. No Reconstituted/Compounded Medications past Expiration Date	グロタック タイプ タイプ タイプ タイプ タイプ タイプ タイプ タイプ タイプ タイプ
Is Current and Posted in Medical Area 14. Copy of Maxor's State Permit #3012	/30 / 2015
E. EMERGENCY MEDICATION KIT: 1. Seal in Tact	전 전 전
F. MISCELLANEOUS: 1. Proper Drug References Available	ر الطان،،،،،،،،،،،،،،،،،،،،،،،،،،،،،،،،،،،
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 when there is a dose change, do not reuse the same page or add onto an preexisting page	ga new control perpetual sheet
PACILITY REPRESENTATIVE PHARMACIST SIGNAL UYEN NGUYEN,	

PHARMACIST NAME (PRINT)



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

FACI	LITY: SANTA MARIA JUVENILE HALL	DATE:	05/16/2014
	√ MEETS REQUIREMENTS	X ATTENTION RECOM	MENDED
	MEDICATION STATION AND STORAGE: 1. Medication Room Locked		
	5. Medication Room/Carts Clean 6. Patient Meds Stored Separately		
	10. Refrigerator at Correct Temperature (36°-46°) 39 11. Medication Refrigerator Contains only Medications and Adjunctive Foods		
2 3 4 5	MEDICATIONS AND LABELS (RANDOM SAMPLES): Prescription Meds Properly Labeled	S	
3 2 2	MEDICATION ADMINISTRATION & ORDERS (RANDOM SA. Start Date & Stop Date Listed on MAR	usals, Inmate Out of Faci	ity, etc.)VI



E 1 0 11	ITY: SANTA MARIA JUVENILE HALL	DATE:
FACIL		
~ ✓	MEETS REQUIREMENTS X ATTENTION	ON RECOMMENDED
D. M 1. 2. 3. 4. 5. 6. 7. 8. 9.	IEDICATION HANDLING & DISPOSITION: No Reconstituted/Compounded Medications past Expiration Date Controlled Substances Storage Area is Locked Keys Controlled by Appropriate Staff Correct Procedure for Disposal of Discontinued/Expired Meds Medication Disposal Records in Order & Readily Available	30 / 2015 / 31 / 2015 01 / 31 / 2016
E. E. 1. 2. 3. 4. 5. 6.	4. Copy of Maxor's State Permit # NRP 872 Expiration Date is Current and Posted in Medical Area MERGENCY MEDICATION KIT: Seal in Tact No Deteriorated or Expired Meds Present Current List Posted & On Kit No Medication Missing and No Additional Items Present Evidence that the box has been Checked Monthly, Signed and Da HIV Post Exposure Kits are within Expiration Dates. MISCELLANEOUS: Proper Drug References Available	108 01 2014 10 10 10 10 10 10 10
REMA - Please not	Previous Recommendations Attended to	

UYEN NGUYEN, PHARMD
PHARMACIST NAME (PRINT)



FACILI	TY: SANTA MARIN TUVENILE	E HALL DATE: 8/32/14	
√	MEETS REQUIREMENTS	X ATTENTION RECOMMENDED	
D. MI 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	No Reconstituted/Compounded Me Controlled Substances Storage Are Keys Controlled by Appropriate Sta Correct Procedure for Disposal of Correct Procedure for Disposal of Medication Disposal Records in On Change of Shift Count Sheets for Clinventory Count for Controlled Subsequals Count Sheet Balance	ledications past Expiration Date ea is Locked aff Discontinued/Expired Meds Controlled Substances rder & Readily Available Controlled Substances Complete ostances and Sharps	म् में ये व व व व व व व व व व व व व व व व व व
	ERGENCY MEDICATION KIT: Seal in Tact No Deteriorated or Expired Meds Pr Current List Posted & On Kit No Medication Missing and No Addi	resentditional Items Presentecked Monthly, Signed and Dated	र्ष जिस् जिस्
	CELLANEOUS: Proper Drug References Available Policy and Procedure Manual Up to	Date & Readily Availableled to	년 건
PLEASE DOTE DWA	I CARD OF KETRONIDAZOLE EXP	CCING EXPINES 9/14, 2 CARDS OF TRANSPOONE EXPIRE. PIRES 10/14 PERMITS ARE POSTED AND CURRENT	१ १२/१५,
TA.			
FACI	LITY REPRESENTATIVE	PHARMACIST SIGNATURE	
		PHARMACIST NAME (PRINT)	



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

MEDICATION ROOM INSPECTION for CORRECTIONAL INSTITUTIONS

8/22/2014 TIVENILE DATE: FACILITY: X ATTENTION RECOMMENDED √ MEETS REQUIREMENTS **MEDICATION STATION AND STORAGE:** Medication Room Locked..... Medication Carts Locked 127 2. Locks on Carts working Properly..... Keys Controlled by Appropriate Staff 4 Medication Room/Carls Clean 6. Externals Separate from Internals...... 7. Non-Drug Items sorted Separately..... 8. Medication stored in accordance within manufacturer's recommendations 9. 10. Refrigerator at Correct Temperature (36°-46°) 46 °F.... Medication Refrigerator Contains only
Medications and Adjunctive Foods..... 11. Medication Refrigerator Contains only Lighting and Ventilation Adequate..... 13. Multiple dose parenterals dated when opened and discarded within the time frame allotted by manufacturer..... MEDICATIONS AND LABELS (RANDOM SAMPLES): Prescription Meds Properly Labeled Inmate Specific Labels Are Not Altered....... 2. 3. No Unlabeled or Hand-labeled Containers of Medications...... 4. 5. No Expired Meds on Hand 6. No Deteriorated Meds on Hand...... 7. MEDICATION ADMINISTRATION & ORDERS (RANDOM SAMPLES): Start Date & Stop Date Listed on MAR 1. Stop Date is Not Exceeded... 2. Medication Exceptions being Properly Documented (Refusals, Inmate Out of Facility, etc.)...... 4. Medications Being Administered Within Acceptable Parameters of Pass-time...... 5. Personnel Administering Medication have Signed and Initiated the MAR......



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

		MEDIC/	ATION ROO	M INSF	ECTION	for CURRE	CHUNAL IN	SITIUTIONS	1	}
FAC	CILITY:	Los	Privites	Buys	Camp			DATE:	11/6	114
	√ MEE	TS REC	UIREMENT	·s			X ATTEN	TION RECOM	MENDE	<u> </u>
Α.	1. Medi 2. Medi 3. Lock 4. Keys 5. Medi 6. Patie 7. Exte 8. Non- 9. Medi recoi 10. Refri 11. Medi Medi 12. Light 13. Multi disca	cation Recation Controllection Recation Recation station Recation	arts Locked Is working F ied by Appro com/Carts (Stored Sep carate from ms sorted S ored in acco tions at Correct Te efrigerator C and Adjuncti Ventilation A parenterals hin the time	Properly priate Sclean arately Internal eparate ordance contains ve Food dequat dated frame a	Staffswithin ma	nufacturer' 16°) <u>40</u> ned and manufactu	s °F			
₿.	 Pres Inma Non- No U No D 	cription I te Specil Prescrip Inlabeled iscontinu	or Hand-la ued Meds &	iy Labe e Not A roperiy beled C Meds f	led	of Medicati	ons ents on Hand			B
C.	 Start Stop PRI 	Date & Date is I Date is I Medica	Stop Date Li Not Exceede ations are De	isted on ed ocumer	MAR	Reasons	ofundo Inmo	ite Out of Facil Pass-time	ity etc.)	



	DATE:	
FACILITY:		
	X ATTENTION RECOMMENDED	_
√ MEETS REQUIREMENTS		
		. /
D. MEDICATION HANDLING & DISPOSITION:	past Expiration Date	I
No Reconstituted/Compounded Medications	Page Expiration Page	9
2 Controlled Substances Storage Area is Leave		<u>Y</u>
3 Keys Controlled by Appropriate State	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TV-
1 CALCAL DIVIDENTE IOI DISPOSITION OF PROPERTY.		102
E Correct Procedure for Dispusar of Controlled	00001	πv
6. Medication Disposal Records in Order & Rea	Substancesdily AvailableSubstances Complete	<u>b</u>
7. Change of Still Coult offects to, Contracts	1 Ot among	,
8. Inventory Count for Controlled Substances at	nd Snarps	<u>'</u>
Fouals Count Sheet Balance	44400045419440404440000444444	,
Perpetual Inventory for Stock Medications	» / /u	Ġ
The state of the s	. 1 1:-	_
Equals Count Sheet Balance	<u>~</u>	ฮ์
10. Biennial Inventory Last Date done _ 7 _ / 2 and Copy on File at Site	130 / 15	
11. DEA# BA 5706400 E	xpiration Date <u>6 / 70 /</u>	<u>'</u>
is Current and Copy Posted in Medical Area		
12. State Permit # NUP 1407	xpiration Dateg//	k(
Is Current and Copy Posted in Medical Area	Emiration Data 1 / 31 / 1/b	1
13. Copy of Maxor's DEA # FM 63013 0 3 Is Current and Posted in Medical Area 14. Copy of Maxor's State Permit # 30 2	Expiration Date	🗹
Is Current and Posted in Medical Area	F. J. Mar. Boto 4 / 70 / 15	
		Ġ
14. Copy of Maxor's State Permit #	***************************************	
		_
E. EMERGENCY MEDICATION KIT:		<u>.</u> 5
E. EMERGENCY MEDICATION KIT: 1. Seal in Tact	430+210+414+6+9+31+1340++442+4114+4+12+3+4415+13+44+4+4+4+4+4+4+4+4+4+4+4+4+4+4+4+4+4	🗹
 No Deteriorated or Expired Meds Present 	***************************************	Þ
2 Current List Posted & On Kit		Ħ
 No Medication Missing and No Additional Ite 	ms Present	E4
Evidence that the box has been Checked Mo	onthly, Signed and Dated	
HIV Post Exposure Kits are within Expiration	ms Present onthly, Signed and Dated n Dates	
F. MISCELLANEOUS:		
Proper Drug References Available	**************************************	Ø
Policy and Procedure Manual Up to Date & I	Readily Available	b/
Previous Recommendations Attended to	Readily Available	
REMARKS AND RECOMMENDATIONS: 1		
CA Par Residul Phomey formt Oxpired?		
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THE DEPOSE NATIVE	PHARMACIST SIGNATURE	
TACILITY REPRESENTATIVE	N N //	D
	John long phone of with	'
	Tow Ton flow 1), (16. PHARMACIST NAME (PRINT)	



Correctional Pharmacy Services

416 Mary Lindsay Polk Drive, Suite 515 Franklin, Tennessee 37067 (615) 771-1435 (800) 833-2510

MEDICATION ROOM INSPECTION for CORRECTIONAL INSTITUTIONS

1.1.1.4

FA	CILITY: _	Los	Privites	12045	Comp				DATE: _	11/6	1 1
	√ Mi	EETS REQ	UIREMENT	s			ΧA	TTENTION	RECOM	MENDE	D
	BAFDIO	ATION STA	TION AND	STOP	A CE.						,
A.	MEDIC	edication Ro	ATION AND	SIUK	40E.						u/
	1. Me	edication Ca	SOUL FOCKER	••••••					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	************	E
	2. Me	cks on Cart	iis locked.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,				************	П
	3. Lo	eks on Carr eys Controlle	s working P	roperly		************		****************	*************		
	4. Ke	edication Ro	ed by Appro	pnate s	itali	************	************			************	
	5. Me	edication Ro	om/Carts C	iean		************	************				m
	6. Pa	itient Meds ternals Sep	Stored Sepa	raiery.		*****		******************	••••••	• • • • • • • • • • • • • • • • • • • •	B
	7. Ex	iternais Sep in-Drug Iten	arate from i	nternal		***********			• • • • • • • • • • • • • • • • • • • •		🖫
	8. No	n-Drug iten edication sto	15 SOREU SE	paratei	y within mai	faalurar	 'a		,		Kind
	9. Me	conmendati	ree in acco	ruance	Mittilii iitai	iuiaciuiei	5				_□ ✓
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	10. Re	ingerator at	Correct re	mperau	ne (30 -41) <u> </u>	r	***************			اسکا
	11. IVIE	edication Re edications a	ingerator C	ontains Easd	orlly						m/
	IVIE	edications a hting and V	na Adjunctiv	e roou	S		***********	***************	*************	•••••	🖼
									***************************************		🖾
	13. IVIU	iltiple dose p carded with	parenterais in the time (daled w	men open	eu anu Sasufaalu	ror				DC
	ais	carded with	an me ume i	ianie a	liotied by i	ilai iuiaciu	ii Ci		***********	• • • • • • • • • • • • • • • • • • • •	, اسط
В.	MEDICA	ATIONS AN	ID LABELS	(RAND	OM SAM	PLES):					
	1. Pre	escription M	eds Properi	y Label	ed				**********		<u>P</u>
	ン Inm	rate Specific	c Labeis Are	IN JON S	terea						∕ الباد
	3 Nn	n-Prescrinti	on Meds Pr	oneriv I	aheled						也 ~
	4 No	Unlaheled	or Hand-lab	eled Co	oplainers c	f Medicati	ions				🗆 🗸
	5. No	Discontinue	ed Meds & N	vieds fro	om Discha	rged Patie	ents on H	land			🖭 🦯
	6. No	Expired Me	eds on Hand								∕ر کھا
	7. No	Deteriorate	d Meds on I	Hand				************			🖫
C.	MEDICA	ATION ADI	UNISTRATI	ON & C)RDERS (RANDOM	SAMPL	ES):			
	1. Sta	rt Date & St	lop Date Lis	ted on l	MAR				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		🖢
	2 Stor	n Date is No	n! Evceeder	1							
	3. PR	N Medicati	ions are Do	cument	ed with Re	asons		************			🗗
	 Med 	dication Exc	ceptions bei	na Proc	eriv Docui	mented (F	Refusals.	Inmate Ou	t of Facilit	v. etc.)	🖸 🖊
	5. Med	dications Be	eina Adminis	stered V	Vithin Acce	eptable Pa	arameter	s of Pass-ti	me		🖭 🖊
	6. Per	sonnel Adm	inistering M	ledication	on have Si	aned and	Initialed	the MAR			🗹



FACILITY:	DATE:
√ MEETS REQUIREMENTS	X ATTENTION RECOMMENDED
D. MEDICATION HANDLING & DISPOSITION: 1. No Reconstituted/Compounded Medications 2. Controlled Substances Storage Area is Locke 3. Keys Controlled by Appropriate Staff	xpiration Date 5 / 30 / 15 xpiration Date 5 / 31 / 15
Is Current and Posted in Medical Area	Expiration Date 4 / 70 / 15 位
2. No Deteriorated or Expired Meds Present 3. Current List Posted & On Kit	ns Present Dated Dates Pates Present Dates
REMARKS AND RECOMMENDATIONS: CA Non Residual Phanney formit appoint?	
0.00	
FACILITY REPRESENTATIVE	PHARMACIST SIGNATURE John Ton, Physil, Gold PHARMACIST NAME (PRINT)
	PHARMACIST NAME (PRINT)

							Sta	te-	su	plie	ed i	Flu	Rep	or	t				
		Provider ID: 42CORIZON-SM																	
Trade Name/Presentation					Da	ite l	Range	e: Fı	om	08/0	1/2	014	To <u>1</u>	2/3	1/2	014			
				F	lu Dos	ies Ac	ministe	red (t	ased (on patle	nt age	and C	ev PIA	ccine (eligibi	ity code	:}		
				nths		- 6 Y	ears	7	- 18 Y		L	- 49 Y				Years		5+ Ye	
Click on the '+' sign to the left of each vaccine to display the individual lots.	Lot Number	VFC	317	State GF	VFC	317	State GF	VFC	317	State GF	VFC	317	State GF	VFC	317	State GF	VFC	317	State GF
Fluzone (3 yrs and older) - 5.0 mL multidose vial		0	0	Ð	0	0	0	117	0	0	0	O	Û	0	0	0	0		0
Flumist Quad (2 yrs - 49 yrs) - 0.2 mL		0	0	0	0	0	0	10	0	0	0	O	0	0	0	0	0	0	0
														••	State	GF- 5t	ate Go	nera	Fund
Note: This report displays		C1		In inve	anton.	, that	were z	etive	duris	o the c	late r	ange	entere	d					
Note: This report displays	,		1627116	111 11100															
	= Expired lo	ets	-										.,						

127 Fluvaccen

		State-suppl	ied Vac	cine R	eport	t		
Provider Id :	42CORIZ	ON-SM	- [oses /	Admi	nistered	1	
		F	Fro 01/01	m: /2014	12/	To: 31/2014	1	# Doses Available as of today
Vaccine Code	Lot Number	Expiration Date	VFC	31 <=18	7	State GF	Total	3/14/2015 9:58:51 AM
Evolend	- Evnirod lo	ts during date ra		<=18	1 13+			1
		ots during date ra						
State GF	= State Gen	eral Fund.						
		Refriger	ated V	accine	es			
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
	Нера	ititis A Total :	12	0	0	0	12	37
Hepatitis B	E. 201	**********	,			0	4	4
Hepatitis B Hepatitis B	EL3SH 7SN99	11/22/2015 4/4/2016	4 0	0	0	0	0	10
Hepatitis B	75N99 5E97P	1/21/2017	0	0	0	0	0	10
перина в		titis B Total :	4	0	0	0	4	24
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
НРУ	K004205	1/12/2017	17	0	0	0	17	0
HPV	K005881	1/14/2017	0	0	0	0	0	78
		HPV Total:	175	0	0	0	175	78
IPV			ř					
IPV	J1727-1	11/22/2015	10	0	0	0	10	0
		IPV Total:	10	0	0	0	10	0
Meningococcal Conjugat	e							
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
Meningo	coccal Conj	ugate Total :	104	0	0	0	104	15
neumococcal Conjugat	e	·	0	0	0	0	0	0



Rotavirus			0	0	0	0	0	0
Rotarix			0	0	0	0	0	O
Tdap								
Tdap	N3BE2	2/21/2016	11	0	0	0	11	27
Tdap	5DM3Y	4/15/2016	0	О	0	0	0	10
Tdap	D93LR	12/18/2016	0	0	0	0	0	1.0
		Tdap Total:	11	0	0	0	11	47
	VFC	Vaccines :	Stored	in the	Free	ezer		
Varicella								
Varicella	J006692	5/30/2015	11	٥	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
Varicella Total :			29	0	0	0	29	20
MMR								
MMR	H014648	8/3/2014	4	0	0	0	4	0
MMR	J003625	3/22/2015	2	0	0	0	2	5
MMR	К000737	1/16/2016	0	0	0	0	0	10
MMR	K005431	4/15/2016	0	0	0	0	0	10
		MMR Total:	6	0	0	0	6	25
MMR-VZV			0	0	0	0	0	0
	* *	* Special C	rder V	accine	es *	* *		
ſd			0	0	0	0	0	0
deningococcal/Hib Cor	jugate		0	0	0	0	0	0
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Santa Maria Juvenile and Los Prietos Boys Camp

Medical, Mental Health, and Corrections Committee

<u>MINUTES</u>

Meeting:

Medical, Mental Health and Corrections Committee

Date:

12/17/2014 0930-1030

Time: 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:
 - 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
 - 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: Iisa 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.
- 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	Lisa Conn	Next
groups 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



Santa Maria Juvenile and Los Prietos Boys Camp

Medical, Mental Health, and Corrections Committee

MINUTES

Meeting:

Medical, Mental Health and Corrections Committee

Date:

09/10/2014 0930-1030

Present:

Shannon Guillen, RN; Carrick Adam, MD; Brian Swanson, Laurie Holbrook, Bill

Roberts, Lee Bethel, Lisa Conn, MFT

Welcome

a. Review of 6/11/2014 meeting minutes and action items.

 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:

- 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



Santa Maria Juvenile and Los Prietos Boys Camp

Medical, Mental Health, and Corrections Committee

MINUTES

Meeting:

Medical, Mental Health and Corrections Committee

Date:

06/11/2014 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
 - 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

 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

 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

CORIZON

Los Prietos Boys Camp / Santa Maria Detention Facilities

SMJH



Attendance Meeting: MAC Meeting

Date: March 12, 2014 Time: 9:30am

Name	Name	Name
CARRIEUX Adam		
CAPRICK Adam Lee Bothel		
ISZIAN SUANSON		
BYN SUANSUNS William Roberts		
Ocho Mart HEA		
Shannon Guillen 1RN Jasan Tarman MFT		
Jason Tarmon MFT		



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 0930-1030

Present:

Shannon Guillen, RN; Carrick Adam, MD; Brian Swanson, Bill Roberts, Lee

Bethel, Jason Tarman, MFT, Debra Mood, RN

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. NCCHC 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.
 - 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.
 - 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.

c General:

 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:
 - 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.

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	МН	Next meeting
Interdepartmental review of policies (Suicide, restraint, intoxicated youth, IEP, dental care)	Brian, Laurie,Carrick, Jason	??

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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	29	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	66	106
Nursing Services												
1. Nursing Sick Call	272	185	174	251	208	308	253	247	~	^	214	192
3 Interval Evaluations	37	18	26	21	27	18	22	23	21	30	10	12
4. PPD's Administered	20	21	30	14	32	30	22	38	33	46	37	32
5 Other Immunizations	12	0	11	38	27	39	32	44		44	56	49
Total	341	224	241	353	294	395	329	352	321	345	317	290
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2. Positive STD's	-	5	-	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					4
3. Mid Month Pysch Med Count	13	16	16	15	8	13	13	13	13	12	10	12
Medications												Ī
1. Total Doses of MH meds	785	791	849									7 2
2. Total Doses of Rx Meds	374	494	473	394	640							1/8
3 Total Doses of OTC meds	993	928	556	827	691	874	716	594		_		
Total	2152	2210	1878	1869	1955	1889	2130	1747	18	9	9	9
4 Youths on MH meds	30	27	26	19	19	20	19	17	7 15	24		
5 Youths on Rx meds	17	21	24	23	30	30	29	28	3 22	24		
6 Youths on OTC meds	99	55		99	54	44	55	47	7 40	56		
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Santa Maria Juvenile Hall 2014

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Statistical Report

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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	
2. Mental Health	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0							
Physician Services												
1. MD Sick Call	36	22	20	23	35	42	47	45	30	32	34	33
2. Annuals	3	0	0	0	0	0	0	D	0	0	0	
Total	39	22	20	23	35	42	47	45	30	32	34	33
Nursing Services											ľ	
1. Nursing Sick Call	200	106	183	141	102	146	137	135	154	146	96	100
2.Immunization	-	0	0	28	0	0	8	0	0	8	-	0
3. PPD's Administered	9	2	1	0	2	0	0	0	0	0	0	٥
	207	108	184	169	104	146	145	135	154	154	97	100
Total												
1. Positive PPD's	1	0	0	0	0	0	0	0	0	0	0	٥
2. Positive STD's	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health Services												
 Psychiatrist Contacts 												
2. Medical Referrals to M/H	-	0	1	0	0	0	7	4	-	8	10	10
3. Mid Month Pysch Med Count	10	12	12	10	10							
Wedications												
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			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	15	11	12	8	1	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	28	39	18	21	28	31	24	23
Total	59	91	62	99	69	64	42	39	53	99	53	47
7. Youths on TB meds	3	င	1	0	ļ	1	0	0	0	0	0	0
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2. Hospital Davs	0	0	0	0	0	0	0	2	0		-	0
Emergency Hospital Services												
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2. Probation Transports	0	0	0	1	1	7	0	2	1	E)		-
3. Emergency Treatment Only	-	0	0	*	1	3	0	£		4	-	~
Total	7	0	0	1	-	3	0	4	-	4	-	7
Out Patient Services												
1. Public Health	1	0	0	0	2	1	0	-	0	-	1	0
2.Dental Office	2	1	6	****	4	3		2	4	3	-	4
3. Private Office Appointments	2	1	5	1	9	9	2	3	2	9	4	Ω
4. Out Patient surgeries	0	0	0	0	0	0	٥	0	0	-	0	0
Radiology Services												
1. Out Patient X-rays	9	5	3	3	3	2	5	3	*	7	3	2
Radiology Services Total	9	5	3	3	3	2	5	3	1	7	3	Ω.
Laboratory Service												
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	٥	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	٥	+-	0	2	0	0	0	0	0	0	0	0
Prea vouth	0	1	2	2	2	**	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 custoday	0	0	0	0	0	0	0	0	0	0	0	0

Santa Maria Juvenile Hall 2014



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

		MEDICA	HOIN HOOM HE			Oh. v. C
FAC	ILITY	: Santa	Maria	JWENIE	<u> Hall</u>	DATE: 2/16/15
		MEETS REQU	HDEMENTS		хА	TTENTION RECOMMENDED
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A.			TION AND STO			4/
	1.	Medication Ro	om Locked			
	2.	Medication Car	ns Lockeu	dv	*******************	
	3.	Locks on Carts	d by Appropriate	Staff	**********	
	4.	Keys Controlle	ow/Code Clean		**********	
	5.	Medication Ru	Stored Separate	lv		
	6.	Patient Meus	orate from Interr	als		
	7.	Externals Sepa	se sorted Senara	telv		1 /
	8.	Medication sto	red in accordan	ce within manufa	cturer's	, 50/
	9.	recommendati	ons	***************************************		
	40	Definerator of	Correct Tempe	rature (36°-46°)	37.6 °F	¥
	10.	Medication Re	frigerator Conta	ins only		
	11.	Medications at	nd Adjunctive Fo	ods		
	40	Lighting and \/	'entilation Adeat	ıate		
	12.	Multiple dose	narenterals date	d when opened a	ınd	4171
	13.	discarded with	in the time fram	e allotted by man	ufacturer	
						· _
В.	MEI	DICATIONS AN	ID LABELS (RA	NDOM SAMPLE	S):	N/
IJ.	1.	Prescription M	leds Properly La	beled		
	2.	Inmate Specifi	c Labels Are No	t Altered		-
	3.	Non-Prescript	ion Meds Prope	rly Labeled		
	4.	No Unlabeled	or Hand-labeled	d Containers of M	edications	Uand
	5.	No Discontinu	ed Meds & Med	s from Discharge	d Patients on	Hand
	6.	No Expired Me	eds on Hand			***
	7.	No Deteriorate	ed Meds on Han	ıd		X
					NDORA SARAD	u ESI:
C.	ME	DICATION ADI	MINISTRATION	& ORDERS (RA	MDOM SHAM	
	1.	Start Date & S	Stop Date Listed	OH MINIX		
	2.	Stop Date is N	lot Exceeded			
	3.	PRN Medica	itions are Docun	nented with Reas	UIIS	- Immate Out of Facility, etc.)
	4.	Medication Ex	ceptions being	Properly Docume	shie Paramet	s, Inmate Out of Facility, etc.)
	5.	Medications E	Being Administer	ea within Accept	ed and Initials	ers of Pass-timeed the MAR
	6.	Personnel Ad	ministering Med	ication have Sign	ed alla minar	



MEDICATION ROOM INSPECTION for CORRECTIONAL INSTITUTIONS

FACILITY: Santa Maria Juvenile Hall DATE: 9/16	15
√ MEETS REQUIREMENTS X ATTENTION RECOMMENDED	
D. MEDICATION HANDLING & DISPOSITION: 1. No Reconstituted/Compounded Medications past Expiration Date	·····
3. Keys Controlled by Appropriate Staff	
7. Change of Shift Count Sheets for Controlled Substances Complete	
9. Perpetual Inventory for Stock Medications Equals Count Sheet Balance	
Is Current and Copy Posted in Medical Area 12. State Permit # NPP 1403 Expiration Date 1 / 1/ 15 Is Current and Copy Posted in Medical Area Expiration Date 1 / 5/ 16	
13. Copy of Maxor's DEA # 1 410 20:30 2 Expiration Date 3 / 31 / 16 14. Copy of Maxor's State Permit # 3012 Expiration Date 3 / 31 / 16 Is Current and Posted in Medical Area	5
E. EMERGENCY MEDICATION KIT: 1. Seal in Tact	b
F. MISCELLANEOUS: 1. Proper Drug References Available	
REMARKS AND RECOMMENDATIONS:	}
- Need to update State Depart (Vate valid lintil 11/15 - Please document back of Mar when given PRN ineds	
FACILITY REPRESENTATIVE PHARMACIST SIGNATURE MYCH MANNEY PHARMACIST NAME (PRINT)	n 1).



Correctional Pharmacy Services

	MEDIC	ATION	ROOM INSP	ECTION for	CORRECT	IONAL INSTITUTIONS	
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√	MEETS RE					X ATTENTION RECOM	# · ·
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REWARI	(S AND RE	COMM	ENDATIONS	:			é
- p) es	ge. ye e fome	miner Menni	Jo styn	MIE W	men Andi		g PEN mods
Taci	LITTREPR	ESENT	ATIVE		PHAR PHARI	Ma Phgem D majcist signature hen Downen hacist name (print)	Phyeino.

Note:	H-16 Does the nurse that prepours the administration of the medication?	H-15 H-15 H-17 H-17 H-17 H-17 H-17 H-17 H-17 H-17	!		H-12 Are prior month KOB administra	H-11 Hatter of the section of the se	H-10 KOP medication Reorder Stick	H. H.		H-B Dose each offender/medication	The second of th	H-6 Is the Inventory Coordinator of	H& Plan III		H-3	H-2 Is the site sending a list of dis	H-1 ************************************	CHITERIA:	27)6
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PROPRIETARY

Paga 8 of 8

Pharhacorh, llc TOOL ARABIDE

Keys are maintained on the person designaled each shift Perpetual inventory maintained Not Scored YEO, NO, or ď COMMENTS

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T- 14

F-12 Controlled drug manifests are properly signed, dated, and filed.

Verify 1 line item from 3 separate controlled drug manifests are correctly entared into

F-10 Unit Destruction records available

da da

Bulk controlled stock inventory is correct

S S

Administration usage records are complete and current

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YES

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Total Yes' Total No's Total Not Scored Shand Total Results =

100m

Pharriacor: Audit T. Apr 2016

PROPRIETARY

Paua Amfa

Total Yes' Total No's Total No's Grand Total Note: Results ::	D-6 sterile irrigations, reconstituted meds, or any sterile meds.) None great after or applicable usage date. Opened single dose containers are destroyed efter use.	D-4 Step dates are current	"""ale specific labels are not altered		33.5
7 0 0 7 100%	Yes	YES	YES	YES, NO, or Not Scored	
				COMMENTS	

Pharmacorr Audit T Apr 2014

Total YES 8 Total NG 0 Total NG 1 Grand Total 0 Results = 100%	Feeds, or DOT meds. Feeds, or DOT meds. YES	Only authorized personnel permitted to enter or use drug storage areas Yes	Logs are maintained for returned medications. Logs are filed chronologically. Returns are done weekly or as designated by the consultant pharmacist YES	External and internal medications are stored separately YES YES	YES, NO, or Not Scared
					COMMENTS

Page 7 of a

Print Date: 7/29/2015

Page: 1

CAIR

Vaccine Usage Report (CA State version: New Logic 4-1-2004) Vaccination Provider: 42CORIZON-SM

		<u>-</u>	I					8		8
Vaccine	<1	1	2	3-4	5	6-9	10-14	15-18	19+	Total
HBV - 1						0-3	10-14	2	19+	Total 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
		<u></u>	I							
Vaccine	<1	1	2	3-4	5	6-9	10-14	15-18	19±	Total
PV - 1								2		2
PV - 4							1	1		1

CAIR

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

Print Date: 7/29/2015 Page: 2

A. VACCINE ADMINISTERED: Number of Immunizations by Age Group

Vaccine	<1	1	2	3-4	5	6-9	10-14	15-18	19+	T-4-1
MMR - 1								10-10	137	Total
Mus								2		2
MMR - 2					İ			2		2
Subtotal:										
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<1	1	2	3-4	5	6-9	10-14	15 10	40.	
						10-14	10-10	19+	Total
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VZV - 1					1			1		1
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Subtotal:				ł				13		12
		<u>-</u>				i_			<u> </u>	13

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Vaccination Totals:		28	250	278	

	or Site Average		agerone and	STE Average	A 92%		A 92%	A 100%	Site Rverage 1005	190	A 97%
	CAD - Chronic Care MIH Major Distression Site Average	N/A N/A	76-50	Infirmary Gre	84% N/A	OAST THE RELEASE OF THE STREET OF THE STREET	Urabetes CCC Substante Abuse Withdrawal Untraspeten Transfers Stee Average	N/A N/A	- N	liuvenile Dibates SKK Çâll Mental Health Site Average	N/A N/A
MARY- 2015		A. A. Handal Pro-	,	DentalCare			Silbstance Abuse Withdian	N/A N/A	N/A 100%		N/A N
SANTA BARBARAJUVENILE GQI SUMMARY-2015	HTN-INBK	Astima Intel	N/A	HTN- ccc	100% Refitted of Treat	91%		100%	N/A	Selzure- CD	N/A N
SANTA BARBARA	Diagnostics	Medication Monitoring.		Infection Prevention - TB	Asthma-Intake#2		Diabetes Intake	Selzure-Intake		Şeizüre-infake	
	Receiving Screening 99% 79% done by probation	Emergency Plan		HTN lgtake	A/VI Suicide Prevention	N/A that contracts for safety	Withdrawal Po	Informed consent Obtained	N/A	entiun's	J. TOUZE
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Santa Maria Juvenile and Los Prietos Boys Camp

Medical, Mental Health, and Corrections Committee

MINUTES

Meeting:

Medical, Mental Health and Corrections Committee

Date:

06/17/2015 0930-1030

Time: 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: Time: 03/11/2015 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:

- 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 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:
 - 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
 - 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 scables 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

 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.

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	JAN	FEB	MAR	APR	MAY	NO.	JULY	AUG	SEF	3	NOV	חבר
Average Daily Population	61	67	63	62	69	67	69					
Average Montly Intakes	101	100	93	116	110	124	88					
Grievances												
1. Medical	0	0	0	-	O	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						
4 PPD's Administered	29	30	34	47	30	39						
5 Other Immunizations	65	28	36	43	24	20						
Total	356	362	322	346	362	376	402					
1 Positive PPD's	2	0	0	, -	2		-					
2. Positive STD's	5	3	E)	9	4	7	8					
Mental Health Services												
1. Psychiatrist Contacts												
2. Medical Referrals to M/H	2	8	9	11	4							
3. Mid Month Pysch Med Count	ω!	13	6	+	14	=	F					
Medications												
1. Total Doses of MH meds	878	722				_						
2. Total Doses of Rx Meds	316	497										
Total Doses of OTC meds	999	761	446	491	761	537	296					
4. Total Doses of OTC Creams			190									
Total	1860	1980	1856	1546	5	5	9					
4. Youths on MH meds	19	18	25	. 22	18							
5 Youths on Rx meds	16	26	3 27	28	26							
6.Youths on OTC meds	63	61	29	9 52	9	25	29 9					
7. Youths on OTC Creams			15	10								
Total	86	105	126	102	105	102	1					
7 Youths on TB meds	0		0	0			0					
o Verthe on UNIV AIDS made	0) 0	0		_	0					

Santa Maria Juvenile Hall 2015

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	JAN	FEB	MAR	APR	MAY	NDI	JUL	AUG	SEP	OCT	NOV	DEC
Inpatient Hospital Services	1		1	1	;		1		-	!	[1
1. Hospital Admissions	0	0	0	0	0	-	0					
2. Hospital Days	0	0	0	0	0	7	0					
Emergency Hospital Services												
1. 911 Transports	1	0	2	-	0	0	0					
2. Probation Transports	3	2	0	0	4	m	2					
3. Emergency Treatment Only	4	2	0	+	4	3	2					
Total	4	2	2	-	4	3	2					
Out Patient Services												
1. Public Health	0	3	2	0	3	0	0					
2.Dental Office	0	7	2		7-1	4	9					
3 Private Office Appointments	5	4	4	+	α	-	4					
4 Out Patient surgeries	ю	0	0	0	0	0						
Radiology Services												
1, Out Patient X-rays	4	2	4	5	1	6	σ					
Radiology Services Total	4	2	4	5	-	3	G)					
Laboratory Service												
Specimens Processed	47	50	42	70	90	. 81	69					
New Charls Processed	19	22	26	34	22	30	15					
24 hours sick call missed	0	0	0	0	0	0						
96 hours evaluation (missed)	0	-	0	0	0	0	0					
new preg youth intakes	+-	-	0	_	2	٥	-					
Total Preg youth	1	-		0	4	-	0					
HIV /AIDS actual referral within 7 days	0	0	0	0	0	0	0					
HIV / AIDS Youth in custoday	0	0	0			0						

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	IAN	FEB	MAR	APR	MAY	JON	JULY A	AUGSE	SEPT OCI	AON I	JV DEC	اڊ ا
Average Daily Population	30	34	32	37	39	38						
Youths Deaths												
Grievances												
1. Medical	0	0	0	0	0	0						T
2. Mental Health	0	0	0	0	0	0						
Total						•				_		T
Physician Services								1		1		T
1. MD Sick Call	23	20	17	24	15	93						
2. Annuals	0	C)	1		0	0						
Total	23	23	18	25	15	30						
Nursing Services												
1. Nursing Sick Call	104	117	85	135	109	142						
2.Immunization	-	0	17	0	0	0						
3. PPD's Administered	_	8	-	1	2	1				_		
Total	106	120	103	136	111	143						
	-											
1. Positive PPD's	0	0						+		+		
2. Positive STD's	0		0	0		0						T
Mental Health Services												
 Psychiatrist Contacts 												
2. Medical Referrals to M/H	3		3 5	8	6	12						
3. Mid Month Pysch Med Count												
Medications										-		
1. Total Doses of MH meds	480	263	3 543	566	316	483						
2. Total Doses of Rx Meds	148	205	5 167		349							
Total Doses of OTC meds	999	626	5 169	905	757	775						
4. Total Doses of OTC Creams			514							_		
Total	1294	1094	1393	1864	1422	1687						
4. Youths on MH meds	9	9	9 11	-	1	11						
5. Youths on Rx meds	3	8	7	8 11	12							
6. Youths on OTC meds	22		25 19	38	34	37						
7. Youths on OTC Creams			27	7								
Total	36		41 65	5 59	9 24	4 66			1			
7. Youths on TB meds		0	0	0	0	0						
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	JAN	FEB	MAR	APR	MAY	N.	JUL	AUG	SEP	OCT	NON	DEC
Inpatient Hospital Services	1	-				i	1	l	1	-	l	1
1. Hospital Admissions	0	0	0	0	0	0	;					
2. Hospital Days	0	0	0	0	0	0						
Emergency Hospital Services												
1. 911 Transports	0	0	0	0	0	0						
2. Probation Transports	0	1	0	0	0	0						
3. Emergency Treatment Only	0	+	0	0	0	0						
Total	0	1	0	0	0	0						ŀ
Out Patient Services												
1. Public Health	0	0	0	0	Ţ	0						
2.Dental Office	2	3	0	0	2	Ω						
3. Private Office Appointments	0	3	0	0	3	2						
4. Out Patient surgeries	0	0	0	0	0	0						
Radiology Services												
1. PHD Xrays	0	0	0	0	0	0						
2. Out Patient Xrays	0	+	0	0	0	1						
Radiology Services Total	0	-	0		٥	0						
Laboratory Service												
1. Specimens Processed	-	0	0	٥	1	0						
24 hour sick calls (missed)	0	0	0	0	0	O						
Youths on HIV/AIDS Meds	0	o	0	0	0	o						

Santa Maria Juvenile Hall Los Prietos Boys Camp Staff Licenses April 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 August 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
Penny, Linda RN	489284	8/31/2014	4/2//2014
Polmolea, Camelia RN	712883	9/30/2013	5/31/2015
Rodriguez, Michele RN	697442	1/31/2015	10/25/2014
Daphe, Laurel LVN	VN249322	2/28/2014	7/20/2015
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	7/31/15	12/2013
Dorman, John MD	C30728	10/31/2013	12/6/2013
Weinstein, Debra MD	A67667		10/31/2013

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

Name	License Number	Expiration Date	CPR / AED Exp
		10/04/0040	10/0013
Aguiar, Carol RN	607660	12/31/2013	12/2013
Alawanday Dayayly DN	132755	8/31/2013	4/6/2013
Alexander, Beverly RN	132733	0/31/2013	4/0/2013
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
Tenny, Emilia Riv	10,201	0.01.102	
Polmolea, Camelia RN	712883	9/30/2013	5/31/2013
		1/2/2017	10/07/0014
Rodriguez, Michele RN	697442	1/31/2015	10/25/2014
Rubio, Virginia RN	792880	6/30/2014	7/31/02014
Rubio, virginia Kiv	7/2000	0,30,2011	
Golden, Tonya	743228	7/31/2014	5/31/2013
		0/20/2012	5/21/2012
Schultz, Deborah RN	362329	9/30/2013	7/31/2013
Daphe, Laurel LVN	VN249322	2/28/2014	7/19/2013
Dapite, Data et 12 v 1 v			
Garcia, Mishila LVN	VN199426	11/30/2013	Pending
	X D 100 # # 20	12/21/2014	12/2012
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
	A (2002	7/31/13	12/2013
Adam, Carrick MD	A63883	//31/13	12/2015
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
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	5/31/2015
Rodriguez, Michele RN	697442	1/31/2015	10/25/2014
Golden, Tonya	743228	7/31/2014	05/31/2015
T) L - Y I T Y/NI	VNI2 40222	2/20/2014	5/10/2012
Daphe, Laurel LVN Garcia, Mishila LVN	VN249322 VN199426	2/28/2014	7/19/2013 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	7/31/15	12/2013
Dorman, John MD	C30728	10/31/2013	12/6/2013
Weinstein, Debra MD	A67667		10/31/2013

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

Name	License Number	Evaluation Date	CDD / A TD T
	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

Name	License Number	Expiration Date	CPR / AED Exp
Aguiar, Carol RN	607660	12/31/2013	11/7/2015
All I DIn DN	122755	8/31/2015	5/20/2015
Alexander, Beverly RN	132755	0/31/2013	3/20/2013
Guillen, Shannon RN	763941	11/30/2013	11/7/2015
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	11/30/2013	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	12/31/2013	1/10/2014
Adam, Carrick MD	A63883	7/31/15	11/7/2015
Weinstein, Debra MD	A67667	1/31/2015	11/10/2015

Santa Maria Juvenile Hall Los Prietos Boys Camp Staff Licenses September 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
Penny, Linda RN	489284	8/31/2014	4/2//2014
Polmolea, Camelia RN	712883	9/30/2013	5/31/2015
Daphe, Laurel LVN	VN249322	2/28/2014	7/20/2015
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	7/31/15	12/2013
Weinstein, Debra MD	A67667	1/31/2015	10/31/2013

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

Name	License Number	Expiration Date	CPR / AED Exp
Alexander, Beverly RN	132755	8/31/2015	5/20/2015
Guillen, Shannon RN	763941	11/30/215	1/2016
Penny, Linda RN	489284	8/31/2014	Pending
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
	711170000	12/31/2015	01/21/2010
Aceves, Christy	VN277282	11/30/2015	7/13/2015
Bravo, Patricia	VN142791	04/30/2014	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 August 2014

Name	License Number	Expiration Date	CPR / AED Exp
Alexander, Beverly RN	132755	8/31/2015	5/20/2015
Guillen, Shannon RN	763941	11/30/215	1/2016
Penny, Linda RN	489284	8/31/2016	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 LVN	VN199426	11/30/2015	11/7/2015
Sanchez, Sharlene LVN	VN215628	11/30/2014	05/31/2015
Cameron, Ann RN	615239	4/30/2016	On Vacation Will provide open return
Lamas, Tisa RN	763941	10/31/2014	2/28/2015
Neri, Vilma LVN	VN176838	12/31/2015	01/21/2016
Aceves, Christy LVN	VN277282	11/30/2015	7/13/2015
Bravo, Patricia LVN	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 January 2014

Name	License Number	Expiration Date	CPR / AED Exp
Aguiar, Carol RN	607660	12/31/2015	11/7/2015

Alexander, Beverly RN	132755	8/31/2015	5/20/2015
Guillen, Shannon RN	763941	11/30/215	11/7/2015
Penny, Linda RN	489284	8/31/2014	4/2//2014
Polmolea, Camelia RN	712883	9/30/2015	5/31/2015
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Daphe, Laurel RN	852074	2/28/2015	7/20/2015
Namalia Dachal I VIII	V/N1005732	12/21/2014	11/5/2015
Nanalis, Rachel LVN	VN225733	12/31/2014	11/7/2015
Garcia, Mishila	VN199426	11/30/2015	11/7/2015
			11,,,,2010
Sanchez, Sharlene	VN215628	11/30/2014	05/31/2015
			11-11-11-11
Lamas, Tisa RN	763941	10/31/2014	2/28/2015
AT 1 7711 T 7721	Y7NI4 W COAC	401041041	4 4 0 4 0 4
Neri, Vilma LVN	VN176838	12/31/2015	1/10/2014
Adam, Carrick MD	A63883	7/31/2015	11/7/2015
Adam, Carrick MD	A03003	//31/2013	11//2015
Weinstein, Debra MD	A67667	1/31/2015	11/10/2015
11 VIII (1111)	170,001	110112010	11/10/2013

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

Name	License Number	Expiration Date	CPR / AED Exp
		1	
Alexander, Beverly RN	132755	8/31/2015	5/20/2015
· · · · · · · · · · · · · · · · · · ·			
Guillen, Shannon RN	763941	11/30/215	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
AL II D I IXXIDI	1731007500	10/21/2011	11/8/2018
Nanalis, Rachel LVN	VN225733	12/31/2014	11/7/2015
Garcia, Mishila	VN199426	11/30/2015	11/7/2015
Gai Cia, Mishia	V11177720	11/30/2013	11/1/2013
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

Name	License Number	Expiration Date	CPR / AED Exp
Alexander, Beverly RN	132755	8/31/2015	5/20/2015
Guillen, Shannon RN	763941	11/30/215	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 June 2014

Name	License Number	Expiration Date	CPR / AED Exp
	1		
Alexander, Beverly RN	132755	8/31/2015	5/20/2015
Guillen, Shannon RN	763941	11/30/215	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 LVN	VN199426	11/30/2015	11/7/2015
Sanchez, Sharlene LVN	VN215628	11/30/2014	05/31/2015
,	7.7.223323		
Lamas, Tisa RN	763941	10/31/2014	2/28/2015
Neri, Vilma LVN	VN176838	12/31/2015	01/21/2016
Aceves, Christy LVN	VN277282	11/30/2015	7/13/2015
Bravo, Patricia LVN	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 March 2014

Name	License Number	Expiration Date	CPR / AED Exp
Alexander, Beverly RN	132755	8/31/2015	5/20/2015
Guillen, Shannon RN	763941	11/30/215	1/2016
Penny, Linda RN	489284	8/31/2014	4/2//2014
		0.120.120.4.5	W 10 4 10 0 4 F
Polmolea, Camelia RN	712883	9/30/2015	5/31/2015
D I X IDN	052054	2/20/2015	7/20/2015
Daphe, Laurel RN	852074	2/28/2015	7/20/2015
Namelia Dashal I VN	VN225733	12/31/2014	11/7/2015
Nanalis, Rachel LVN	VINZZ3/33	12/51/2014	11///2015
Garcia, Mishila	VN199426	11/30/2015	11/7/2015
Garcia, Mishia	V1(1))7420	11/30/2013	11/1/2013
Sanchez, Sharlene	VN215628	11/30/2014	05/31/2015
Similar Similar	711210020		00,02,202
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	07/13/2015
Bravo, Patricia	VN142791	04/30/2014	03/29/2015
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 May 2014

Name	License Number	Expiration Date	CPR / AED Exp
Alexander, Beverly RN	132755	8/31/2015	5/20/2015
Guillen, Shannon RN	763941	11/30/215	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

Name	License Number	Expiration Date	CPR / AED Exp
Alexander, Beverly RN	132755	8/31/2015	5/20/2015
-			
Guillen, Shannon RN	763941	11/30/215	1/2016
Penny, Linda RN	489284	8/31/2016	5/31/2016
	71000	0.100.100.1.5	5/21/2015
Polmolea, Camelia RN	712883	9/30/2015	5/31/2015
1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T	052074	2/28/2015	7/20/2015
Daphe, Laurel RN	852074	2/20/2013	1/20/2015
Nanatia Dachal I VN	VN225733	12/31/2014	11/7/2015
Nanalis, Rachel LVN	VIV.223733	12/31/2014	11///2013
Garcia, Mishila LVN	VN199426	11/30/2015	11/7/2015
Garcia, Mishia Eviv	11(11)		
Sanchez, Sharlene LVN	VN215628	11/30/2014	05/31/2015
Long, Lupe LVN	VN 204445	3/31/2014	2/26/2016
Cameron, Ann RN	615239	4/30/2016	07/31/2016
Lamas, Tisa RN	763941	10/31/2014	2/28/2015
			01/01/0016
Neri, Vilma LVN	VN176838	12/31/2015	01/21/2016
	1731255202	11/20/2015	7/12/2015
Aceves, Christy LVN	VN277282	11/30/2015	7/13/2015
Description T. VINI	VN142791	4/30/2016	3/29/2015
Bravo, Patricia LVN	V1N142/71	4/30/2010	JIEJIEUIJ
Adam, Carrick MD	A63883	7/31/2015	11/7/2015
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Weinstein, Debra MD	A67667	1/31/2015	11/10/2015
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Santa Maria Juvenile Hall Los Prietos Boys Camp Staff Licenses September 2014

Name	License Number	Expiration Date	CPR / AED Exp
			-100/2017
Alexander, Beverly RN	132755	8/31/2015	5/20/2015
Guillen, Shannon RN	763941	11/30/215	1/2016
Penny, Linda RN	489284	8/31/2016	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 LVN	VN199426	11/30/2015	11/7/2015
Sanchez, Sharlene LVN	VN215628	11/30/2014	05/31/2015
Cameron, Ann RN	615239	4/30/2016	07/31/2016
Lamas, Tisa RN	763941	10/31/2014	2/28/2015
Neri, Vilma LVN	VN176838	12/31/2015	01/21/2016
Aceves, Christy LVN	VN277282	11/30/2015	7/13/2015
Bravo, Patricia LVN	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 April 2015

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

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

Name	License Number	Expiration Date	CPR / AED
		-	Exp
Guillen, Shannon RN	763941	11/30/215	1/2016
Penny, Linda RN	489284	8/31/2016	5/31/2016
Polmolea, Camelia RN	712883	9/30/2015	Pending
Daphe, Laurel RN	852074	2/28/2017	11/2015
St.Hilaire, Nancy	742879	3/31/2016	5/2016
Nanalis, Rachel LVN	VN225733	12/31/2016	11/7/2015
C	1701400406	4 4 10 0 10 0 4 11	44 = 100 =
Garcia, Mishila LVN	VN199426	11/30/2015	11/7/2015
O X7 Y X7NI	N/N/20020C	4/20/2045	1/2017
Ogana, Vanessa LVN	VN288206	4/30/2017	1/2016
Camaran Ann DN	615239	4/30/2016	7/31/2016
Cameron, Ann RN	015259	4/30/2010	//31/2010
Lamas, Tisa RN	763941	10/31/2016	4/30/2017
Lanco, 164 III	703741	10/31/2010	4/30/2017
Legaspi-Burkley, Rainier RN	684736	1/31/2016	3/2017
The second secon	001700	I.U.I.EU.I.U	0,202,
Neri, Vilma LVN	VN176838	12/31/2015	1/21/2016
Adam, Carrick MD	A63883	7/31/2017	11/7/2015
Weinstein, Debra MD	A67667	1/31/2017	11/10/2015

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

Name	License Number	Expiration Date	CPR / AED Exp
Guillen, Shannon RN	763941	11/30/215	1/2016
Penny, Linda RN	489284	8/31/2016	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	12/31/2016	11/7/2015
Garcia, Mishila LVN	VN199426	11/30/2015	11/7/2015
Sanchez, Sharlene LVN	VN215628		5/31/2015
Cameron, Ann RN	615239	4/30/2016	7/31/2016
Lamas, Tisa RN	763941	10/31/2016	2/28/2015
Legaspi-Burkley, Rainier RN	684736	1/31/2016	3/2015
Neri, Vilma LVN	VN176838	12/31/2015	1/21/2016
Aceves, Christy LVN	VN277282	11/30/2015	7/13/2015
Bravo, Patricia LVN	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 January 2015

Name	License Number	Expiration Date	CPR / AED Exp
Alexander, Beverly RN	132755	8/31/2015	5/20/2015
Guillen, Shannon RN	763941	11/30/215	1/2016
Penny, Linda RN	489284	8/31/2016	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	12/31/2016	11/7/2015
Garcia, Mishila LVN	VN199426	11/30/2015	11/7/2015
Sanchez, Sharlene LVN	VN215628	11/30/2014	05/31/2015
Cameron, Ann RN	615239	4/30/2016	07/31/2016
Lamas, Tisa RN	763941		2/28/2015
Neri, Vilma LVN	VN176838	12/31/2015	01/21/2016
Aceves, Christy LVN	VN277282	11/30/2015	7/13/2015
Bravo, Patricia LVN	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 June 2015

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

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

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