

San Diego County Juvenile Justice Commission 2015 Inspection

According to Welfare and Institutions Code 229, the Juvenile Justice Commission conducts annual inspections of the juvenile detention facilities in San Diego County. It shall report the results of such inspections together with its recommendations based thereon, in writing, to the Juvenile Court and to the Board of State and Community Corrections.

A. Detention Facility Information:

Facility Name: Polinsky Children's Center	
Facility Type: Shelter Care	
Facility Address: 9400 Ruffin Court San Diego, CA 92123-5399	Date of Inspection: April 13, 2015
	JJC Chair: Kathleen Edwards
	JJC Admin. Officer: Scott Brown JJC Admin. Assistant: Amber Scott
	CWS Director: Debra Zanders-Willis
	Presiding Judge of the Juvenile Court: Hon. Carolyn M. Caietti
Facility Administrator: Fran Cooper, Deputy Director	Telephone: (858) 874-1054
Staff and Representatives Interviewed / Met with in Person: Fran Cooper, Norma Rincon, Eileen O'Malley (Fred Finch Youth Center)	
Overview: The Polinsky Children's Center (PCC) is a jointly operated facility of the Health and Human Services Agency, the Fred Finch Youth Center, San Diego Unified School District, and volunteer groups focusing on short-term shelter care of children (infants to 18-year-olds) who have been displaced because of parental neglect or abuse. PCC is utilized as a last resort safety net when no other appropriate placement can be found.	

Comments:

On the date of inspection there were 54 children at PCC. It is licensed for 204 and budgeted for 60. Staff totals 213 and there are 48 volunteers. The facility was dedicated in 1994 and now consists of several buildings—cottages, a cafeteria, a school complex of four classrooms, and a large gymnasium. On the date of inspection there were a number of therapy dogs on the campus along with volunteers from the Helen Woodward Animal Shelter. During the morning visit of the JJC Inspection Team, most of the children were off-site attending their local schools although there were some youth on-site.

A PCC fact sheet details the history and services provided. When questioned regarding the education program, which is operated by the San Diego Unified School District, none of the administrators could explain why the County Office of Education was not providing the educational services (as it does in all other juvenile facilities in San Diego).

B. Recommendations:

1. Consider a change in the education program by switching the responsibility from the San Diego Unified School District to the San Diego County Office of Education, the agency responsible for education at all other juvenile facilities (including San Pasqual Academy and the Monarch School). An effort should be made during this transition to more fully utilize education resources so that during the school day, there are not four or five staff doing relatively little while the students are transported off campus to their home schools. It should be noted that in the past, the responsibility for Education at PCC did rest with the County Office of Education.
2. Consider a more regular presence on campus by the San Diego Police and a training model including law enforcement components to attempt to reduce the number of AWOL's at PCC. Instead of requesting that the police remove youth to Juvenile Hall or to the psychiatric hospital, the community policing model would be added to PCC for solutions on-site. Thus, if police officers remain on-site for extended periods, they should consider locking up their weapons in a gun locker on PCC premises.
3. During the past two years, a private contractor, the Fred Finch Youth Center (FFYC), has essentially taken over all mental health services from the County of San Diego. However, FFYC personnel are housed off-site with some space in a trailer on the grounds. If more youth spend mornings and early afternoons on campus, FFYC needs to be permanently on-site. It appears that FFYC staff are now on-site primarily in the late afternoons. The JJC was not able to observe the interaction with FFYC staff and youth (particularly the 12 youth on psychotropic drugs). Although there is a team approach and it appears the FFYC participate fully, the number of unlicensed mental health staff at FFYC is almost double the number of licensed staff. It is noted that FFYC staff do not prepare or participate in writing the Special Incident Reports so that it is likely that instances of threatened suicide or suicidal ideation are not reported. This could be corrected if FFYC staff were able to write and have access to official reports. In the other Juvenile institutions, the Probation Department gives access to its Critical Incident Reports to all Health and Human Services Agency (HHS) personnel.
4. The use of restraints under the Professional Assault Crisis Training (Pro-ACT) procedure seems to be the subject of many Special Incident Reports. The methodology of possibly using four staff members to restrain each of a child's limbs seems extreme. If there is a statistical analysis of how many times this Pro-ACT measure is used (and if any injuries occurred), this would be helpful. Besides verbal therapy and psychotropic medication, what other methods are available? Note: No pepper spray is used at PCC.
5. FFYC has now taken over all responsibilities of the STAT (Stabilization Treatment and Transition) team. Thus, FFYC staff should be trained in Pro-ACT and PATA (the Polinsky Active Teaching Approach) as well as in writing and reviewing Special Incident Reports. This is necessary for the best functioning of the treatment team.

Follow-up on 2013 Recommendations:

No specific discussion was held on the JJC's 2013 recommendations but the following is noted:

1. In response to JJC Recommendation #2, the County responded, "all residential PCC staff are trained to utilize Pro-ACT, first aid and CPR. Each restraint has an identified staff to monitor the youth's well-being." Are FFYC personnel a part of the PCC staff? If so, they should be appropriately trained.
2. In response to JJC Recommendation #5, the County responded, "PCC will follow the recommendations to add a complaint box to the visiting area and improve signage in reception." The JJC site team saw some brochures, fact sheets and questionnaires in the reception area, but did not see a large enough complaint box prominently displayed.

C. General Comments:

Prior to the inspection, the JJC was provided a number of "Special Incident Reports" involving youth taken by police to Juvenile Hall (for assaults primarily) or to hospital screening units (for psychiatric problems not able to be handled on-site). PCC staff explained that police are called when difficulties arise that on-site staff cannot handle.

D. Serious Incidents During the Calendar Years:

2013:

Number of suicides: 0

Number of attempted suicides: 0

Number of deaths from other causes: 0

Number of youth absence without leave (AWOL): 446 duplicated/90 unduplicated

Number of attempted AWOL: 45 duplicated/26 unduplicated*

2014:

Number of suicides: 0

Number of attempted suicides: 0

Number of deaths from other causes: 0

Number of youth absence without leave (AWOL): 479 duplicated/100 unduplicated

Number of attempted AWOL: 48 duplicated/23 unduplicated*

*Refers to verbal interventions only.

Other Inspections:

Community Care Licensing: 02/25/2014; no corrective action

Fire Marshal: 12/10/2014; no corrective action

Department of Environmental Health: 11/03/2014; no corrective action

Other: _____

Other: _____

Date of Last Fire Drill: 10/24/14

E. Problems/Complaints Affecting Facility During the Calendar Year:

2013:

- Court Orders Affecting Facility: Yes No
- Pending Litigation: Yes No
- Number of Written Complaints / Grievances Involving:
 - Residents: 28
 - Attorneys: 0
 - Family Members: 2
 - Medical: 0
 - Abuse: 0

2014:

- Court Orders Affecting Facility: Yes No
- Pending Litigation: Yes No

- Number of Written Complaints / Grievances Involving:
 - Residents: 16
 - Attorneys: 0
 - Family Members: 1
 - Medical: 0
 - Abuse: 0

SECTION A: FACILITY BACKGROUND

A.1 Resident/Staff Composition and Communication:

Staffing ratio for children under 6 is 1:3 and 1:6 for children 6 and over. Please note that the Community Care Licensing requirement is 1:10 for children 6 and over.

A.2 General Facility Condition:

The facility is well maintained and the bathroom renovations are in progress at PCC. Renovations include installation of flush toilets, fans, cabinets, tiles, and heating. The renovations will be starting in Cottage D.

A.3 Housing/Sleeping Accommodations:

There are six home-like cottages that make up PCC. Each cottage is self-contained and include 13 separate bedrooms, a day room, dining room, kitchen and outdoor barbeque area.

A.4 Storage:

Each cottage has appropriate storage.

SECTION B: ADMINISTRATION / MANAGEMENT

B.1 Admission and Orientation:

- | | | |
|---|---|-----------------------------|
| Are minors oriented to rules and procedures? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are minors given copies of rules and procedures? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can minors request that rules and procedures be provided in a language other than English? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can parents request that rules and procedures be provided in a language other than English? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are minors required to sign a document indicating they understand rules and procedures? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are rules and procedures posted anywhere in the facility? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, please indicate the number of postings and the locations.

Number: 6

Locations: Cottages B, C, E, F, G, H*

*Rules and procedures are currently not posted in Cottage D due to bathroom renovations.

What steps are taken to ensure that minors are explained the rules and procedures in a developmentally appropriate manner?

Staff will recognize and respond to the inherent uniqueness of each child's situation, personality and needs when interacting. Upon entry, each child is given a PCC Handbook

which details the general rules at Polinsky. All Children are fully oriented to procedures with age and developmentally appropriate language.

B.2 Personal Property and Monies:

Are personal property and monies recorded, stored, and returned upon release? Yes No

Describe the types of personal property that may be kept in sleeping rooms: Jewelry, Clothes, Pictures, Money, Magazines, Perfume/Cologne, Make-up, books, school supplies, toys, stationary, and art supplies.*

*There is a closet stocked with prizes for all age groups. Youth can earn prizes such as \$50 gift cards to Target or Walmart.

B.3 Youth Release and Transition:

Are there established protocols for transitioning youth out of the facility and into the community? Yes No

Do facility staff members consult with the staff that will be assigned to the youth when they leave to discuss transition-related concerns? Yes No

Has the facility received any complaints from parents regarding the transition process? Yes No

Has the facility received any complaints from attorneys regarding the transition process? Yes No

B.4 Accommodations for the Disabled:

Does the facility accept youth with disabilities? Yes No

Has this facility been determined to be an inappropriate facility for a youth with a disability (*physical, developmental, emotional, psychological, intellectual, etc.*) in the 2013 calendar year? Yes No
..... in the 2014 calendar year? Yes No

SECTION C: SECURITY AND CONTROL

C.1 Permanent Logs:

Are there policies and procedures in place that describe the types of incidents and occurrences which must be documented on a daily basis? Yes No

Are these logs stored electronically? N/A Yes No

If logs are stored electronically, is there sufficient technical support to ensure that the electronic files that contain these logs are not compromised, corrupted, or deleted? N/A Yes No

C.2 Security Features:

Does the facility have ample security features (cameras, locks, alarms, etc.)? Yes No

Are there staff members on-site who have the skills to maintain security features? Yes No

C.3 Security Inspections:

Does the administrator in charge ever visually inspect the facility for security-related concerns? Yes No

If yes, how often: _____ Randomly _____

Are random reviews of security tapes conducted? N/A Yes No
If yes, how often: _____ 1x per week _____

C.4 Control of Dangerous Materials:

Are dangerous materials (toxins, biohazards, etc.) stored on-site? Yes No

C.5 Non-Hazardous Furnishings:

Are mattresses and bedding fire-resistant and non-toxic? Yes No

C.6 Control of Contraband:

Are there written policies that describe contraband? Yes No

Are there written policies that describe the disposition of contraband? Yes No

Has a weapon been found in the possession of a youth in the facility
..... in calendar year 2013? Yes No

..... in calendar year 2014? * Yes No

*The weapon was a pocket knife found in cushions in the intake area.

Has a controlled substance (i.e. alcohol, tobacco, illegal drugs, or
prescription drugs for which the youth in possession does not have a
prescription) been found in possession of a youth during the
..... 2013 Calendar Year? Yes No

..... 2014 Calendar year? Yes No

Describe if there have been a high number of incidents related to a specific type of
contraband:

No, there have not been a high number of specific type of incidents related to contraband.

C.7 Resident Searches:

Do staff search sleep areas/rooms? Yes No

If staff search sleep areas/rooms, do staff search in the presence of the youth? Yes No

If staff search sleep areas/rooms, is clean bedding or clothes mixed with
soiled bedding or clothes during this process? Yes No

C.8 Accountability and Supervision:

Describe measures taken to ensure that youth are supervised in a manner that provides for
youth and staff safety.

Staff receive regular in service training averaging 48 hours a year. They receive CPR/First
Aid, Pro-ACT, Polinsky Active Teaching Approach (PATA), food service and water safety. The
staffing ratio for children over age 6 is 1:6 and it is adjusted for supervision acuity, individual
child needs and facility requirements.

C.9 Use of Force/Physical Restraint /Safety Room Procedures/Searches:

Are there written policies in place to ensure that force is used only
when necessary? N/A Yes No

Are there written policies in place to ensure that force is used only
as long as necessary? N/A Yes No

Is each instance of a use of force documented? N/A Yes No

When there is an instance where force is used, does an internal committee or task force convene to discuss the incident? N/A Yes No

C.10 Non-routine Use of Restraints:

Are there written policies in place to ensure that restraints are used only when necessary? N/A Yes No

Are there written policies in place to ensure that restraints are used only as long as necessary? N/A Yes No

Is each instance of a use of restraints documented? N/A Yes No

If yes, are these documents reviewed by the administrator in charge? N/A Yes No

C.11 Tool & Equipment Control:

Is there a written policy to ensure the adequate control of keys? Yes No

Is there a written policy to ensure the adequate control of tools? Yes No

Is there a written policy to ensure the adequate control of culinary utensils and equipment? Yes No

Is there a written policy to ensure the adequate control of medical equipment? Yes No

Is there a written policy to ensure the adequate control of supplies? Yes No

Is there a written policy to ensure the adequate control of vehicles? Yes No

C.12 Weapons Control:

Are weapons of any types permitted in the facility? N/A Yes No

*Police officers who respond to incidents may possess their weapons

Is there a weapons locker on-site? N/A Yes No

C.13 Discipline:

Are there written policies that describe the discipline process? N/A Yes No

Are measures taken to ensure that due process is preserved? N/A Yes No

Approximately what percent of discipline grievances/appeals are resolved in favor the youth? N/A %

C.14 Contingency/Emergency Plans:

Are there written plans in place for the following contingencies/emergencies?

Contagious disease outbreak (Tuberculosis, Flu, etc.)

Earthquake

Fire

Power outage/failure

Unit Disturbance or Riot

Other: Cottage Disturbance

Other: _____

SECTION D: DISCIPLINE MODEL

D.1 Overview

The Polinsky Active Teaching Approach (PATA) is a psychoeducational treatment model developed by Girls and Boys Town and is a nationally recognized model of care that is used in inpatient and outpatient child and adolescent psychiatric hospitals, residential treatment centers, day-treatment programs and other facilities that care for youth with psychiatric and related behavioral disorders.

PATA is therapeutically oriented, allowing staff to act as potent treatment agents. PATA combines social skill instruction with intervention strategies to support staff and the youth served.

D.2 Benefits

PATA provides a structured framework to help staff:

- Teach youth to manage their behavior.
- Reinforce appropriate behavior.
- Correct inappropriate behavior.
- Cope with crises calmly and consistently.

PATA empowers youth by enabling them to:

- Monitor their thoughts, feelings and behaviors.
- Control their impulses.
- Delay gratification.
- Empathize and build relationships.

D.3 PATA Foundation Workshop*

The PATA workshop is basic training for direct-care and administrative staff. The 40-hour workshop includes lectures, demonstrations, role-plays and other interactive activities to help staff use the behavioral and cognitive interventions that PATA requires.

D.4 Components of PATA

- Treatment skills for youth
 - Staff learn that Psycho-Educational Model (PEM) is a social learning approach.
 - Staff focus on teaching youth social, academic, independent-living and self-control skills.
- Teaching interactions
 - With an emphasis on "catching kids being good", staff learn specific teaching interactions that praise and reinforce positive behavior.
 - Staff learn how to teach youth appropriate replacement behavior when problem behavior occurs, helping them regain self-control in crisis.
- Motivation System
 - Staff learn how to integrate a structured motivation system into the existing program.
 - Staff learn how to combine the teaching interactions with the motivation system to provide a positive, systematic, and consistent treatment environment.

D.5 PATA Supervision Workshop (24 Hour Training for Residential Care Supervisor and Protective Services Supervisor)

This workshop ensures that our supervisors implement PATA effectively and accurately. Residential Care Supervisors and Protective Services Supervisor are trained to conduct observations on the unit, formulate and provide conceptual feedback to staff, conduct a point card analysis, and document all these activities for future reference.

*PATA trainings are provided every two years. New staff are trained in PATA at orientation. To ensure implementation of PATA, supervisors will observe staff to see how they use the model and will brainstorm during Supervision Meetings for improvements. Fred Finch Youth Center staff are not presently PATA-trained. The JJC recommends that FFYC staff be PATA-trained in the future.

SECTION E: HOSPITALIZATION, ASSAULT AND AWOL HISTORY:

E.1 Peer-to-Peer Assaults in Calendar Year:

2013:

Total number of Peer-to-Peer Assaults: 104

Total number of Peer-to-Peer Assaults resulting in injury requiring treatment: 22

2014:

Total number of Peer-to-Peer Assaults: 213

Total number of Peer-to-Peer Assaults resulting in injury requiring treatment: 32

E.2 Peer-to-Staff Assaults in Calendar Year:

2013:

Total number of Peer-to-Staff Assaults: 109

Total number of Peer-to-Staff Assaults resulting in injury requiring treatment: 4

Total number of Peer-to-Staff Assaults resulting in law enforcement/
police/probation contact: 6 Unduplicated

2014:

Total number of Peer-to-Staff Assaults: 197

Total number of Peer-to-Staff Assaults resulting in injury requiring treatment: 10

Total number of Peer-to-Staff Assaults resulting in law enforcement/
police/probation contact: 23 Unduplicated

E.3 Injuries within the youth "residences" (first aid, medical intervention, or hospitalization) in Calendar Year:

2013:

Number of Instances: 490 First aid calls to the PCC Clinic and 32 outside medical treatment visits

2014:

Number of Instances: 428 First aid calls to the PCC Clinic and 28 outside medical treatment visits

E.4 Youth hospitalized for psychiatric reasons (reasons, length of treatment) in Calendar Year:

2013:

Number of Instances: 18

2014:

Number of Instances: 16

E.5 Youth requiring higher level care (including placement at other NA sites) as temporary stabilization measures (include details: reasons, length, how many were unable to return etc.) in Calendar Year:

2013:

Number of Instances: N/A

2014:

Number of Instances: N/A

E.6 AWOLs, including facility response and youth return in Calendar Year:

2013:

Number of Instances: 446 Duplicated/90 Unduplicated

2014:

Number of Instances: 479 Duplicated/100 Unduplicated

SECTION F: TRAINING, PERSONNEL, AND MANAGEMENT

F.1 Child Supervision and Staffing Levels

The 1:3 ratio of staff to children for children under age 6 remains in place 24 hours a day. The staffing ratio for children over age 6 is 1:6 and it is adjusted for supervision acuity, individual needs and facility requirements. Staffing ratio for children under 6 is 1:3 and 1:6 for children 6 and over. Please note that the Community Care Licensing requirement is 1:10 for children 6 and over.

F.2 Training

Staff receive regular in service training, including Injury and Illness Prevention training, CPR/First Aid, Pro-ACT, Polinsky Active Teaching Approach (PATA), food service and water safety, averaging training of 48 hours per year.

F.3 Facility Capacity and Crowding

Polinsky Children's Center capacity is 204.

SECTION G: CLASSIFICATION AND SEGREGATION

G.1 Describe how youth are classified

Youth are assigned to a cottage based on their age and gender.

Co-mingling is allowed by request and when appropriate. Each cottage includes its own bathrooms upstairs and downstairs. Additional resources/support to meet the needs of LGBT youth.

G.2 Orientation

Children being admitted receive an initial orientation to PCC and resident handbook which explains the facility as well as their rights while staying at PCC.

G.3 Segregation

Children at PCC are never segregated by race, national origin or gang affiliation.

SECTION H: COUNSELING AND CASEWORK SERVICES

The Polinsky Children's Center Mental Health Services Program and Fred Finch Youth Center ensure that children with serious psychiatric and psychological disturbances are identified and provided with appropriate care while at PCC.

SECTION I: GRIEVANCES, REPORTING INCIDENTS AND STAFF MISCONDUCT

Is there a formal grievance policy? Yes No

Are written grievances reviewed daily? Yes No

Are grievances tracked in some manner that would permit facility leaders to observe trends in grievance reports? Yes No

Is there a method for youth to be able to express concerns about the facility to a staff member who is not assigned to their cottage? Yes No

Are youth made aware on a routine basis that they can express concerns about their placement to their case worker, social worker and/or attorneys? Yes No

Is there a formal grievance process available for parents? Yes No

If yes, how many parents have submitted grievances in 2013? 2

If yes, how many parents have submitted grievances in 2014? 0

I.1 Reporting of Incidents:

A Special Incident Report (SIR) is completed when any health or safety concerns arise regarding youth at PCC.

I.2 Staff Misconduct:

Are there written policies for addressing staff misconduct? Yes No

Have there been any allegations in the calendar year of a staff member physically assaulting a youth?

2013:

Yes No

2014:

Yes No

Have there been any allegations in the calendar year of staff member sexually assaulting a youth?

2013:

Yes No

2014:

Yes No

Have there been any allegations in the calendar year of a staff member verbally threatening a youth?

2013:

Yes No

2014:

Yes No

Have there been any allegations in the calendar year of a staff member touching a youth in any inappropriate way?

2013:

Yes No

2014:

Yes No

Have there been any allegations in the calendar year of a staff member commenting on the physical appearance of a youth in a manner that is outside the scope of the staff member's job duties?

2013:

Yes No

2014:

Yes No

Have there been any allegations in the calendar year of a staff member entering a youth's sleeping room for any reason that was outside the scope of the staff member's job duties?

2013:

Yes No

2014:

Yes No

If the answer is yes to any of the inquiries related to allegations, is there written documentation of the incident, follow-up, and responsive action?

2013:

Yes No N/A

2014:

Yes No

Please describe the circumstances related to any of the allegations noted above:

- A staff member pushed a youth away after the youth spit at the staff member.
- A staff member cursed at a youth mimicking the curse words used by the youth.

SECTION J: PROGRAMS AND ACTIVITIES

J.1 School Program

Children, who are not able to attend their school of origin due to safety concerns or lengthy transportation issues attend school on PCC grounds. San Diego Unified School District presently has oversight of the school on PCC grounds.

PCC provides transportation to/from home schools. Bilingual assistance with academics is available at PCC.

J.2 Parenting Classes

Structured parenting courses are not provided at PCC; however, assigned social workers will address parenting services with teen mothers staying at PCC.

J.3 Recreation and Exercise:

Recreation occurs on a daily basis and includes age appropriate activities that are intended to promote and complement each child's educational, physical and social development.

Youth may opt out from participation in the recreation program.

J.4 Religious Program:

Religious services are voluntary and PCC will accommodate a child's religious service requests.

J.5 Work Program/Vocational Training:

With social worker approval, some teens are able to have a part-time job and/or attend vocational training.

J.6 Visiting:

Supervised and unsupervised visitation is allowed at PCC.

J.7 Correspondence:

Postage is provided by PCC and incoming and outgoing mail is reviewed by assigned social worker.

J.8 Access to Legal Services:

Yes.

SECTION K: HEALTH SERVICES

The Health and Human Services Agency (HHS) contracts with Rady Children's Hospital to operate an on-site clinic where pediatricians and nurses provide medical screening and routine healthcare for all children admitted to PCC.

SECTION L: MEAL SERVICE

Are kitchen staff members trained regarding sanitation and food handling procedures?

Yes No

Have kitchen staff members received any training in the 2014 calendar year other than training given to newly hired employees?

Yes No

If yes, describe what the training included:

Food Management Associates In-Service Schedule 2014:

January-Cleaning & Maintaining Equipment

February-Safe Food Storage

March-HACCP Procedures Review

April-Safe Use of Hazardous Chemicals

May-Kitchen Safety

June-Hand Washing Procedures

July-Infection Control

August-Portions & Serving Sizes

September-Dish Washing & Sanitation

October-Time Management & Stress Relief

November-Using Standardized Recipes

December-Using Seasonings Effectively

Do youth work in the kitchen?

Yes No

If yes above, have they been trained?

N/A Yes No

Are youth permitted to converse during meals?

Yes No

If yes, may a youth seated at one table converse with a youth seated at a different table?

Yes No

Are meals served cafeteria style?

Yes No

Are youth permitted 20 minutes or more to eat?

Yes No

Who/what agency maintains the kitchen area? Food Management Associates

Describe the types of work youth perform: N/A

L.1 Adequate and Varied Meals:

Is there a weekly menu posted?

Yes No

Does a nutritionist, dietitian, or other health professional participate in the creation of the menu?

Yes No

How many calories per day does a youth who eats all of the standard meals provided consume? The calories vary for different age groups.

What approximate percent of calories are from the following:

Protein: 20 %

Carbohydrate: 60 %

Fat: 20 %

Are weaker youths protected from having food taken from them? Yes No

L.2 Special Diets:

Can special diets be accommodated when medically necessary? Yes No

Was the facility unable to accommodate a special diet based on medical reasons during the 2014 calendar year? Yes No

Can special diets be accommodated when based on a youth's religious practices or beliefs? Yes No

Was the facility unable to accommodate a special diet based on a youth's religious practices or beliefs in the 2014 calendar year? Yes No

SECTION M: SANITATION

M.1 Clothing and Personal Hygiene:

Children admitted to PCC receive several changes of new clothes, shoes and toiletries.

M.2 Bedding and Linens:

Clean and adequate bedding and blankets are provided for every child staying at PCC.

SECTION N: TRANSITION PLAN

Transition plans are developed by the assigned social worker. The PCC cottage staff may assist the assigned social worker with plan development and implementation. Many activities at PCC may be a part of the transition plan such as Independent Living Skills classes and Day Rehabilitation activities.

SECTION O: BEHAVIORAL HEALTH

O.1 Behavioral Health Service Provision

Fred Finch Youth Center Mental Health Program (FFYC MH)

1. When Massachusetts Youth Screening Instrument (MAYSI) is administered, who does initial and follow-up interpretation?
FFYC MH program does not utilize the MAYSI as an assessment tool.

a) Title: N/A

b) What happens to this interpretation? N/A

c) What are the clinical credentials of person who does initial and follow-up interpretation? N/A

d) What other mental health screening tools are used? The program completes a comprehensive Behavioral Health Assessment and the CFARS (Children's Functional Assessment Rating Scale) which assesses 16 functional domains in the child's life.

2. Number of minors with psychiatric diagnoses? 38 youth (all numbers are as of 4/13/15)
3. Number of minors on psychotropic meds? 12 youth
4. Number of minors in individual therapy? 43 youth
5. Number of minors in group therapy? 32 youth (9 youth are enrolled in Day Rehab services)
6. How often are therapy clients served per week? Clients are offered at minimum 2 therapeutic services per week, upwards to 5 x a week depending on needs
7. Number of LCSW, LMFT, or Ph.D.'s providing BH services? 4 LMFTs
8. Number of unlicensed staff providing BH services? 8 unlicensed master levels-7 IMF, 1 ASW
9. Number of minors with psychiatric diagnoses served in aftercare programs? Child Welfare Services assigned social worker is responsible for ensuring the mental health needs of their clients are being met. The service provided depends on the mental health need of the youth.

O.2 Behavioral Health Emergency Referral Process

If a minor at PCC is experiencing a mental health emergency, PCC will contact SDPD Pert or 911. If it's not an emergency then PCC staff will contact FFYC on call therapist.

1. Number of referrals of minors with suicidal ideation? Referrals to FFYC are not tracked by type.
2. How long before a staff member calls the institution to respond to suicidal ideation? FFYC on therapist will respond when contacted by PCC staff. PCC staff will also contact SDPD PERT team or contact 911 depending on the need of the youth.
3. What percentage of those calls result in a staff member physically seeing the youth? 100% of youth are seen by FFYC in person when experiencing SI
4. Is Behavioral Health Staff familiar with Probation's policies and procedures regarding Administrative Segregation and Room Confinement of mentally ill minors or minors with suicidal ideation? N/A Yes No
FFYC is a contractor and PCC does not use administrative segregation or room confinement.
5. Is Behavioral Health Staff familiar with Probation's policies and procedures regarding Administrative Segregation and Room Confinement of mentally ill minors or minors with suicidal ideation? N/A Yes No
Please refer to question 4.
6. How long before a staff member sees the youth? Upon Intake in to PCC, the FFYC therapist will complete the initial assessment session within 1 day
7. What are the specific criteria used to determine if "eyes on" happens (what factors determine that they physically see the minor)? PCC does not have "eyes on" policy. All youth at PCC must be actively supervised by PCC staff while here. If a youth is experiencing a difficult time and their behavior is a concern or they need additional support we will assign a staff member to them. This is referred to as 1 to 1 staffing.

8. What percentage of those calls result in a medication being prescribed and how long before a psychiatrist comes in to review the medication impact? PCC does not track this. Current practice is medication referrals are made by FFYC on as needed basis either in person to the psychiatrist or through a written referral procedure. The Psychiatrist is on campus 2 x a week and attends the weekly treatment team meeting for regular consultation. The Psychiatrist is available on call on days not on campus if a need arises.
9. What percentage of those calls result in Emergency Screening Unit (ESU) contact? FFYC does not contact the ESU. PCC makes contact when needed.
10. What percentage of those ESU contacts result in hospitalization or other transfer? PCC had 18 youth psychiatrically hospitalized in 2013 and 16 in 2014.
 - a) If "other" what is the "other" transfer? _____
11. What percentage of those ESU contacts result in "stabilization"? 100 % of youth that are screened at ESU will be referred to the CAC (Crisis Action and Connection) program through New Alternatives. If returned to PCC, FFYC MH program will continue to provide mental health support to the client and coordinate with CAC.
 - a) Where does "stabilization" occur? Wherever the client is currently living
 - b) What percentage of "stabilizations" are not adequate? This is not data that FFYC or PCC has.
12. How long does the PCC team follow each youth with suicidal ideation and what determines the number of continued contacts? FFYC does not follow youth once that have been released from PCC. The assigned social worker will ensure that the mental health needs of the youth are being addressed in their current placement.

O.3 Coordination of Care

1. Is Behavioral Health aware of the non-school programming available to youth in detention? N/A Yes No
 - a) Does BHS work with Probation to ensure that any such programming is appropriate for youth in detention, given the fact that many such youth have experienced trauma? N/A Yes No
 - b) If not, who makes this determination? PCC probably does not have youth that are currently on probation.
 - c) Does BHS ensure that program providers have appropriate training in the areas of trauma and cultural sensitivity? Yes No
 - d) If not, who does? _____
2. Does BHS, or any other agency, evaluate the programming provided to make sure that such programming is appropriate, is available to all youth, and is the best use of the youth's time? Yes No
3. How often does BH staff review SIR's for each facility? _____
 - a) What is the format for this review and what actions are taken based on the information in SIR's? FFYC is not responsible for generating SIRs. Child Welfare Services is

responsible for writing and reviewing SIRs from PCC. Each SIR is reviewed by CWS and assigned social worker and management.

4. If a minor enters custody with a mental health history, how is this information shared with all departments including BH, Education, Probation, and Nursing? The treatment team is the venue in which the mental health history is shared with above mentioned partners.