

**Attachment E**

DJJ Log, Rejected Referrals to Non-DJJ  
licensed bed facilities

**DJJ YOUTH REJECTED OR ADMINISTRATIVELY DISCHARGED BY NON-DJJ PSYCHIATRIC FACILITIES**  
 July 1, 2006 Thru September 30, 2006

#	Name	YA#	Referred To:	Age Upon Referral	Referred from:		RP* Before Referral?	Date Rejected	Reason for Rejection
					Facility	LOC			
13			NSH+	20	HGS	CTC	NO	8/17/2006	Assaultive; physically large.
3			ICF #	19	NAC	ITP	NO	7/26/2006	ICF has no tx for self-harm due to substance abuse
65			ICF#	18	SRCC	ITP	NO	7/3/2006	Sex offender (?)
22			ICF#	18	NAC	ITP	NO	7/6/2006	No Axis I dx; primarily Axis II.

**LEGEND**

RP\* = Restricted Program      ICF# = Intermediate Care Facility (DMH unit at SRCC)  
 NSH+ = Napa State Hospital (DMH)

**Attachment F**

DJJ Log, Incidents of Self-Injury July 1 –  
September 30, 2006

Alphabetical List of DJJ Youth with Gestured or Committed Self-Injurious Acts

July 1, 2006 thru September 30, 2006

#	Date of Incident	Name of Youth	YA#	Facility	Nature of Act	Nature of Injury	Med Tx Req'd	Force Used	MH LOC		RP Before?	RP After?
									Before	After		
71	8/5/2006			VYCF	Punched hand through windowpane	Lacerations to hand	ER Visit	None	GP	GP2	No	No2
3	7/22/2006			NACYCF	Twisted belt/cloth around neck	Neck redness; wrist scratched	ER Visit via ambulance	None	SCP	Acute	No	No
3	8/10/2006			NACYCF	Torn towel twisted around neck	Pain in neck	ER Visit via ambulance	None	ITP	CTC	No	No
4	8/20/2006			NACYCF	Cut to forearm	Superficial cuts to left arm	None	None	ITP	ITP	Yes	Yes
67	7/4/2006			SCVPSEC	Ingested hand sanitizer	None	ER Visit	None	GP	GP	No	No
70	9/25/2006			VYCF	Ingested cleaning fluid	None	Med Clinic	None	ITP	ITP	No	No
64	7/26/2006			HGSYCF	Hanging using sheet and socks	None	None	None	GP	SCP	No	No
7	9/19/2006			HGSYCF	Hanging using sheet	Redness around the neck	ER Visit via ambulance	CN	GP	CTC	No	No
13	7/30/2006			NACYCF	Cut to inner side of wrist	Deep cut on left wrist	ER Visit via ambulance	None	ITP	CTC	No	No
72	8/4/2006			VYCF	Staple in forearm	Staple in forearm	ER Visit	None	ITP	ITP	Yes	Yes
17	7/19/2006			PYCF	Hanging using T-shirt	None	Emer. Med. Exam	None	IBTP	IBTP	No	No
17	8/31/2006			NACYCF	Hanging using T-shirt	Injuries to neck from noose	ER Visit via ambulance	None	ITP	ITP	No	Yes
69	7/30/2006			HGSYCF	Hanging using sheet	Redness around the neck	HGSYCF Med Clinic	None	SCP	SCP	No	No
73	7/30/2006			NACYCF	Cut to left forearm	Superficial cuts to left arm	Emer. Med. Exam	None	ITP	CTC	No	No
22	8/20/2006			NACYCF	Hanging using sheet	Difficulty breathing initially.	ER visit via ambulance	None	ITP	ITP	No	No
24	8/20/2006			NACYCF	Hanging using sheet	Required CPR to revive.	ER Visit via ambulance	None	ITP	CTC	No	No
28	7/26/2006			NACYCF	Hanging using sheet	None	ER Visit via ambulance	None	SCP	CTC	No	No
29	8/24/2006			HGSYCF	Hanging	bloody nose	ER Visit via ambulance	None	ITP	CTC	No	No
1	9/14/2006			VYCF	Swallowed eyeliner pencil	None	ER visit	None	SCP	SCP	No	No
1	9/25/2006			VYCF	Inserted comb pieces into wound	Injury to existing wound	ER visit	None	SCP	Acute	No	No
63	9/2/2006			EPdRYCF	Chemical ingestion	Ill from ingesting chemical	ER Visit via ambulance	None	GP	GP	No	No

**Attachment G**

OSM Chart, Incidents of Self-Injury July 1 –  
September 30, 2006


Self Harm Serious Incidents and Uses of Force: July 1 - September 30, 2006

Institution	Key #	Name	D.J.#	Date	Time	SIR / UoF #	Force Used / Invol. Med.	Type of Incident	Injury
Ventura	67			7/5/2010	0046 hrs	SIR		ingest foreign substance (hand sanitizer)	none noted
Preston	20			7/11/2010	1200 hrs	SIR	involuntary medication	refused to exit shower, "bizarre, disoriented, oppositi	none noted
Ventura	68			7/12/2010	1700 hrs	VYCF109476.A	chemical	threat + sharp	none noted (refused exam)
Preston	20			7/13/2010	1603 hrs	SIR	chemical + involuntary medication	refused to exit rec area	none noted
Ventura	68			7/13/2010	1730 hrs	VYCF109503	chemical + physical	threat + sharp	none noted (refused exam)
Preston	17			7/20/2010	2108 hrs	SIR		hanging	lost consciousness, neck pain
*Preston	17			7/21/2010	1725 hrs	SIR/PYCF57724	chemical	self choking with hands	none noted
Chad	3			7/23/2010	1810 hrs	SIR		noose tight	redness, scratches
Chad	28			7/27/2010	1520 hrs	SIR		hanging	difficulty breathing
Stark	64			7/27/2010	1840 hrs	SIR		hanging	none noted
Chad	13			7/31/2010	2255 hrs	SIR		threat + sharp	cuts on wrist
Chad	73			7/31/2010	2255 hrs	SIR		threat + sharp	cuts on wrist
Stark	69			7/31/2010	1830 hrs	SIR		hanging	redness around neck
*Chad	13			8/1/2010	1030 hrs	SIR	involuntary medication	re-opening stitched wound	cuts on wrist, stitches
Preston	66			8/1/2010	0905 hrs	PYCF58072.B	chemical + vol or invol medication	chew, pick open large gash on arm, jab pencil in	minor wound to right arm
Ventura	72			8/5/2010	1659 hrs	SIR		threat + sharp	staple in forearm (off-site medical)
Ventura	71			8/6/2010	2142 hrs	SIR		threat+ other, punched window	lacerations to hand (off-site medical)
Chad	3			8/11/2010	1440 hrs	SIR		noose tight	neck pain
Preston	27			8/19/2010	2145 hrs	PYCF58712	chemical	hanging	none
Chad	4			8/21/2010	1452 hrs	SIR		threat + sharp	superficial cuts
Chad	24			8/21/2010	1452 hrs	SIR		noose tight	unknown
Chad	22			8/21/2010	1452 hrs	SIR		hanging	unknown
Stark	29			8/25/2010	2204 hrs	SIR		noose tight	rope burns, bloody nose
Southern Clinic	18			8/31/2010	1730 hrs	SRCC23941	chemical	biting lips, spitting blood on floor	self mutilation
Chad	17			9/1/2010	1430 hrs	SIR		noose tight	lost consciousness, stopped breathing
Paso Robles	63			9/3/2010	1848 hrs	SIR		ingestion of foreign substance	became ill from unknown
Ventura	1			9/15/2010	1005 hrs	SIR		ingest foreign object (piece of metal)	none
Stark	7			9/20/2010	0726 hrs	SIR	chemical	noose tight	redness around neck
Ventura	1			9/26/2010	1440 hrs	SIR/VYCF110917	physical+ mechanical+ invol med	insert foreign object in wound (comb tines)	wound arm (off-site medical)
					1425 hrs	VYCF110917.C			
					1425 hrs	VYCF110917.I			
					1425 hrs	VYCF110917.B			
Ventura	70			9/26/2010	1740 hrs	SIR		ingest foreign substance (cleaning fluid)	none noted
Ven/VistaDe/Ma	1			9/29/2010	0730 hrs	VYCF111004	physical	ingest foreign object	none
Ventura	1			9/30/2010	0720, 1000 hrs	SIR/VYCF111003	ERC, vol med	scratching, biting, smearing feces and blood	scratches, bleeding wound arm(s)
Ventura	1			10/1/2010	1345 hrs	SIR	physical + invol med	smearing feces, yelling "kill staff"	no new injuries

Note: Asterisks indicate SIRs received on OSM site visits that were not included in materials from DJJ Headquarters.

Source: HQ "List of DJJ Youth with Gestured or Committed Self-Injurious Acts" and SIRs received on OSM site visits: July 1 - September 30, 2006

**Attachment H**  
TDO 06-70, Acceptance and Rejection  
Criteria for Youth with Medical or Mental  
Health Conditions

 <p>California Department of Corrections and Rehabilitation</p> <p><b>Division of Juvenile Justice</b></p> <p>Effective Date: September 26, 2006 Expiration Date: September 5, 2008</p>	<p>Subject: <b>Acceptance and Rejection Criteria for Youth with Medical or Mental Health Conditions</b></p>														
	<table border="1"> <thead> <tr> <th>Manual:</th> <th>Revision #:</th> <th>Section #:</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Administrative Manual (YAM)</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Education Manual</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Institutions and Camps Manual</td> <td>IT-67</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Parole Services Manual</td> <td>3006</td> </tr> </tbody> </table>	Manual:	Revision #:	Section #:	<input type="checkbox"/>	Administrative Manual (YAM)		<input type="checkbox"/>	Education Manual		<input checked="" type="checkbox"/>	Institutions and Camps Manual	IT-67	<input type="checkbox"/>	Parole Services Manual
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<input checked="" type="checkbox"/>	Institutions and Camps Manual	IT-67													
<input type="checkbox"/>	Parole Services Manual	3006													

**Temporary Departmental Order**

TDO # 06-70

(All Division of Juvenile Justice facilities)

This Temporary Departmental Order (TDO) shall be in effect until the development of policies and regulations are completed. This TDO will remain in effect through September 5, 2008 and will expire at such time.


To facilitate the archiving and retrieval of this document the above header includes the title of the manual, subject, section number, and revision number.

All manual holders should log this revision in their Revision Record sheet (very first page of their manual) utilizing the above Revision #. All manual holders should insert this document in their manual between pages that have the same or closest section number to the above section number. The cover memo, if any attached, does not need to be inserted into the manual.

**This TDO must be duplicated and distributed on yellow paper.**

Any questions or concerns should be directed to Asami Dunahoo of the Policy, Procedures, Programs, and Regulations Unit, at (916) 262-1550 or via email: [adunahoo@cya.ca.gov](mailto:adunahoo@cya.ca.gov).



 <p>California Department of Corrections and Rehabilitation</p> <p>Division of Juvenile Justice</p> <p>Effective Date: September 26, 2006 Expiration Date: September 5, 2008</p>	<b>Subject: Acceptance and Rejection Criteria for Youth with Medical or Mental Health Conditions</b>		
	<b>Manual:</b> <input type="checkbox"/> Administrative Manual (YAM) <input type="checkbox"/> Education Manual <input checked="" type="checkbox"/> Institutions and Camps Manual <input type="checkbox"/> Parole Services Manual	<b>Revision #</b>  IT-67	<b>Section #</b>  3006

**Temporary Departmental Order**

TDO # 06-70

**Purpose:**

The purpose of this Temporary Department Order is to describe criteria utilized by the Division of Juvenile Justice (DJJ) to determine acceptance or rejection of DJJ commitments that present a history of a major mental health disorder or serious medical condition.

**Policy:**

The Intake and Court Services staff shall incorporate the following procedures, in addition to current procedures, for evaluating, processing and making decisions regarding the acceptance or rejection of DJJ commitments.

A. Intake and Court Services (ICS) staff shall review commitments from the courts for physical disabilities, psychiatric disorders and other conditions requiring medical care. These aforementioned cases are forwarded to the Medical Director or Chief Psychiatrist or designee for review and recommendation for acceptance or rejection to DJJ.

- **At the time of referral, the referring county must include a completed Mental Health Assessment form ([YA] DJJ 1.205) in the referral packet.**

B. Mental Health Conditions to be Considered when Evaluating Youth

DJJ does not accept youth with mental health conditions and associated limitations that are sufficiently severe to interfere with the youth's ability to materially benefit from DJJ's programs (including regular attendance at school and rehabilitative programs) or for which DJJ does not have adequate facilities to provide care—and for which DJJ cannot otherwise reasonably accommodate through modified programming or facilities.

1. Intake and Court Services staff, when reviewing mental health information (psychological and psychiatric reports) in a referral file, shall be guided by the following criteria in determining the need for requesting a review by the Chief Psychiatrist or designee for acceptance recommendations.

- History of treatment with psychotropic medications.
- History of prior psychiatric hospitalizations.
- History of suicidal threats or attempts.
- History of recent disturbed behavior.



California  
Department of  
Corrections and  
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Division of  
Juvenile Justice

Effective Date: September 26, 2006  
Expiration Date: September 5, 2008

Subject: **Acceptance and Rejection Criteria for Youth with  
Medical or Mental Health Conditions**

Manual:	Revision #:	Section #:
<input type="checkbox"/>	Administrative Manual (YAM)	
<input type="checkbox"/>	Education Manual	
<input checked="" type="checkbox"/>	Institutions and Camps Manual	IT-67 3006
<input type="checkbox"/>	Parole Services Manual	

### Temporary Departmental Order

TDO # 06-70

- On receipt of the referral file for review, the Chief Psychiatrist (or designee) shall determine whether the person referred has required within the past six (6) months, or currently requires, mental health treatment at the acute or intermediate level of care and whether they can materially benefit from DJJ programs and services.

The mental health conditions listed below are examples of conditions that may interfere with the youth's ability to materially benefit from DJJ's programs or for which DJJ may not have adequate facilities. This is not an exhaustive list nor does a diagnosis of one of these conditions act as an absolute barrier to a youth's acceptance to DJJ. DJJ's Intake and Court Services Unit shall utilize this list to determine when a youth's mental health condition requires additional review by the Chief Psychiatrist (or designee). Psychiatric eligibility is evaluated on an individual basis, taking into account the severity of the condition, the youth's physical and mental limitations, the adequacy of DJJ's facilities to accommodate the youth, and the likelihood the youth will materially benefit from DJJ's programming.

- Mental Retardation, based on an assessment of the individual's intellectual, social, and adaptive functioning: As defined in the Wards with Disabilities Program Remedial Plan, mental retardation means significantly sub-average general intellectual functioning that is accompanied by significant limitations in adaptive functioning in at least two of the following skill areas: communication, self-care, home living, social and interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health and safety. The onset must occur before age 18 years. Prior to commitment, the severity of the youth's limitations will be carefully evaluated to determine the youth's ability to materially benefit from DJJ's programming with reasonable accommodation.
- Major Depression unresponsive to medication with chronic suicidal indications.
- Psychotic Disorder of any kind, which is unresponsive to medication.
- Any Axis I diagnosis which fails to respond to medication and will not allow the youth to participate in his or her own treatment in one of the DJJ programs.
- In those instances where the referral information regarding the committed person indicates a high probability for requiring in-patient level of care, the Chief Psychiatrist (or designee) will recommend to the Administrator of Intake and Court Services, that the committed person not be accepted. The Chief Deputy Secretary or designee will make the final decision. Referral may be resubmitted at a later date.



California  
Department of  
Corrections and  
Rehabilitation

Division of  
Juvenile Justice

Effective Date: September 26, 2006

Expiration Date: September 5, 2008

Subject: **Acceptance and Rejection Criteria for Youth with  
Medical or Mental Health Conditions**

Manual:

<input type="checkbox"/>
<input type="checkbox"/>
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<input type="checkbox"/>

Administrative Manual (YAM)

Education Manual

Institutions and Camps Manual

Parole Services Manual

Revision #:

IT-67

Section #:

3006

### Temporary Departmental Order

TDO # 06-70

#### C. Medical Health Conditions to be Considered when Evaluating Youth

DJJ does not accept youth who are seriously ill or have health impairments whose commitment would involve serious risk of permanent disability or long-term detriment to health status, or whose medical conditions are so extreme as to interfere with the youth's ability to materially benefit from DJJ's programs (including regular attendance at school and rehabilitative programs) or for which DJJ does not have adequate facilities to provide care—and for which DJJ cannot otherwise reasonably accommodate through modified programming or facilities.

The medical conditions listed below are examples of conditions that may interfere with the youth's ability to materially benefit from DJJ's programs or for which DJJ may not have adequate facilities. This is not an exhaustive list nor does a diagnosis of one of these conditions act as an absolute barrier to a youth's acceptance to DJJ. DJJ's Intake and Court Services Unit shall utilize this list to determine when a youth's medical condition requires additional review by the Medical Director or designee. Medical eligibility is evaluated on an individual basis, taking into account the severity of the condition, the youth's physical and mental limitations, the adequacy of DJJ's facilities to accommodate the youth, and the likelihood the youth will materially benefit from DJJ's programming.

1. Inpatient level of hospital care needed for the youth.
2. Paraplegia could be acceptable with restrictions and evaluation of the following:
  - Decubitus ulcers
  - Acute urinary tract infection
  - Patient's rehabilitation processes for paraplegia are completed
  - Patient's serious ongoing medical issues
  - Patient's ability to catheterize without supervision
3. Quadriplegic patients.
4. Patient requires continuing immobilization most of the day such as bed rest, lying flat on back or stomach.



California  
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Corrections and  
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Medical or Mental Health Conditions**

Manual:	Revision #:	Section #:
<input type="checkbox"/>	Administrative Manual (YAM)	
<input type="checkbox"/>	Education Manual	
<input checked="" type="checkbox"/>	Institutions and Camps Manual	IT-67 3006
<input type="checkbox"/>	Parole Services Manual	

### Temporary Departmental Order

TDO # 06-70

5. Patient undergoing cancer chemotherapy or radiation therapy. (Patients in remission who do not require further therapy may be accepted based on consultation with their oncologist.)
6. Patients in chronic renal failure needing dialysis or transplant.
7. Patients needing organ transplants. (For patients who are post-transplant with no rejection episodes for one year or longer and consultation with the patient's transplant team indicates the patient will be safe, incarceration with DJJ may be acceptable, depending on risk of rejection and general stability of the transplanted organs.)
8. Any patient with a defect or hole or metal plate in his/her skull such that the skull no longer provides adequate protection to the brain, posing a danger of significant brain injury from minimal trauma to the skull.
9. Patients with degenerative brain disease.
10. Patients with spina bifida and ventriculoperitoneal or other Central Nervous System (CNS) shunt.
11. Any patient with muscular dystrophy or other muscle degenerative diseases.
12. Patients with ventriculoperitoneal shunt dependency for any reason.
13. Patients with quadriplegic cerebral palsy.
14. Patients in congestive heart failure.
15. Patients with conduction defects in their heart that can result in sudden death.
16. Blind patients (uncorrectable vision of 20/200 or less in both eyes which does not include myopia or astigmatism that is correctible with glasses or contact lenses) or patients with poor eye sight in both eyes whose underlying disease process could be significantly affected by trauma or chemical exposure to the eye in that complete blindness may result or uncontrollable deterioration of vision may develop. These patients will be carefully evaluated for their ability to materially benefit from DJJ's programming with reasonable accommodation.



California  
Department of  
Corrections and  
Rehabilitation

Division of  
Juvenile Justice

Effective Date: September 26, 2006

Expiration Date: September 5, 2008

Subject: **Acceptance and Rejection Criteria for Youth with  
Medical or Mental Health Conditions**

Manual:		Revision #:	Section #:
<input type="checkbox"/>	Administrative Manual (YAM)		
<input type="checkbox"/>	Education Manual		
<input checked="" type="checkbox"/>	Institutions and Camps Manual	IT-67	3006
<input type="checkbox"/>	Parole Services Manual		

### Temporary Departmental Order

TDO # 06-70

17. Patients who require frequent intravenous therapy.
18. Patients with hemophilia or other clotting disorders who have frequent serious bleeding or have antibodies to Factor 8 or other clotting factors. These patients require frequent intravenous therapy, often daily.
19. Terminally ill patients.
20. Patients with Down syndrome will be carefully evaluated because of multiple physical risks.
21. Patients currently undergoing diagnosis for neuromuscular disorders.
22. Patients with possible seizures requiring completion of work-up and medication stabilization.
23. Patients with brain tumors.
24. Patients with osteogenesis imperfecta.
25. Patients who cannot perform activities of daily living to the extent such limitations interfere with the patient's ability to materially benefit from DJJ's programming and cannot be reasonably accommodated.
26. Patients with congenital immune deficiencies that are life threatening.
27. Patients with unstable spines due to accidents or congenital deformities. These patients could develop paraplegia or quadriplegia if the spine is injured.
28. Patients requiring IV feeding, i.e., patients with short gut syndrome requiring hyperalimentation.
29. Patients with bowel disease causing multiple fistulas.
30. Patients with severe liver disease that has led to esophageal bleeding, hepatic encephalopathy or multiple hospitalizations.



California  
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Juvenile Justice

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Medical or Mental Health Conditions**

Manual:	Revision #:	Section #:
<input type="checkbox"/>	Administrative Manual (YAM)	
<input type="checkbox"/>	Education Manual	
<input checked="" type="checkbox"/>	Institutions and Camps Manual	IT-67 3006
<input type="checkbox"/>	Parole Services Manual	

**Temporary Departmental Order**

TDO # 06-70

31. Patients with cystic fibrosis with severe lung disease as demonstrated by multiple hospitalizations (3 or more in the last year) or oxygen dependency.
32. Any patient pending required major surgery to correct a significant health defect that could be life threatening.
33. A patient whose underlying physical illness makes the patient unusually susceptible to death or life threatening injury if involved in a traumatic incident. Examples include arterial aneurysms that cause weak walls of blood vessels, very large abdominal organs from illness.
34. Sickle cell disease with central nervous system stroke that require frequent transfusions.
35. Rheumatic disorders that are severe, especially if not well controlled. E.g., dermatomyositis, mixed connective tissue disorder, scleroderma, and severe juvenile rheumatoid arthritis when the arthritis requires anti-metabolite medication.
36. Neurofibromatosis with life threatening complications, especially Type 1.
37. Patients with inborn errors of metabolism which generally cause significant central nervous system dysfunction.
38. Patients with uncontrolled hyperthyroidism, i.e., thyroid storm. These patients will be acceptable once their disease is under control and they are no longer at risk of sudden death.
39. Patients with blood pressure greater than 180 systolic or 110 diastolic that is uncontrolled, even with medication.
40. Patients with untreated pheochromocytoma.
41. Patients with underlying illness requiring multiple hospitalizations or frequent sub specialist care to prevent significant impairments to health.
42. Respirator-dependant patients.

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	<b>Manual:</b> <input type="checkbox"/> Administrative Manual (YAM) <input type="checkbox"/> Education Manual <input checked="" type="checkbox"/> Institutions and Camps Manual <input type="checkbox"/> Parole Services Manual	<b>Revision #:</b>  IT-67	<b>Section #:</b>  3006

**Temporary Departmental Order**

TDO # 06-70

**D. Administrative Review Process for Accepting/Rejecting Commitments**

The Intake and Court Services Section is responsible for performing an individualized review of all youth committed by the courts for determination of whether the youth will materially benefit from DJJ's reformatory and educational discipline and whether adequate facilities exist to provide for the youth. As part of that determination, the Intake and Court Services Section shall review the youth records for medical and mental health conditions that interfere with the youth's ability to materially benefit from DJJ's programs or for which DJJ does not have adequate facilities to provide care—and for which DJJ cannot otherwise reasonably accommodate through modified programming or facilities.

1. When reviewing cases, Intake and Court Services staff shall be guided by the list of mental health and medical considerations to determine whether additional review by the Chief Psychiatrist or Medical Director or designee is required prior to acceptance.
2. Upon identification of any of the conditions listed in this TDO or any other issues in a referral file that may need Health Care Services review, the Intake staff shall refer the case to the Intake Administrator to request a review. The Administrator shall forward the request to Health Care Services Division for review.
3. Upon receipt of the referral file for review, the Health Care Services Division will have either the Chief Psychiatrist (or designee) or the Medical Director (or designee) review the case material. The Chief Psychiatrist (or designee) or Medical Director (or designee) may contact the county probation department, the youth's health care providers, the youth and others for additional information about the youth's medical or mental health condition. The Chief Psychiatrist (or designee) or Medical Director (or designee) shall also identify the particular limitations of the youth's physical and mental abilities.
4. For youth with mental health conditions, the Chief Psychiatrist (or designee) shall also determine whether the youth requires mental health treatment at the acute or intermediate level of care. Consideration indicating the need for acute and intermediate level of care may include: the exhibition of profound depression; serious suicidal acts; psychotic de-compensation; psychotic distress; acute mental disorder resulting in serious functional disabilities or dangerousness to self/others; or if the youth's level of functioning is life threatening and requires placement in an inpatient bed for stabilization.



California  
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Corrections and  
Rehabilitation

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Juvenile Justice

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Subject: **Acceptance and Rejection Criteria for Youth with  
Medical or Mental Health Conditions**

Manual:	Revision #:	Section #:
<input type="checkbox"/>	Administrative Manual (YAM)	
<input type="checkbox"/>	Education Manual	
<input checked="" type="checkbox"/>	Institutions and Camps Manual	IT-67 3006
<input type="checkbox"/>	Parole Services Manual	

**Temporary Departmental Order**

TDO # 06-70

5. After a thorough and individualized review of the youth's conditions and limitations, the Medical Director (or designee) or the Chief Psychiatrist (or designee) shall determine whether the youth's conditions and limitations can be reasonably accommodated by DJJ. In making such a determination, the Medical Director (or designee) or Chief Psychiatrist (or designee) shall consult with other DJJ administrators (including the DJJ Wards with Disabilities Program Coordinator when appropriate) to identify whether DJJ services and programs can be altered to accommodate the youth's specialized needs without undue burden. An accommodation may be considered an undue burden and denied when the accommodation would cause a fundamental alteration in the nature of a service, program or activity, or result in undue financial and administrative burdens to the DJJ. Considerations may include:
  - The youth's medical or mental health conditions are such that the youth's commitment would involve serious risk of harm to him or herself
  - The youth's conditions are sufficiently severe that the medical or mental health care necessary cannot be provided in DJJ facilities
  - The youth's limitations are such that the youth cannot care for him or herself
  - The youth's condition or limitations would prevent the youth from regularly attending school or participating in rehabilitative programs even with reasonable modifications and accommodations.
6. For those instances where the Medical Director (or designee) or Chief Psychiatrist (or designee) determines that the youth's conditions or limitations cannot be reasonably accommodated by DJJ, the Medical Director (or designee) or Chief Psychiatrist (or designee) will recommend to the Administrator of Intake and Court Services that the committed youth not be accepted.
7. The Administrator, via Intake staff, will notify the referring county probation department of the recommendation, including the rationale for the recommendation.
8. The referring county probation department shall have the option to request an Inter-disciplinary Team Review of the recommendation. The County will notify the DJJ Intake Administrator, or staff, of their interest in initiating this review process.





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Manual:		Revision #:	Section #:
<input type="checkbox"/>	Administrative Manual (YAM)		
<input type="checkbox"/>	Education Manual		
<input checked="" type="checkbox"/>	Institutions and Camps Manual	IT-67	3006
<input type="checkbox"/>	Parole Services Manual		

**Temporary Departmental Order**

TDO # 06-70

9. The Inter-disciplinary Team will consist of a county probation representative, a relevant DJJ Health Care representative, and a DJJ Intake and Court Services Representative. (A representative from the DJJ Disabilities Program, and/or from other agencies such as the Department of Mental Health, Developmental Services or other interested Agency may also be involved.)
10. The Inter-disciplinary Team will review the case and any pertinent information related to a DJJ commitment decision. The DJJ Health Care Services representative may also interview the minor or other interested parties to determine appropriateness for commitment.
11. The Inter-disciplinary Team will discuss the most appropriate placement option for the case and make a recommendation as to acceptance or rejection of the DJJ commitment to the Administrator of Intake and Court Services.
12. The Chief Deputy Secretary or designee will make the final decision regarding rejection of commitment.

**Expiration Date: September 5, 2008**

**Bernard Warner**  
Chief Deputy Secretary

## **Attachment I**

DJJ Log, Pre-Acceptance Reviews (youth with medical and mental health conditions)

Department of Corrections and Rehabilitation  
 Division of Juvenile Justice  
 Case Services Division  
 Consideration for Commitment

Cases Reviewed for Possible Rejection for Mental Health Reasons

Memo Date	Date Received	Name of Youth	County of Referral	Review Assigned To	Date to Reviewer	Accepted or Denied (Reason)	Completed Return Date
6/22/06	6/23/06	Marilyn Webster	Alameda	Dr. Morales	6/23/06	Accepted 7/5/06	7/10/06
7/24/06	7/25/06	Brian Keith Maple	Tulare	Dr. Morales	7/26/06	Denied 08/23/06, extensive psychiatric history; hasn't responded well to meds.	7/28/06
8/25/06	8/25/06	Steven Lemmons	Santa Clara	Dr. Morales	8/25/06	Accept for 90-Day evaluation, was first Denied 08/25/06	9/13/06
9/11/06	9/11/06	Lawrence Kennedy	San Bernardino	Dr. Morales	9/11/06	Accepted YA 91661	9/11/06
9/25/06	9/26/06	Stephen Angel Lopez	Santa Clara	Dr. Morales	10/2/06	Accepted	10/2/06
10/6/06	10/10/06	Witaya Prasomsri	Los Angeles	Dr. Morales	10/10/06	Accepted	10/11/06
10/31/06	10/31/06	Manolo Aguilar	Santa Barbara	Dr. Morales	10/31/06	Accepted	11/1/06
10/31/06	10/31/06	Lorena Juarez	Los Angeles	Dr. Morales	10/31/06	Denied 11/01/06 due to Bipolar Disorders; Borderline intellectual functioning and unresponsive to meds	11/1/06

**Attachment J**  
DJJ Log, Restraint Chair

# USE OF EMERGENCY RESTRAINT CHAIR OR FIVE-POINT RESTRAINTS

July 1, 2006 thru September 30, 2006

Name	YA#	Facility	LOC Pre-ERC	Date Placed in ERC	Forced Med Injected?	Physical Restraint?	Spit Mask Used?	Date Removed from ERC	LOC Post-ERC
	1	91522	17	SCP	9/29/2006 (1001 hours)	No (Voluntary)	Yes	9/29/2006 (1247 hours)	ITP