

HEALTH CARE SERVICES
Santa Barbara County Juvenile Detention
 June 29, 2017
 MAC Meeting

Present: Medical: Carrick Adam, Alan Bagby; BeWell: Jason Tarman, Deana Huddleston, John Lewis; Probation: Kristina Brumbaugh, Alejandra Ochoa, Wendy Stanley

Topic	Discussion	Recommendations/ Actions Taken Result of Action
Review of Minutes	<p>No corrections to minutes. Jason reported that Strengthening Families program has been dropped from the agenda mostly secondary to transportation issues. However, now that CTOs are going to be back, there may be some ability to implement programming. Ongoing discussion between Erin/Wendy and Jason (BW).</p>	<p>Recommendations: Probation/BW at camp to discuss</p> <p>Actions:</p>
Action Item Review	<p>Discussed completed action items.</p> <ol style="list-style-type: none"> 1. Trauma Training: Plan to incorporate MHTC-JJ to orientation at end of CORE for new employees and Think Trauma will be offered quarterly through STCC. Laurie Holbrook has agreed to continue training. 2. DPO meetings have been scheduled. 3. Wendy is now the PREA coordinator and will be working on p&p. 4. School/probation/BeWell/Medical meetings ongoing /next meeting today at 2pm 	<p>Recommendations:</p> <p>Actions: Action items still pending:</p> <ol style="list-style-type: none"> 1. MOU between BW (JMHHS and RISE) and Probation 2. NCCHC Planning: ongoing /4th meeting today: BeWell, Medical and Probation 3. Kristina to contact Laurie regarding dates for Think Trauma.
Facility Grievances	<p>No medical or MH grievances at SMJH or LPBC for April May. Kristina and Wendy to send monthly grievance count to CFMG to add to stats. There was discussion from Deanna Huddleston (BW) regarding a BW log of all complaints by patients. Discussion occurred regarding need for log given that there is a grievance process in place. P&P needs to specify the way complaints/grievances are documented.</p>	<p>Recommendations: Clarify grievance procedure for BeWell.</p> <p>Actions: Jason and Deanna to meet and develop policy around complaints and grievances and report out at September MAC meeting.</p>

	<p>per month to meet the quota of 5 youth. Discussed that cost may be less expensive even if not sending 5 per month if you take staff time into account.</p> <p>2. Dental: Goleta Neighborhood Clinic will be taking over dental services for youth at camp. Wendy has finalized the contract and CFMG will have a phone conference with dental director in July to finalize any issues.</p>	
Infection Control	<p>STI: April: 4 (all chlamydia); May: 10 (3 female, 4 males, multiple STI in 2 youth); 40 urines sent in May and 7 youth positive (22% all youth tested). GC and syphilis increasing countywide. PHD Disease Control involved when positive GC and Syphilis.</p> <p>Scabies: 5 cases in April</p> <p>Lice: 2 cases in April</p> <p>MRSA: 1 case</p> <p>+TST: 2</p> <p>Vaccines given: 18 vaccines given: will be ordering influenza vaccine in July. Given MenB vaccine to youth at camp.</p>	<p>Recommendations: Continued monitoring of scabies especially at camp.</p> <p>Actions:</p>
QI studies	<p>In-house QI: 1. problem list QI reviewed. Improvements made on medical diagnosis and need improvement on MH diagnosis. 2. Disruption of school time by medical/MH: qi to try to access kids during "non-core classes" as much as possible. Reviewed qi and corrective actions</p> <p>CFMG QI: Individualized treatment plans (ITP): lowest score on discharge planning begun at intake. To be discussed at nursing meeting.</p>	<p>Recommendations:</p> <p>Actions:</p> <ol style="list-style-type: none"> 1. Repeat problem list QI in July. 2. Continue to work on process study regarding school disruptions and access to MH/Medical.
Man Down Drill	<p>Overdose drill: opioid and benzo overdose. CFMG has purchased nasal naloxone for the sites. Training on naloxone will occur for medical staff. Consider training probation staff on use of naloxone.</p>	<p>Recommendations: Training on nasal naloxone</p> <p>Actions:</p>
External Peer Review	<ol style="list-style-type: none"> 1. Medical: Dr. Hasler completed 2016 review and mailed it to Lee Bethel via Melanie. Next review to be in September. 2. Psychiatry: Jason to check on status of 2016 review 	<p>Recommendations:</p> <p>Actions: Wendy to check with Melanie to see if she received the review. To give a copy to medical. Jason to follow up on 2016 psychiatry review status. Deana to follow-up on contracts.</p>
Missed medication log	<p>SMJH: April: 154; May: 98 mostly creams</p>	<p>Recommendations: Ongoing monitoring</p>

	<p>3. Mid-month psych medication count 4. Total doses of MH medication 5. Youth on MH medication</p>	
QI	<p>1. Discussed qi for BW. Need for sick call log with triage time/date and encounter time/date in preparation for NCCHC survey. 2. Access to youth QI in progress in process study. 3. Discussed MH/Education collaboration differences between camp and SMJH. MH would like to collaborate more with education staff at hall.</p>	<p>Recommendations: Increased collaboration Actions: 1. Meeting with School/Probation/BeWell/Medical.</p>
NCCHC		
Accreditation preparation	<p>Medical/BW/Probation has had multiple meetings reviewing each standard and creating work plan. Meeting today.</p>	<p>Recommendations: 1. Continue monthly meetings for preparations. Actions:</p>

CQI Meeting Minutes

Date: 06/29/2017

Present: Medical: Carrick Adam, Alan Bagby; BeWell: Jason Tarman, Deana Huddleston, John Lewis;
Probation: Kristina Brumbaugh, Alejandra Ochoa, Wendy Stanley

Risk Management Report

<u>Man Down Drill:</u> OD drill on opioid overdose and benzo overdose.
<u>Environmental Inspections:</u> Probation will include medical in monthly environmental inspections. Carrick to create check list for monthly inspections and CAP template.
<u>Off-site care</u> Reviewed ED send outs and off-site care. No trends noted. Discussed onsite optometry option
<u>Critical incidents:</u> One asthma attack with pepper spray. Staff notified to avoid pepper spray with asthmatic youth.
<u>Credentialing logs:</u> All medical staff credentialed.

Infection Control Report

<u>IC manual:</u> Awaiting approval from PHD
<u>Immunization program:</u> 18 immunizations given in April and May. Ordering influenza vaccination July MenB vaccine to be given to youth at camp.
<u>Trends:</u> Increase in GC and one case of syphilis. Reviewed STD stats for April and May. Increased cases of scabies at camp. No new cases in 2 weeks. Monitoring.

Grievances

No grievances for SMJH or camp.

Peer Review

Medical: 2016 done by Dr. Peter Hasler. Report sent to Probation. 2017 review in September. BeWell: Jason to follow up on 2016 and 2017 review.
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Pharmacy and Therapeutics

Medication Errors: not reported
Missed medication:

HEALTH CARE SERVICES
Santa Barbara County Juvenile Detention
 September 20, 2017
 MAC Meeting

Present: ** signifies unfinished action item
Medical: Carrick Adam, Shannon Guillen
BeWell: Jason Tarman, Probation: Kristina Brumbaugh, Alejandra Ochoa, Wendy Stanley;
Public Health Department: Polly Baldwin

Topic	Discussion	Recommendations/ Actions Taken Result of Action
Review of Minutes	No corrections to minutes.	<u>Recommendations:</u> <u>Actions:</u>
Action Item Review	Discussed completed action items. 1. Finished NCHC standard review. Next phase: CAP 2. Think Trauma: Jason, Carrick and Laurie Holbrook are meeting today after MAC. 3. Disaster drill date set for October 11 but may change to coordinate with county wide disaster drill which will be Thursday, November 16. Mr. Belecha from probation will coordinate with medical. 4. Environmental health checklist created. 5. Optometry off-site visit numbers to Wendy: SMJH: 2016-35; 2017-16 (to date); Camp: 2016-18; 2017-14 (to date). Wendy states it is not cost-effective to bring onsite optometry services to facilities. 6. Dental services with Goleta Neighborhood clinic up and running. 7. Problem list audits continue. Improved. 8. 2016 medical external peer review completed and reviewed by medical. 9. Ongoing meetings between school, BeWell, probation, medical and UCSB.	<u>Recommendations:</u> <u>Actions:</u> Action items still pending: 1. MOU between BW (JMHS and RISE) and Probation** 2. Jason and Deanna to meet and develop policy around complaints and grievances and report out at next MAC meeting.** 3. Psychiatry notes in medical chart: Shannon to do chart audit to see if available.** 4. Jason to follow up on 2016 and 2017 external peer review of psychiatry. Carrick to send verbiage of requirements (external v. internal peer review). Deana to follow up on contracts.** 5. BW to collect stats noted in MAC meeting minutes and send to medical administrative assistant at the beginning of month to add to health statistics. **

	<p>3. August: 5 off-site: 3 dental, 1 ENT (peritonsillar abscess), 2 optometry, 5 xrays (3 hand, cxr, back); 2 ED (1 via ambulance: UI; 1 probation transport for abdominal pain); no hospitalizations.</p> <p>LPBC:</p> <ol style="list-style-type: none"> June: 6 offsite visits: 4 dental, 2 optometry; 0 ED; 0 hospitalizations JULY: 4 offsite visits: 4 dental; ED VISITS: 0 hospitalizations August: 2 offsite (dental); 0 ED visits; 0 hospitalizations. 	
<p>Infection Control</p>	<p>STI: June: 1; July; August: 9; 153 samples sent for Cz testing; (10% pos)</p> <p>Scabies: 1 case</p> <p>Lice: 2 cases</p> <p>MRSA: none</p> <p>+TST: 1</p> <p>Immunization Program: SMJH: 72 vaccines given June-August; LPBC: 27;</p> <ol style="list-style-type: none"> First influenza vaccine shipment from VFC arrived. High risk youth will have priority but goal is to vaccinate all youth. MenB vaccine clinic at camp completed. Will get second dose one month later. VFC audit done July, 20. CAP implemented. 	<p><u>Recommendations:</u></p> <p><u>Actions:</u></p>
<p>QI studies</p>	<p>In-house QI:</p> <ol style="list-style-type: none"> Problem list: improved VFC CAP completed. School disruptions: ongoing meeting and discussions. <p>CFMG QI:</p> <ol style="list-style-type: none"> 	<p><u>Recommendations:</u></p> <p><u>Actions:</u></p>
<p>Man Down Drill</p>	<p>Status Asthmaticus man down drill done August.</p> <p>Would like to do man down drills in unit with probation staff.</p>	<p><u>Recommendations:</u></p> <p>Include probation in man down drills</p> <p><u>Actions:</u></p> <ol style="list-style-type: none"> Shannon to organize man-down drills in units to occur at least quarterly.
<p>External Peer Review</p>	<p>Medical:</p> <ol style="list-style-type: none"> External Review report for 2016 reviewed by medical. Need to schedule 2017 review. <p>Psychiatry:</p>	<p><u>Recommendations:</u></p> <p><u>Actions:</u></p>

	<p>3. Psych hospitalizations 4. Hospital returns 5. 5585 evaluations</p> <p>Stats already collected:</p> <ol style="list-style-type: none"> 1. Psychiatry contacts 2. Medical referrals to BW 3. Mid-month psych medication count 4. Total doses of MH medication 5. Youth on MH medication 	<p>BW to collect stats and provide numbers to Elizabeth Melero (medical administrative assistant) to add to monthly statistics.*</p> <p><u>Actions:</u></p> <ol style="list-style-type: none"> 1. BW to begin collecting listed stats.* 2. Stats to be sent to Elizabeth monthly to add to monthly stat report.*
QI	<p>No report. Jason to meet with Deanna on CQI.</p>	<p><u>Recommendations:</u></p> <p><u>Actions:</u></p> <ol style="list-style-type: none"> 1. Jason to meet with Deanna.
NCCHC Accreditation preparation	<p>All standards have been reviewed by Jason, Carrick and Wendy. Carrick has prioritized CAP and will be reaching out to managers to meet to come up with steps of CAP and implementation plan.</p>	<p><u>Recommendations:</u></p> <p><u>Actions:</u></p> <ol style="list-style-type: none"> 1. Carrick to organize meetings for CAP creation.

CQI Meeting Minutes

Date: 09/20/2017

Present: Medical: Carrick Adam, Shannon Guillen; BeWell: Jason Tarman; Probation: Kristina Brumbaugh, Alejandra Ochoa, Wendy Stanley; PHD: Polly Baldwin

Risk Management Report

Man Down Drill:

OD drill on status asthmaticus

Environmental Inspections:

Title 15 environmental inspection done and no major issues. Carrick and Mr. Johnson have created checklist for monthly inspections. Carrick will send out to managers for edits/approval. To start October.

Off-site care

Reviewed ED send outs and off-site care. No trends noted.

Critical incidents:

Youth UI that was coming in and out of consciousness and combative at intake. Transported via ambulance to MMC. Discussion regarding calling 911 emergency response vs. calling for transportation only. Shannon states that calling 911 with a code 2 transport will respond with ambulance and no fire.

Credentialing logs:

All medical staff credentialed.

Infection Control Report

IC manual:

Awaiting approval from PHD. Polly suggests contacting Paige for update.

Immunization program:

62 immunizations given at SMJH June-August; 31 at camp.

Received first allotment of influenza vaccine. High risk youth will be immunized first followed by all youth under 18 and then those over 18.

Continue to vaccinate Men B.

VFC inspection done: CAP implemented.

Trends:

None noted.

Grievances

No grievances for SMJH or camp.

Peer Review

Medical: 2016 done by Dr. Peter Hasler. Report has been received and reviewed. Carrick scheduling 2017 review.

BeWell: Jason to follow up on 2016 and 2017 review.

HEALTH CARE SERVICES
Santa Barbara County Juvenile Detention
 December 13, 2017
 MAC Meeting

Present: Carrick Adam, Shannon Guillen
Medical: Carrick Adam, Shannon Guillen
BeWell: Jason Tarman, John Lewis; Probation: Kristina Brumbaugh, Wendy Stanley;
Telephonically: Public Health Department: Yvette Calhoun; MMC: David Ketelaar, CMO MMC

** signifies unfinished action item

Topic	Discussion	Recommendations/ Actions Taken Result of Action
Welcome/ Review of Minutes	Introduced new Health Service Administrator for CFMG, Amber Nunes. No revisions to minutes.	<u>Recommendations:</u> <u>Actions:</u>
Action Item Review	Discussed completed action items. 1. MOU status discussed. 2. Policy on grievances has been finalized by Deanna and will be introduced to BW staff and probation once BW execs approve. 3. Improvement in psychiatry notes in chart. 4. 2016 external peer review completed. Will get 2017 review as soon as possible. 5. BW stats available but need some refining. 5585 evaluations will be actual 5585 holds. 6. Kristina B. will participate in monthly SMJH environmental inspections while Mr. Johnson on leave.	<u>Recommendations:</u> <u>Actions:</u> 1. Shannon to organize man down drills quarterly at smjh.** 2. Jason to explore options to ensure coverage at sites during weekly supervision meetings.**
Facility		
Statistics Review	1. Kristina asks that stats look similar for both SMJH and LPBC (i.e. Location of chronic care numbers).	<u>Recommendations:</u> that stats are uniform between camp and smjh. <u>Actions:</u> Carrick to notify Elizabeth of changes.
Grievances	No medical or MH grievances at SMJH or LPBC for September, October and November.	<u>Recommendations:</u> <u>Actions:</u>

	3. November: 8 offsite: 3 orthopedist, 2 dental, 1 dermatology, 1 MRI; 0 ED visits; 0 hospitalizations.	
Infection Control	<p>STI: Sept: 2 chl; October: 7 Chl (all male), 1 syphilis, 1 GC; Nov: 4 chl MRSA: none +TST: Sept: 1; October 3; no converters. No active TB Immunization Program: SMJH: 240 vaccines given between sept-nov. 1. All youth vaccinated for influenza. Still waiting for updated IC manual from CFMG that incorporates PHD suggestions.</p>	<p>Recommendations:</p> <p>Actions:</p> <ol style="list-style-type: none"> 1. Amber to follow up on ICM
QI studies	<p>Not discussed. See medical QI studies.</p>	<p>Recommendations:</p> <p>Actions:</p>
Man Down Drill	<p>Disaster Drill done 11/16. See above.</p>	<p>Recommendations:</p> <p>Actions:</p>
External Peer Review	<p>Medical: 1. 2017 review done and CAP completed. Will update at next mac</p>	<p>Recommendations:</p> <p>Actions:</p> <ol style="list-style-type: none"> 1. Carrick/Medical to update group on CAP progress at next meeting.
Missed medication log	<p>See stats. Decreased numbers of missed essential medication. Most missed medications at camp are from the evening and weekend medication.</p>	<p>Recommendations:</p> <p>Actions:</p>
PHARMACY		
Pharmacy Inspection	<ol style="list-style-type: none"> 1. Inspection due in December. Amber to let medical know date. 2. Discussed most common OTC and Rx meds given at camp and hall. Mostly creams (BP5, Minerin, A&DO, analgesics (Tylenol, ibuprofen) and allergy medications (loratadine,ctm). RX: antibiotics for tooth abscess or skin infections. 	<p>Recommendations:</p> <p>Actions:</p> <ol style="list-style-type: none"> 1. Amber/Shannon to schedule pharmacy inspection.
OPERATIONS		
SMJH	<ol style="list-style-type: none"> 1. 5585 Hold- discussion included Dr. Ketalaar, CMO of MMC. Dr. Ketalaar relayed medical concerns of extended hard restraints on youth in the ED on 5585 holds. Discussion regarding custody issues and differences between restraints used by differing agencies. Probation will be reviewing policies/procedures surrounding 5585 holds. BeWell will look into a training for probation staff on soft 	<p>Recommendations:</p> <ol style="list-style-type: none"> 1. Prob/Med/Bewell to present at next MMC ED staff meeting to continue to improve relationship with MMC. <p>Actions:</p>

	2. Peer review: Psychiatry: 2016 done and 2017 in process of being scheduled. see	BW to give stats to Elizabeth (AA) by end of first week of month of MAC meeting. Actions: 1. Jason/John to schedule 2017 peer review.
QI	Procedure finalized and needs to be introduced to staff. Jason to meet with Deanna on CQI.	Recommendations: Actions:
NCCHC		
Accreditation preparation	1. NCCHC: First CAP meeting in November. Ongoing. 2. IMQ: will be due for accreditation in Feb/March. Will start application in January 2017.	Recommendations: Actions: 1. Wendy and Kristina to send available dates to Medical and Be Well for next NCCHC CAP meeting. 2. Carrick/Prob to begin application or IMQ accreditation in Jan 2018.
2018 Dates	2018 dates March 14, 2018 at LPBC June 13, 2018 at SMJH September 9, 2018 at LPBC December 12, 2018 at SMJH	Recommendations: Actions: Carrick to send out meeting requests for 2018 MAC meetings.

CQI Meeting Minutes

Date: December 13, 2017

Present: Medical: Carrick Adam, Shannon Guillen, Amber Nunes; BeWell: Jason Tarman, John Lewis;
Probation: Kristina Brumbaugh, Wendy Stanley; PHD: Yvette Calhoun via telephone

Risk Management Report

<u>Man Down Drill:</u> Disaster drill debrief and CAP discussed. (see report)
<u>Environmental Inspections:</u> Mr. Johnson is out on leave so Kristina will be doing environmental inspections.
<u>Off-site care</u> Reviewed ED send outs and off-site care. Dental > Vision > orthopedist; 3 urology visits for nephrolithiasis with obstruction.
<u>Critical incidents:</u> None to report
<u>Credentialing logs:</u> All medical staff credentialed.

Infection Control Report

<u>IC manual:</u> Awaiting incorporation of PHD recommendations into IC manual from corporate CFMG.
<u>Immunization program:</u> 240 vaccines given from Sept-Dec.; mostly influenza and MenB VFC inspection CAP: CAP review...all action items completed.
<u>Trends:</u> None noted.

Grievances

No grievances for SMJH or camp.

Peer Review

Medical: 2017 Peer Review done: CAP reviewed. Update at next meeting. BeWell: 2016 review completed. 2017 review being scheduled.
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Pharmacy and Therapeutics

<u>Medication Errors:</u> not reported
<u>Missed medication:</u> Reviewed logs. Shannon delineated essential v. non-essential medications. Numbers decreased over 3 months. Mostly pm/weekend meds at camp missed or not documented. Probation staff educated at every staff meeting.
<u>Pharmacy Reports:</u> no issues to report. Due for inspection December.

CQI Meeting Minutes

Date: March 13, 2018

Present: Medical: Carrick Adam, Shannon Guillen; BeWell: Jason Tarman, John Lewis; Probation: Kristina Brumbaugh, Wendy Stanley; PHD: Polly Baldwin

Risk Management Report

<u>Man Down Drill:</u> Disaster drill debrief and CAP discussed. (see report)
<u>Environmental Inspections:</u> Monthly environmental inspections being done with medical and probation at SMJH: issue with cleaning and handling of clippers (nail and hair) not consistent with title 16 standards. Ms. Brumbaugh sent out an email for all staff informing them of corrective action and practice.
<u>Off-site care</u> Reviewed ED send outs and off-site care. Dental > Vision> specialist (hand mostly)
<u>Critical incidents:</u> None to report
<u>Credentialing logs:</u> All medical staff credentialed.

Infection Control Report

<u>IC manual:</u> IC manual with PHD input incorporated. Will resubmit for approval from HO
<u>Immunization program:</u> 119 vaccines given from Jan. 1 – March 13; Men B 54, influenza: 22; MCV4: 18 top three No excursions and all CAP for VFC inspection implemented and verified.
<u>Trends:</u> Less lice.

Grievances

No grievances for SMJH or camp.

Peer Review

Medical: 2017 Peer Review done: CAP reviewed. Adding forms to be more complete for adolescent health. BeWell: 2016 review completed. 2017 completed. Not reviewed. Mr. Tarman will send reports to probation.
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Pharmacy and Therapeutics

Medication Errors: not reported
Missed medication:

Reviewed logs. Shannon delineated essential v. non-essential medications. Numbers decreased over 3 months. Mostly pm/weekend meds at camp missed or not documented. Probation staff educated at every staff meeting.

Pharmacy Reports: Missing quarterly inspection for Dec and now March. New pharmacy will schedule. Shannon and Amber to facilitate and ensure pharmacy inspections occur within designated time frame.

CQI Monitoring- Corporate

Chronic Care Hypertension: 100%
Emergency Services: 80% CAP: coordinate man down drills
Communicable diseases: 100%
Health Record: 95% - medical intake screening absent -discussed at all -staff meeting
Chronic Care Diabetes: n/a
Informed Consent and right to refuse: 100%
In house: Missed medication: noted CAP- reviewed. School disruptions: discussed new protocol. Monthly meetings to discuss. Significant improvement: PROCESS STUDY

Contract Monitor Reports: See attached:

#70 records reviewed. 100% for indicators (or N/a). no deficiencies identified.
Again, discussion regarding contract indicators. Ms. Stanley had sent SLA that is more juvenile specific to Dr. Adam. Dr. Adam will forward to PHD and look into other more valuable indicators.

Improvement Plans: none

Issue	Plan	Progress	Next Steps	Responsible Person	Target Date
SLA adult based	Wendy to review contract.	Sent to dr. a	Dr. Adam to send to Polly Baldwin. Though PHD is already doing sick call at 24 hours.	Carrick	Done
2017 Medical peer review	Carrick has CAP. Report out at next meeting.	Reported out.	Add sexual health form and health history.	Carrick and Shannon	Done
Psychiatry review	Jason to send report to probation and develop CAP if indicated.				
Missed medications at camp	1. Educate staff on CorEMR				

	2. Shannon to monitor twice monthly and address with particular staff				
NCCHC – continue to create/implement action plan.					

Adjourn.

HEALTH CARE SERVICES
Santa Barbara County Juvenile Detention
 March 13, 2018
 MAC Meeting

Present: ** signifies unfinished action item

Medical: Carrick Adam, Shannon Guillen

Be Well: Jason Tarman Probation: Kristina Brumbaugh, Wendy Stanley;
 Public Health Department: Polly Baldwin

Topic	Discussion	Recommendations/ Actions Taken Result of Action
Welcome/ Review of Minutes	No revisions to minutes. Minutes approved.	<p><u>Recommendations:</u></p> <p><u>Actions:</u></p>
Action Item Review	<p>Discussed completed action items.</p> <ol style="list-style-type: none"> 1. Dave Silva is the new Probation contact at SMJH to organize man down drills in units for medical and probation staff. 2. Stats changed so they are more uniform. 3. Carrick will send out post disaster drill de-brief and CAP. 4. Environmental inspections happening monthly. 5. Wendy sent medical more juvenile specific contract requirements to use for PHD chart review. Carrick to send to Polly. 6. Infection Control Manual updated with PHD recommendations. Just waiting for PHD HO to approve. 7. Sites are behind on two pharmacy inspections due to moving to another pharmacy. 8. Debriefed on MMC presentation last month. All felt meeting was useful. John Lewis still working on training for probation on soft restraints and their preferential use in the ED setting if long term restraints are needed. 9. Most issues with VTC have been resolved. Have had a few issues with Faxing medical diets but emails work great. 	<p><u>Recommendations:</u></p> <ol style="list-style-type: none"> 1. Shannon to connect with Dave Silva to organize unit Man down drills.** 2. Jason to explore options to ensure coverage at sites during weekly supervision meetings. ** 3. Amber and Shannon to schedule Dec2017 and March2018 pharmacy audits. 4. Carrick will send out disaster drill debrief and CAP. 5. Follow up on HO approval of IC manual. 6. Amber to follow up on possibility of Think Trauma training for medical staff. 7. Kristina to resend medical the new separation P and P

	<p>10. Think trauma training dates have been sent. Recommend that all support staff attend. Amber will look into if that is possible for medical staff since it would be overtime for nurses.</p> <p>11. Kristina to resend medical the new separation policy for probation.</p> <p>12. Bewell 2016 and 2017 psychiatry external peer review is complete. Will send to probation for their review.</p>	<p>8. Jason to send probation external peer review report.</p>
Facility		
Statistics Review	<p>1. Stats reviewed.</p> <p>2. Probation would like the missed medications separated out so that critical/essential medications are listed as a separate category as most missed medications are creams (BP5, Eucerin, etc)</p> <p>3. MH stats reviewed. Probation would like LPBC Group number to be unique clients in group.</p>	<p><u>Recommendations:</u></p> <p><u>Actions:</u></p> <ol style="list-style-type: none"> 1. Medical to separate out missed medication to Total and Essential. 2. MH to change LPBC group number to be unique clients in group.
Grievances	<p>One medical grievance at camp in March for youth who wants glasses for distance with vision 20/30. No other medical or mental health grievances.</p>	<p><u>Recommendations:</u></p> <p><u>Actions:</u></p>
Disaster Drill	<p>Discussed Disaster drill. Carrick to send report and CAP</p>	<p><u>Recommendations:</u></p> <p><u>Actions:</u></p> <ol style="list-style-type: none"> 1. Send Post drill report and CAP (Carrick).
Environmental Inspections	<p>Discussed findings. Hair clippers and nail clippers are to be cleaned in a manner that is c/w Title 15 standards. Kristina sent an email out outlining proper handling/cleaning and disinfection or clippers.</p>	<p><u>Recommendations:</u></p> <p><u>Actions:</u></p> <ol style="list-style-type: none"> 1. Continued monthly env. Inspections.
MEDICAL		
Contract Indicators/Service Level Agreement	<p>Polly Baldwin reported on audit for March. 100% of contract indicators. Discussion regarding juvenile specific indicators. Wendy Stanly researched and has recommended juvenile specific indicators. Email sent to Carrick Adam</p> <p>Probation will train with medical's assistance on Narcan nasal spray administration for opioid overdose. Will be part of cpr/first aid bi-annual training in the future</p>	<p><u>Recommendations:</u></p> <p>Modify indicators to be more appropriate to juvenile population.</p> <p><u>Actions:</u></p> <ol style="list-style-type: none"> 1. Carrick to forward email to PHD for incorporation of juvenile contract indicators for audits. 2. Medical to meet with probation on Narcan training.

<p>Offsite care review</p>	<p>SMJH: 1. December 2017: 6 dental, 3 private (hand surgeon), 5 optometry; 3 xray (us testes, xray elbow, hand) 2. Jan 2018; 4 dental, 1 private (hand), 3 xray (2hand, 1jaw); 0 ED 3. Feb 2018: 1 dental, 1 optometry, 2 private (1hand, 1ent), 4 xrays (us thyroid nodule, 2cxr, 1 hand); 0 ED LPBC: 1. Dec 2017: 2 dental, 1 private (ortho for ACL sx f/u), 0 ED 2. Jan 2017: 2 dental, 2 private, 0 xrays, 0 ED; 3. Feb 2018: 4 dental, 4 private (neuro, optho x2, hand) 0 xray, 0 ED. Wendy Stanley stated that medical can schedule 2 youth at same time for dental appointments. Not possible for smjh</p>	<p><u>Recommendations:</u></p> <p><u>Actions:</u></p>
<p>Infection Control</p>	<p>STI: Sept: 2 chl; October: 7 Chl (all male), 1 syphilis, 1 GC; Nov: 4 chl MRSA: none No active TB cases Immunization Program:</p>	<p><u>Recommendations:</u></p> <p><u>Actions:</u></p> <ol style="list-style-type: none"> 1. Amber to follow up on ICM
<p>QI studies</p>	<ol style="list-style-type: none"> 1. Missed medication at camp/incomplete med pass: reviewed. Much improvement since enhanced training for probation on CorEMR. CAP reviewed; re-evaluation by Shannon RN weekly until resolved. 	<p><u>Recommendations:</u></p> <p><u>Actions:</u></p> <ol style="list-style-type: none"> 1. Shannon to monitor camp med pass weekly until issue resolved.
<p>Man Down Drill</p>	<p>Man down drills facility wide need to be planned by CFMG. Drills down at medical all staff meetings. (see review of action items)</p>	<p><u>Recommendations:</u></p> <p><u>Actions:</u></p>
<p>External Peer Review</p>	<p>Medical: 1. Reviewed CAP for external peer review from 2017. Some are difficult to do with current CFMG forms. Medical will supplement current forms with recommended actions.</p>	<p><u>Recommendations:</u></p> <p><u>Actions:</u></p> <ol style="list-style-type: none"> 1. Carrick/Medical to update group on CAP progress at next meeting.
<p>Missed medication log</p>		<p><u>Recommendations:</u></p> <p><u>Actions:</u></p>
<p>PHARMACY</p>		

<p>Pharmacy Inspection</p>	<p>1. Inspection has not yet happened at the juvenile facilities for Q4 (dec2017) and Q1 (Mar2018). Shannon has sent multiple emails to correctRx. Amber to contact pharmacy and schedule dates.</p>	<p><u>Recommendations:</u> <u>Actions:</u> 1. Amber/Shannon to schedule pharmacy inspection.</p>
<p>OPERATIONS</p> <p>SMJH</p>	<p>1. Think Trauma Dates given: 3/27, 4/19, 5/18 8 hour training for probation and ancillary staff. Dr. Adam would like medical staff to participate given language of new/upcoming Title 15 language. Amber, HAS, will need to check if there is funding for training hours for medical staff so to hold off on sending medical staff to the upcoming trainings.</p> <p>2. Discussion on decreased number of incarcerated youth and medical time. Kristina would like medical to look into health education programs for youth in custody.</p> <p>3. No significant issues with VTC at this time.</p> <p>4. CSEC protocol: Extensive discussion on CSEC protocol. Probation is concerned that it is too broad and overidentifying CSEC and is too broad for boys. Discussed recent push back from North County Rape Crisis in seeing youth at intake. Wendy will send current MOU to Kristina at SMJH so that it can be reviewed an updated if needed. BW is concerned on inconsistencies of probation using CSEC screening tool and SCARs and reported that new study shows 1:10 JJ clients CSEC. All decided more discussion was needed on validity of screening tool and protocol. Kristina will pull data on how many youth screened with tool and numbers "at risk" v. not at risk. Will schedule meeting to discuss.</p>	<p><u>Recommendations:</u> <u>Actions:</u> 1. Amber to check to see if funding available for trauma training of medical staff. 2. Medical to research educational programs on health topics. 3. Schedule meeting for review of CSEC tool and protocol. 4. Wendy to send Kristina the MOU with North County Rape Crisis. 5. Kristina to pull date on #youth screened and #at risk v. not at risk</p>
<p>LPBC</p>	<p>1. Air Quality P and P was reviewed by Chief and a few changes made. Wendy will send to Medical with changes.</p> <p>2. Direct Admit from Camp: discussion regarding difficulties sending youth directly to camp from court such as medical and mental health screening. Wendy reports that this was an unusual circumstance and should not happen again.</p> <p>3. Youth behavior: medical and bw staff have noticed youth bypassing chain of command and increase in disrespectful behavior.</p> <p>4. CorEMR and probation delivery of medications: reviewed in missed medication above.</p>	<p><u>Recommendations:</u> <u>Actions:</u> 1. Wendy to send medical revised Air Quality P and P.</p>
<p>MENTAL HEALTH</p>		

Staffing	<ol style="list-style-type: none"> 1. Still low staff. Issues with HR are ongoing but continue to meet minimum standards at both sites. 2. Peer review for 2016 and 2017 completed. Jason will forward report to probation and give a copy to medical to put in IMQ folder. 	<p><u>Recommendations:</u></p> <p><u>Actions:</u></p> <ol style="list-style-type: none"> 1. Jason to explore options to ensure coverage at sites during weekly supervision meetings.
Stats	<ol style="list-style-type: none"> 1. Reviewed. See above. 	<p><u>Recommendations:</u></p> <p><u>Actions:</u></p> <p>See above</p>
QI	No report	<p><u>Recommendations:</u></p> <p><u>Actions:</u></p>
NCCHC		
Accreditation preparation	<ol style="list-style-type: none"> 1. No NCCHC meetings since November. 2. IMQ: application information obtained. Medical will complete paperwork and give to Probation for signatures. 	<p><u>Recommendations:</u></p> <p><u>Actions:</u></p> <ol style="list-style-type: none"> 1. Wendy and Kristina to send available dates to Medical and Be Well for next NCCHC CAP meeting. 2. Medical to complete imq application.
Next meeting	June 13, 2018 at SMJH	<p><u>Recommendations:</u></p> <p><u>Actions:</u></p>