

Intake/MAYSI Screening, Assessment and Admittance (Title 15, Sections 1350, 1353, 1430, 1431, and 1437, NCCHC)

617.1 PURPOSE:

To ensure proper screening of a youth's arrest record, medical and mental health and any known or perceived disabilities or history of special education services upon intake at a Juvenile Detention and Assessment Center (JDACs) and Treatment Facilities (TFs). The screening is completed to identify and meet any urgent medical and/or mental health, safety, or educational needs of detained youth.

617.2 DEFINITIONS:

Body Piercing: Any puncturing or cutting of the body, creating an opening in which jewelry may be worn.

Cosmetic Items: Any non-permanent or semi-permanent item that is done or made for the sake of appearance such as hair extensions, false eyelashes, acrylic nails, etc.

Community Crisis Response Team (CCRT) Clearance: Mental health assessment completed by the CCRT on a youth who admitted to having thoughts of self-harm or some other altered mental health condition that requires further professional evaluation prior to booking.

Massachusetts Youth Screening Instrument (MAYSI): A screening completed during the booking process of every youth between the ages of 12-17 entering a JDAC or TF. The screening serves as a tool to identify youth with reported or current mental/emotional distress or patterns of problem behavior. The MAYSI is not intended to render a diagnosis and does not take the place of more comprehensive assessments that are necessary for decisions regarding long-range placement or treatment. All completed MAYSIs will be reviewed by the Forensic Adolescent Service and Treatment (FAST) team. MAYSI-2 is the second version of MAYSI and MAYSIWARE is the electronic version.

Medical Clearance: The completion of a medical examination, by an approved Acute Care Provider at a medical facility, such as Arrowhead Regional Medical Center (ARMC), resulting in medical clearance for booking into a JDAC. Medical Clearances must clearly indicate what medical condition has been cleared.

Prison Rape Elimination Act (PREA): The U.S. Department of Justice "Juvenile Facility Standards" are guidelines designed to prevent, detect, respond to, and report sexual assaults in detention and corrections facilities.

Welfare and Institutions Code (W&I) 300 Dependents:

- A. Pursuant to Section 206 and 300 of the Welfare and Institutions Code, dependent children may not be detained in any "secure facility", which includes any San Bernardino County JDAC. Children defined in section 300 of the W&I Code are under

San Bernardino County Probation Department

Procedures Manual

Intake/MAYSI Screening, Assessment and Admittance (Title 15, Sections 1350, 1353, 1430, 1431, and 1437, NCCHC)

the jurisdiction of the Juvenile Dependency Court and Department of Children and Family Services (DCFS).

- B. When a youth's status changes from Welfare and Institutions Code (W&I) section 602 (delinquency) to W&I section 300 (dependency) while being detained at a JDAC, the youth must be released from custody immediately. This change in status occurs when a case is rejected for filing by the District Attorney and the youth was previously declared a dependent pursuant to W&I 300. It also occurs when the Court makes a finding in a W&I 241.1 hearing, that the youth is not a delinquent pursuant to W&I 602 and shall come under the jurisdiction of the Juvenile Dependency Court only.
- C. If the youth has not been released to CFS within one (1) hour of the initial contact, the Intake Probation Officer or Watch Commander (WC) will contact a Child and Family Services (CFS) Supervisor and notify the Division Director I/II (DD I/II) regarding the status of the youth. If there is no immediate resolution with the CFS Supervisor, the DD I/II will make contact with a Manager from CFS and notify the Deputy Chief Probation Officer (DCPO).

Suicide Observation Status (SOS): Youth determined to be at-risk for suicidal behaviors will be placed on an appropriate level of SOS. Observation checks will be documented and daily mental health assessments will be conducted, in accordance with the Suicide Prevention Program procedure. The SOS levels are as follows:

- SOS Level 1 (Ten-minute observation)
- SOS Level 2 (Five-minute observation)
- SOS Level 3 (Constant observation)

617.3 GUIDELINES:

- A. Intake personnel shall ensure that youth who are unconscious, semi-conscious, profusely bleeding, severely disoriented, known to have ingested substances, intoxicated to the extent that they are a threat to their own safety or the safety of others, in alcohol or drug withdrawal or otherwise urgently in need of medical attention shall be immediately referred to the emergency department for medical attention and clearance for booking.
 - 1. Written documentation of the circumstances and reasons for requiring a medical clearance whenever a youth is not accepted for booking is required.
 - 2. Written medical clearance, and when possible, a medical evaluation with progress notes are required for admission to the facility.
- B. The valid authority to hold a youth is determined by designated JDAC or TF staff (i.e. the Intake Probation Officer or WC). The WC shall be the final authority on all intakes.
- C. All sworn Probation staff, nurses, and clinicians are mandated reporters for physical and sexual abuse or neglect. It is the responsibility of the staff member receiving such information from the youth to report said information pursuant to the Reporting of Suspected Child Abuse procedure.

San Bernardino County Probation Department

Procedures Manual

Intake/MAYSI Screening, Assessment and Admittance (Title 15, Sections 1350, 1353, 1430, 1431, and 1437, NCCHC)

- D. It is the responsibility of all staff involved in the Intake Screening and Admittance process to communicate with each other and the WC regarding pertinent information that may affect the health and welfare of the youth during their detention. When specific information regarding victimization, medical or mental health issues or any ongoing or emergent needs are present that information shall be communicated to the WC, Medical Services and/or FAST immediately and documented in CE.
- E. Admittance procedures shall emphasize respectful and humane engagement with youth, and reflect that the admission process may be traumatic to youth who may have already experienced trauma. Policies shall be trauma-informed, culturally relevant, and responsive to the language and literacy needs of youth.
- F. If at any time during the intake process it is determined that a youth needs to be placed on Single Cell status, as per the Housing Assessments and Classification procedure, one of the outlined criteria must be met so the facility does not separate youth from the general population or assign youth a single occupancy room based solely on the youth's actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, gender, sexual orientation, gender identity, gender expression, mental or physical disability, or Human Immunodeficiency Virus (HIV) status.
- G. Treatment Facilities: Gateway Central and Gateway Regional Youth Educational Facility (RYEF), upon intake will advise youth of the estimated length of their stay. Youth committed to the Gateway Program are Court ordered commitments with up to eighteen (18) months of custody time.
- H. Youth who identify as LGBTQI or Gender Non-Conforming (GNC):
 - 1. Shall not be placed in a particular housing, bed, or other assignment solely on the basis of such identification.
 - 2. In deciding to assign to a male or female unit and in making other housing and programming assignments, the agency shall consider on a case-by-case whether the placement would present management or security problems.
 - (a) The youth's own views with respect to their own safety shall be given serious consideration.
 - 3. May be isolated from other youth as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged.
 - (a) In this situation, the agency shall not deny youth daily large muscle exercise and any legally required educational programming or special education services.
 - (b) The youth shall receive regular medical and mental health care clinician visits and have access to other programs to the extent possible.
 - 4. Shall be given opportunity to shower separately from other youth.

San Bernardino County Probation Department

Procedures Manual

Intake/MAYSI Screening, Assessment and Admittance (Title 15, Sections 1350, 1353, 1430, 1431, and 1437, NCCHC)

617.4 RESPONSIBILITIES:

- I. Intake Probation Officer (PO)/Supervising Probation Officer (SPO)/Watch Commander (WC):
 - A. When receiving a clearance call for a new law violation and the youth is under 16 years of age, ask the deputy/officer if an attorney was contacted.
 1. If the attorney was contacted, note the name of the attorney and if the youth has waived their rights in CE in the institutions section listed under details.
 2. If the youth has not contacted an attorney, contact the existing attorney of record. If they do not have an attorney of record, contact the on-call Deputy Public Defender at [REDACTED]. Refer to the Juvenile Interrogation process for further information.
- II. Intake Release Officer (IRO) and Probation Corrections Officer (PCO):
 - A. After the Clearance Pre-Approval has been completed in Caseload Explorer (CE), print the Intake Clearance Worksheet (Attachment A) and provide to the Intake PO/WC (not applicable at Gateway).
 - B. Verify the youth's personal information and review CE for prior history information regarding arrests, bookings, previous SOS status, etc.
 1. When an SOS history exists within the last 12-months, the youth shall immediately be placed on SOS1.
 - C. Complete the Clearance Approval tabs in CE after the completed Intake Clearance Worksheet (Attachment A) is received.
 - D. Ensure all medical paperwork is forwarded to Medical Services.
 - E. Ensure all CCRT/5585/mental health paperwork is forwarded to Forensic Adolescent Service Team (FAST).
 - F. If a youth reports they have been sexually abused/assaulted within seventy-two (72) hours of booking:
 1. Stop the booking process.
 2. Notify the Probation Corrections Supervisor I (PCSI), WC, FAST and Medical Services.
 3. Refer to the Coordinated Response to Sexual Abuse and Sexual Harassment in the JDACs and TFs procedure.
 - G. Ensure all medication brought into the facility with the youth is:
 1. Placed in the labeled medical drop container in the booking area or handed directly to a nurse.
- III. Booking or Treatment Facility (TF) Probation Corrections Officer (PCO):
 - A. Searches:
 1. Refer to the Searches in Detention and Treatment Facilities procedure.

San Bernardino County Probation Department

Procedures Manual

Intake/MAYSI Screening, Assessment and Admittance (Title 15, Sections 1350, 1353, 1430, 1431, and 1437, NCCHC)

- B. Booking:
 - 1. If a youth reports they have been sexually abused/assaulted within seventy-two (72) hours of booking:
 - (a) Stop the booking process.
 - (b) Notify the PCSI, WC, FAST, and Medical Services.
 - (c) Refer to the Coordinated Response to Sexual Abuse and Sexual Harassment in the JDACs and TFs procedure.
- C. All medication brought into the facility with the youth shall be:
 - 1. Placed in the labeled medical drop container in the booking area or handed directly to a nurse.
- D. Ensure each youth views the PREA education video and document in CE.
- E. Ensure each youth receives an Orientation Handbook and signs the acknowledgement form. The original acknowledgement form with signature shall be placed in the youth's facility file.
- F. Advise youth that there is a Title 15 booklet available to them in the library.
- G. Complete all required forms, which include, but are not limited to:
 - 1. Medical Inspection Form (Attachment E) and forward to Medical Services.
 - 2. Information Verification Form (Attachment F).
 - (a) Information shall be verified by the parent/guardian within forty-eight (48) hours. All attempts to contact the parent/guardian shall be documented in CE.
 - 3. Safety Housing Sheet (Attachment G) (Not applicable to Gateway).
 - (a) Youth must print their name and sign the form.
 - 4. Accommodation Referral Form, if necessary (Attachment D)
 - (a) Complete for youth who exhibit or report (or their parent/guardian report) an impairment/special need which includes, but is not limited to the necessity of a: language interpreter, Individual Education Program (IEP), 504 plans, Lesbian, Gay, Bisexual, Transgender, Queer, Intersex (LGBTQI) or Gender Non-Conforming (GNC) identification, identification as Special Education, and/or any condition which limits one or more major life activities such as caring for oneself, vision impairment, hearing impairment, etc.
 - (b) Save the completed form in CE, make copies and distribute accordingly as specified on the form. Ensure both pages of the form are faxed to the Compliance Officer.
 - (c) Make the appropriate provisions to effectively communicate the booking process to youth with limited English proficiency, or limited

San Bernardino County Probation Department

Procedures Manual

Intake/MAYSI Screening, Assessment and Admittance (Title 15, Sections 1350, 1353, 1430, 1431, and 1437, NCCHC)

literacy, and/or disabilities (including hearing, vision, intellectual or psychiatric impairments).

5. Sexual Orientation, Gender Identity and Gender Expression (SOGIE) Booking Questionnaire Form (Attachment H). If youth identifies as opposite from their birth gender or does not conform to roles imposed by society forward a copy to Medical Services, FAST and the Compliance Officer. A completed copy should be placed in the hard copy file for all youth.

H. Telephone Calls:

1. Ensure youth, under the age of eighteen (18), receive two (2) telephone calls. One (1) telephone call completed to a parent or guardian, a responsible relative or their employer and one (1) call to an attorney (which shall not be monitored, eavesdropped upon or recorded), pursuant to W&I 627(b) within one (1) hour of admittance.
 - (a) Youth identified as a custodial parent with responsibility for a child/children will be afforded the opportunity to complete two (2) additional telephone calls for the purpose of arranging care of the child/children in their absence.
2. Ensure youth, over the age of eighteen (18), receive three (3) telephone calls. One (1) to an Attorney/Public Defender (which shall not be monitored, eavesdropped upon, or recorded), one (1) to a Bail Bondsman, if the youth is in Adult Court and one (1) to a relative or other person.
 - (a) Youth, over the age of 18, identified as a custodial parent with responsibility for a child/children shall be offered two (2) additional telephone calls for the purpose of arranging care of the child/children in their absence, pursuant to Penal Code Section 851.5(c).

I. MAYSI:

1. Administer the MAYSI to every youth age 12 -17 during the booking process, but no later than twenty-four (24) hours of entry.
 - (a) All youth, age eleven (11) or younger and eighteen (18) or older, must be referred to FAST (no later than twenty-four (24) hours of entry) so they may complete a face to face evaluation.
2. Ensure the date, youth's name, Personal Identification Number (PIN) and Date of Birth (DOB) are on the MAYSI documents.
3. Assist and supervise youth at all times while administering the MAYSI without disturbing or distracting them.
4. Sign and time stamp on the results page of the completed MAYSI.
5. A copy of the completed MAYSI shall be placed in the youth's facility file and a copy shall be forwarded to FAST.
6. Enter the MAYSI score into CE.

San Bernardino County Probation Department

Procedures Manual

Intake/MAYSI Screening, Assessment and Admittance (Title 15, Sections 1350, 1353, 1430, 1431, and 1437, NCCHC)

7. Scores:
 - (a) A score of "**Caution**" on the suicidal ideation scale requires a youth immediately be placed on SOS1 and notification to FAST.
 - (b) A score of "**Warning**" on the suicidal ideation scale requires a youth immediately be placed on SOS2 and notification to FAST.
 - (c) A score of "**Constant**" on the suicidal ideation scale requires a youth immediately be placed on SOS3 and notification to FAST.
 8. Pursuant to the Suicide Prevention Program procedure, ensure FAST, the area PCSI, the WC and Central Control are notified when a youth is placed on SOS. Document in CE as an SOS evaluation and submit an incident report.
- J. Ensure all youth are:
1. Offered supplemental food upon intake pursuant to Title 15, Section 1460.
 2. Provided with a shower.
 - (a) Provide the youth with a set of facility clothing, sandals, and toiletries.
 - (b) Direct the youth to shower and change into facility clothing. Staff will remain outside of the shower area and observation of the youth will only be incidental and in compliance with routine room check guidelines.
 - (c) Youth shall be instructed to put their clothing in a plastic bag held by staff.
 - (d) While the youth showers, the staff shall search the youth's clothing using the property receipt to verify the youth's inventory.
 - (e) The plastic bag containing the youth's clothing/property shall be kept out of their reach. All property must be documented in CE and the youth is to sign the property receipt.
 - (f) A metal detector wand search shall be conducted immediately upon the youth's exit from the shower while clothed in facility clothing.
 3. Issued appropriate clothing and linens.
 4. Photographed.
 - (a) Each youth shall have a forward facing photo and profile photos from each side, uploaded into CE documents. The forward facing photo type shall be a "mugshot."
 - (b) If present, photographs of the following are to be uploaded into CE.
 - i. Tattoos with specific body locations and spellings documented in the comment section.

San Bernardino County Probation Department

Procedures Manual

Intake/MAYSI Screening, Assessment and Admittance (Title 15, Sections 1350, 1353, 1430, 1431, and 1437, NCCHC)

- ii. Reported or obvious physical injuries and a description of the injury.
 - iii. Facial and body piercing jewelry prior to removal and those piercings that cannot be removed.
 - iv. Photographs shall NOT be taken of items/injuries on or near the genitalia, buttocks, or female breasts.
- 5. Finger and palm printed.
- 6. Issued an identification wristband which is secured to their left wrist, if possible (JDAC only).
- 7. Screened for appropriateness of Deoxyribonucleic Acid (DNA) collection pursuant to the existing DNA procedure.
- K. Piercings/Cosmetic Items (JDAC only):
 - 1. Youth shall be directed to remove all visible piercings, removable portions of a subdermal, transdermal, etc. piercings (e.g. micro dermal jewelry) and cosmetic items.
 - (a) If the youth is unable to remove visible piercings/cosmetic items due to medical reasons (skin thickening, infection, etc.), the Correctional Nurse shall be notified and will make an assessment regarding removal of the items.
 - (b) Chemically adhered/semi-permanent cosmetic items, which include, but are not limited to; hair extensions which are sewn or glued in, eyelash extensions which are glued to individual eye lashes, acrylic/gel nails etc., will not be forcibly removed. However, acrylic/gel nails will be cut to the tip of the finger and filed to remove sharp edges.
 - 2. If the piercings/cosmetic items are not visible, the youth shall be escorted to a shower and allowed to remove the item(s) following guidelines set forth in the Searches in Detention and Treatment Facilities procedure.
 - 3. Staff shall consult the WC for any piercing or cosmetic item not addressed in this procedure.
 - 4. All subdermal, transdermal, or portions of a piercing which must remain in the skin shall be covered by a bandage unless being attended to for hygiene or medical reasons.
 - 5. Youth who fail to remove a piercing/cosmetic item shall be counseled by the PCO to voluntarily remove the item. Continued refusal shall be addressed by additional counseling from a Supervisor, WC, and FAST (if needed). Once these counseling options have been exhausted, the WC shall contact the Facility Director for further guidance.
 - 6. Process youth's property (money, valuables, clothing, etc.) pursuant to the existing procedures.
- L. Refusals:

San Bernardino County Probation Department

Procedures Manual

Intake/MAYSI Screening, Assessment and Admittance (Title 15, Sections 1350, 1353, 1430, 1431, and 1437, NCCHC)

1. Youth who refuse to participate in any portion of the booking process shall be counseled by booking/holding staff, followed by the area Supervisor, WC and FAST (if necessary).

IV. Probation Corrections Court Liaisons Officers:

- A. Review the results of all court hearings.
- B. Advise the youth of their estimated release date or future court hearing by completing the Court Information Summary (Attachment I) form.
- C. Date and sign the Court Information Summary form (Attachment I) and then upload the form into the youth's CE file. The youth retains the signed original.

V. Intake Probation Officer:

- A. Refer to the Intake Criteria (Attachment J) when fielding phone calls from law enforcement agencies requesting lodging at the JDAC.
- B. Complete the Clearance Pre-Approval in CE (Attachment A).
 1. When receiving a clearance call for a new law violation and the youth is under 18 years of age, ask the deputy/officer if an attorney was contacted.
 - (a) If the attorney was contacted, note the name of the attorney and if the youth waived their rights in the comment section of the clearance.
- C. Upon the youth's arrival:
 1. Obtain the Intake Clearance Worksheet (Attachment A) from the Intake Release Officer (IRO) and complete.
 2. Review the Application for Petition (AFP) and Juvenile Statement of Probable Cause (Attachment B) to ensure it is complete and all necessary elements are present.
 3. If any of the following situations exist, the intake process must stop until the appropriate medical/mental health documentation/clearance has been received:
 - (a) The youth has an unattended injury or medical condition.
 - i. The delivering officer will retain custody of the youth and the Correctional Nurse will be contacted to conduct an evaluation.
 - ii. If the Correctional Nurse determines additional medical care may be required, the on-site/on-call medical physician/provider will be contacted. The physician/provider will determine if an emergency room medical clearance is required.
 - (b) The youth is exhibiting mental health issues or suicidal ideations.
 - i. The delivering officer will retain custody of the youth and be instructed to contact CCRT between the hours of 7:00 am and 10:00 pm (Attachment C) for an evaluation and recommendation. If after hours, contact FAST standby.

San Bernardino County Probation Department

Procedures Manual

Intake/MAYSI Screening, Assessment and Admittance (Title 15, Sections 1350, 1353, 1430, 1431, and 1437, NCCHC)

- (c) The youth reports being sexually abused/assaulted within the past seventy-two (72) hours.
 - i. The delivering officer will retain custody of the responsible for processing the abuse/assault case and/or referring it to the appropriate agency to include:
 - Filing a Child Abuse Report.
 - Obtaining a forensic exam from a medical facility with Sexual Assault Nurse Examiners (SANE) or Sexual Assault Forensic Examiners (SAFE) certified personnel.
 - ii. Notify the area supervisor.
 - iii. Refer to the Coordinated Response to Sexual Abuse and Sexual Harassment in the JDACs and TFs procedure. \
 - 4. Once the youth is searched and cleared to enter the facility, obtain a legible signature from the delivering agency on the Intake Clearance Worksheet (Attachment A). Submit the completed Intake Clearance Worksheet and any additional paperwork (CCRT, Medical Clearance, etc.) to the IRO.
 - D. After the youth has been accepted into the facility:
 - 1. Conduct an interview with the youth in order to complete necessary Court reports.
 - 2. Adhere to the juvenile custodial interrogation and waiver of rights process.
 - 3. All information shall be confirmed with parent(s)/legal guardian(s) as soon as possible, but not to exceed forty-eight (48) hours from entry for accuracy.
 - (a) Advise each youth of the estimated length of their stay and initial Detention/Transfer-In Hearing date.
 - (b) Contact DCFS immediately when a youth's status changes from W&I 602 to 300 status while in detention. These contacts will be documented in the youth's file in CE.
 - E. If the youth has not been released to DCFS within one (1) hour of the initial contact with DCFS, the Intake Probation Officer or WC will contact a DCFS Supervisor and notify the DDI/II of the status of the youth.
- VI. Treatment Facility Probation Officer and Probation Correction Officer:
- A. Upon entry into the Gateway Program, the treatment facility PCO shall immediately review Gateway's Assessment/Classification Criteria and advise the youth of his estimated release date (Attachment K).
 - 1. The youth must sign and date the Gateway Assessment/Classification and Notification of Release (Attachment K). Upload the signed form into the youth's CE file.

San Bernardino County Probation Department

Procedures Manual

Intake/MAYSI Screening, Assessment and Admittance (Title 15, Sections 1350, 1353, 1430, 1431, and 1437, NCCHC)

- B. The TF Probation Officer shall print the youth's terms and conditions from CE (Acknowledgment of Probation Terms and Conditions) and review with the youth who will then acknowledge by signing and dating the form.
 - 1. Place the original in the youth's probation file and provide a copy to the youth.
 - C. The PO shall contact parent/guardian to advise them of program rules and parent requirements while youth is in the TF.
- VII. Compliance Officer:
- A. Review and track all Accommodation Referral Forms (Attachment D).
 - B. Review and track all SOGIE Forms (Attachment H).
 - C. Contact the WC/Probation Corrections Supervisor II (PCSII), Medical Services, and FAST to assist with reasonable accommodations whenever necessary. Make arrangements for an interpreter or an assistive device for those youth who have difficulty communicating (foreign language, developmentally disabled, illiterate, mentally ill, deaf, etc.) to understand all necessary information on how to access services while detained in the JDACs and TFs.
- VIII. Court Officer:
- A. When the Court orders a youth released to the Department of Children and Family Services (DCFS), the Court Officer will notify the JDACs IRO, JDAC Intake Probation Officers, PCSI/II and DDI/II.
 - B. Notify DCFS regional supervisors and assigned social worker to initiate the youth's release. Document accordingly in the youth's CE file.
 - C. Notify the youth's assigned probation officer, if applicable.
- IX. JDAC Booking Probation Corrections Supervisor I (PCSI):
- A. Ensure youth are processed in an appropriate and timely manner.
 - B. By the 10th of each month, download to disc all MAYSI screenings completed during the previous month.
 - C. Label the disc as follows:
 - 1. MAYSI, Name of facility, Date, and PCSI's name.
 - 2. Forward the disc to the Research Unit and document the date forwarded on the monthly Administration Tour.
- X. Watch Commander (WC) or Designee of a JDAC or TF:
- A. Complete Section V, A-E of this procedure when an Intake PO is not on duty or not available.
 - B. Upon receiving notification of a youth who has already been accepted into the facility and reports being sexually abused/assaulted within seventy-two (72) hours prior to entry:

San Bernardino County Probation Department

Procedures Manual

Intake/MAYSI Screening, Assessment and Admittance (Title 15, Sections 1350, 1353, 1430, 1431, and 1437, NCCHC)

1. Contact law enforcement in the jurisdiction where the abuse/assault occurred.
 2. Arrange transportation to an agreed upon medical facility with Sexual Assault Nurse Examiners (SANE) or Sexual Assault Forensic Examiners (SAFE) certified personnel to conduct a forensic exam.
 3. Ensure FAST and Medical Services have been notified.
 4. Refer to the Coordinated Response to Sexual Abuse and Sexual Harassment in the JDACs and TFs procedure.
- C. Ensure youth are cleared and processed through booking in an appropriate and timely manner.
- D. Contact the Facility Director for all instances where a youth fails to remove a piercing/cosmetic item after all options in Section III., K., of this procedure have been exhausted.
- XI. Forensic Adolescent Service and Treatment (FAST):
- A. Immediately evaluate the youth upon intake if they are in an acute crisis and are an immediate danger to themselves, including an attempted suicide.
 - B. Within seventy-two (72) hours of intake, review the MAYSI-2/MAYSIWARE of every youth entering the facility. Document the review on the result page; include the signature, title, date, and time of review and provide appropriate follow up as outlined in other department procedures.
 - C. If a youth reports being sexually abused/assaulted within seventy-two (72) hours prior to being booked, notify the WC and Medical Services and refer to the Coordinated Response to Sexual Abuse and Sexual Harassment in the JDACs and TFs procedure.
 - D. Ensure follow-up mental health services are provided for the youth.
 - E. Contact the Inland Regional Center (IRC) within twenty-four (24) hours of receipt of the Accommodation Referral (Attachment D) or FAST identification, excluding holidays and weekends, to determine if a youth is a client, when a youth is confirmed or suspected to have a developmental disability. Initiate IRC Open Case Flag in the health record.
 - F. Complete all documentation including the current status of youth, any referrals made and any treatment initiated in the youth's health record.
 - G. Complete a face-to-face evaluation for the intake youth according to the triage parameters below:
 1. Priority three (3) shall be seen within twenty-four (24) hours of intake and includes youth who are:
 - (a) Suicide Observation Status (SOS), if youth is not presenting any symptoms, then the youth may be seen the next business day.
 - (b) Flagged by the MAYSI-2/MAYSIWARE with three (3) or more scales in the Warning range.

San Bernardino County Probation Department

Procedures Manual

Intake/MAYSI Screening, Assessment and Admittance (Title 15, Sections 1350, 1353, 1430, 1431, and 1437, NCCHC)

- (c) Coming to the JDAC or TF from a psychiatric hospital.
 - (d) Coming into a JDAC on psychotropic medication, but is expected to run out of medication within one (1) week.
 - (e) Younger than twelve (12) or older than eighteen (18) years of age.
 - 2. Priority two (2) shall be seen within seven (7) days of intake and includes youth who are:
 - (a) Coming into a JDAC on psychotropic medication AND are stable on medication AND have at least one (1) week supply of medication brought in with them;
 - (b) Flagged by MAYSI-2/MAYSIWARE with three (3) or more scales in the Caution range.
 - (c) Flagged by MAYSI-2/MAYSIWARE with two (2) scales in the Warning range.
 - (d) All MAYSI questions that have "no" answers.
 - 3. Priority one (1) shall be seen within fourteen (14) days of intake and includes youth who:
 - (a) Score within normal limits in the scales.
 - (b) Have two (2) or less MAYSI-2/MAYSIWARE scales that are in the Caution range.
 - (c) Have one (1) MAYSI-2/MAYSIWARE scale that is in the Warning range.
 - H. For inter-facility transfers refer to the Inter-Facility Transfer of Youth between JDACs and TFs procedure.
 - I. Shall initiate psychiatric hospitalization pursuant to the 5585 Evaluation procedure, if applicable.
- XII. Correctional Nurse (RN) I/II:
- A. Pre-Booking:
 - 1. Evaluate arrested youth delivered to the JDAC for booking who may require a pre-booking medical clearance due to an injury or medical condition.
 - 2. Upon determining additional medical care may be required, contact the on-site/on-call physician/provider and report the evaluation to obtain orders.
 - (a) In the event the physician/provider determines the youth requires an emergency room medical clearance, notify the arresting agency and intake/booking staff.
 - (b) In the event of an emergent medical situation, the RN may immediately request the WC summon emergency medical services

San Bernardino County Probation Department

Procedures Manual

Intake/MAYSI Screening, Assessment and Admittance (Title 15, Sections 1350, 1353, 1430, 1431, and 1437, NCCHC)

or direct the arresting officer to transport the youth to an emergency room.

B. Booking Medical Screening:

1. Complete a face-to-face Receiving Screening and Nursing Assessment on every youth immediately and not to exceed four (4) hours as outlined in the Health Assessments procedure.
 - (a) Schedule youth with the on-site physician/provider that have not received a physical examination within the previous twelve (12) months or it is medically indicated within 96 hours of booking.
2. If at any point during the booking process a youth is sent to the emergency room, document the reason in the health record.
3. Contact the on-call physician/provider (pre or post booking) for collaboration and orders for situations which require further medical instruction, including, but not limited to inconsistent medical history, questionable medical status, medication regimen, etc.
4. Review all documentation received from a medical facility for:
 - (a) Orders and/or language medically clearing a youth for booking:
 - i. In the event the paperwork does not contain the words "medically cleared for booking" and/or does not clearly address each medical concern, contact the treating facility and request the necessary documentation. If the documentation is inaccessible, evaluate the information received and determine if the clearance can proceed. If additional guidance is needed, contact the onsite/on-call physician/provider. Document the outcome in the health record.
 - (b) The signature of a physician/provider.
 - (c) 5585 clearance paperwork and forward to the IRO and FAST.
5. If a youth reports being sexually abused/assaulted within seventy-two (72) hours prior to booking, notify the WC and FAST and refer to the Coordinated Response to Sexual Abuse and Sexual Harassment in the JDACs and TFs procedure.
6. TF intakes that were booked into JDACs prior to entering TF are not required to have another pre-booking evaluation by the nurse during the intake process. Sections XII (B) 1 through 4, do not have to be repeated.

XIII. Research Unit:

- A. Be responsible for archiving the MAYSIWARE discs.
- B. Process requests from FAST or the Compliance Unit for copies of MAYSI screenings.

San Bernardino County Probation Department

Procedures Manual

Intake/MAYSI Screening, Assessment and Admittance (Title 15, Sections 1350, 1353, 1430, 1431, and 1437, NCCHC)

1. Email requests are sufficient, and shall include the name of the youth, the youth's CE PIN, the month of detention and the JDAC where MAYSI was administered.

617.5 ATTACHMENTS:

See attachment: [Intake MAYSI Screening Assessment and Admittance Attachment A \(Lexipol 9-6-19\).pdf](#)

See attachment: [Intake MAYSI Screening Assessment and Admittance Attachment B \(Lexipol 9-6-19\).pdf](#)

See attachment: [Intake MAYSI Screening Assessment and Admittance Attachment C \(Lexipol 3-13-19\).pdf](#)

See attachment: [Intake MAYSI Screening Assessment and Admittance Attachment D \(Lexipol 3-23-21\).pdf](#)

See attachment: [Intake MAYSI Screening Assessment and Admittance Attachment E \(Lexipol 9-6-19\).pdf](#)

See attachment: [Intake MAYSI Screening Assessment and Admittance Attachment F \(Lexipol 7-13-20\).pdf](#)

See attachment: [Intake MAYSI Screening Assessment and Admittance Attachment G \(Lexipol 9-6-19\). pdf](#)

See attachment: [Intake MAYSI Screening Assessment and Admittance Attachment H \(Lexipol 3-23-21\).pdf](#)

See attachment: [Intake MAYSI Screening Assessment and Admittance Attachment I \(Lexipol 3-23-21\).pdf](#)

See attachment: [Intake MAYSI Screening Assessment and Admittance Attachment J \(Lexipol 3-23-21\).pdf](#)

See attachment: [Intake MAYSI Screening Assessment and Admittance Attachment K \(Lexipol 9-12-18\).pdf](#)

Attachments

Intake MAYSI Screening Assessment and Admittance Attachment A (Lexipol 9-6-19).pdf

Intake MAYSI Screening Assessment and Admittance Attachment B (Lexipol 9-6-19).pdf

APPLICATION ☐
INFORMATION ONLY ☐
PROBATION/PAROLE OFFICER _____

SAN BERNARDINO COUNTY
APPLICATION FOR PETITION
AND
JUVENILE STATEMENT OF PROBABLE CAUSE

AGENCY _____
CASE NO. _____
OFFICER NO. _____

PLEASE PRINT OR TYPE

NAME (LFM) _____	FATHER/STEPPARENT _____
ADDRESS _____ SP/APT _____	MAILING ADDRESS _____
CITY _____ ZIP _____	CITY _____ ZIP _____
HOME PHONE _____	PHONE HOME _____ WORK _____
SCHOOL _____	CDL _____
GRADE _____ ATTENDING? <input type="checkbox"/> YES <input type="checkbox"/> NO	MOTHER/STEPPARENT _____
DOB _____ BIRTHPLACE _____	MAILING ADDRESS _____
AGE _____ SEX Female RACE _____	CITY _____ ZIP _____
WEIGHT _____ HEIGHT _____ HAIR _____ EYES _____	PHONE HOME _____ WORK _____
CDL _____	CDL _____
GANG MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO 'TATS' _____	PARENT/GUARDIAN ADVISED PER W&I 627 (a)? <input type="checkbox"/> YES <input type="checkbox"/> NO
GANG NAME _____	NAME OF PERSON NOTIFIED _____
MONIKER _____	DATE/TIME OF CALL _____

OFFENSE(S) _____	DATE/TIME OF OFFENSE(S) _____
_____	DATE/TIME OF ARREST _____
AMOUNT OF LOSS TO THE VICTIM _____	ARRESTED BY _____
W&I CODE SECTION <input type="checkbox"/> 601 <input type="checkbox"/> 602	NUMBER OF PRIOR AGENCY CONTACTS _____

JUVENILE RELEASED TO _____	PHONE _____
RELATIONSHIP _____	DATE/TIME _____
JUVENILE HALL DETENTION CLEARED BY _____	DELIVERED BY _____

(FILL OUT MEDICAL HISTORY AND PROBABLE CAUSE STATEMENT ON BACK)

☐ NO PRIOR ☐ PRIORS ATTACHED

PROBATION USE ONLY

JPIN NO J NO OPER	SOC NO P.O. NO DATE SUP INT	CO-PARTS NAME/S _____	DOB _____	JPIN# _____
-------------------------	--------------------------------------	--------------------------	--------------	----------------

DETENTION HRG / SPECIAL HRG DATE:

JUVENILE'S MEDICAL HISTORY

(MUST BE FILLED OUT PRIOR TO DELIVERY TO JUVENILE HALL)

JUVENILE UNDER THE CARE OF A DOCTOR OR TAKING MEDICATION?

☐ YES

☐ NO

DOCTOR

TYPE OF MEDS/
ILLNESS

ANY HISTORY OF/OR INDICATION OF MENTAL DISORDER OR SUICIDAL TENDENCIES?

☐ YES

☐ NO

UNDER THE INFLUENCE? ☐ YES ☐ NO

INJURY? ☐ YES ☐ NO

HOSPITAL CLEARED?

☐ YES

☐ NO

SEXUAL OFFENSE HISTORY? ☐ YES ☐ NO

VIOLENCE HISTORY? ☐ YES ☐ NO

IEP? ☐ YES ☐ NO

UNSTABLE HOME/TRANSIENT/INDEPENDENT? ☐ YES ☐ NO

DRUG / ALCOHOL DEPENDANT? ☐ YES ☐ NO

EXPLAIN ANY YES BELOW

/

JUVENILE PROBABLE CAUSE DECLARATION

JUVENILE'S NAME

D.O.B.

OFFENSE (S)

DATE/TIME ARRESTED

48 HR EXP DATE/TIME

FACTS ESTABLISHING ELEMENTS AND IDENTIFICATION OF THE JUVENILE:

/

I, _____, *Officer's Name (PRINT)*, DECLARE UNDER PENALTY OF PERJURY THAT THE

FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY INFORMATION AND BELIEF.

EXECUTED ON _____ AT SAN BERNARDINO COUNTY, CALIFORNIA BY _____

Date

Signature

ON THE BASIS OF THE OFFICER'S DECLARATION, I HEREBY DETERMINE THAT THERE IS ☐ IS NOT ☐ PROBABLE CAUSE TO
BELIEVE THE JUVENILE HAS COMMITTED A CRIME.

Date

Time

Signature of Judicial Officer

Intake MAYSI Screening Assessment and Admittance Attachment C (Lexipl 3-13-19).pdf

Community Crisis Response Team (CCRT)

East Valley

(Colton, Rialto, Yucaipa,
Redlands, Loma Linda,
Bloomington, San
Bernardino)

Office (909) 421-9233

Pager (909) 420-0560

West Valley

(Chino Hills, Chino, Rancho
Cucamonga, Ontario,
Fontana, Montclair)

Office (909) 458-1517

Pager (909) 535-1316

High Desert

(Hesperia, Victorville, Apple
Valley, Phelan, Barstow,
Adelanto, Lucerne Valley)

Office (760) 956-2345

Pager (760) 734-8093

Morongo Basin

Office (760) 499-4429

Dial 7-1-1 for
for TTY users.

Teams are available

7 a.m. - 10 p.m.

365 Days per year

Are you experiencing a

mental health related crisis?

CCRT is a community-based mobile crisis team that provides assistance to those who are experiencing a mental health related emergency. Services include:

- **Mental Health Assessments**
- **Relapse Prevention**
- **Intensive follow up services**
- **On-site Crisis Intervention**



Equipo Comunitario de Respuesta a Crisis

(CCRT por sus siglas en ingles)

Valle del Este

(Colton, Rialto, Yucaipa,
Redlands, Loma Linda,
Bloomington, San
Bernardino)

Oficina (909) 421-9233

Pager (909) 420-0560

Valle del Oeste

(Chino Hills, Chino, Rancho
Cucamonga, Ontario,
Fontana, Montclair)

Oficina (909) 458-1517

Pager (909) 535-1316

Alto Desierto

(Hesperia, Victorville, Apple
Valley, Phelan, Barstow,
Adelanto, Lucerne Valley)

Oficina (760) 956-2345

Pager (760) 734-8093

Morongo Basin

Oficina (760) 499-4429

Marque 7-1-1 para
usuarios de TTY

Los equipos están
disponibles
7 a.m. - 10 p.m.
365 Días al año

¿Está experimentando una crisis relacionada con la salud mental?

CCRT es un equipo de crisis móvil basado en la comunidad que brinda asistencia a aquellos que están experimentando una emergencia relacionada con la salud mental.

Los servicios incluyen:

- Evaluaciones de salud mental
- Prevención de recaídas
- Servicios intensivos de seguimiento
- Intervención en el sitio de la crisis



Intake MAYSI Screening Assessment and Admittance Attachment D (Lexipol 3-23-21).pdf



TRACY REECE
Chief Probation Officer

JULIE FRANCIS
Assistant Chief Probation Officer

ACCOMMODATION REFERRAL FORM

A REFERRAL SHALL BE COMPLETED FOR ANY YOUTH THAT MEETS THE FOLLOWING CRITERIA:

Any youth who has a record of or has a reported mental, physical or educational impairment/disability that substantially limits one or more major life activities (such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, working, etc.) or requesting an alternate meal plan.

FACILITY: ☐ HDJDAC ☐ CVJDAC ☐ GATEWAY

DOE: _____

YOUTH'S NAME: _____

PIN: _____

DOB: _____

****THIS SECTION TO BE COMPLETED BY PCO/PCSI****

I. IDENTIFICATION

1. ☐ IEP/Special Education/Language Interpreter ONLY
☐ The youth/parent has indicated the existence of an IEP or current identification as a Special Education student.
☐ Youth requires a language interpreter for basic communication.
Language is: _____

2. ☐ Disabilities, Deformities, Special Needs and/or a 504 plan
Reported/observed disability, deformity and/or special need:

Describe: _____

MUST distribute form to all:

1. Compliance Officer ()
2. SB County School (copy)
3. Unit/Youth's File (original, unless forwarding to Medical Services)

Date distributed (required):

MUST distribute form to all:

1. Medical Services (original)
2. FAST (copy)
3. SB County School (copy, for 504 plans ONLY)
4. Unit/Youth's File (Copy)

Date distributed (required):

3. ☐ Alternate Meal Plan
☐ Youth is requesting a vegetarian alternate meal plan.
☐ Youth is requesting a vegan alternate meal plan.

Comments:

****Forward to Medical Services for clearance prior to implementation ****

PCO/PCSI Printed Name & Signature

Date

****THIS SECTION TO BE COMPLETED BY MEDICAL SERVICES/FAST ONLY****

II. MEDICAL SERVICES/FAST EVALUATION

1. Disability, Deformity, Special Need and/or 504 plan: _____
2. Describe how the disability affects a major life activity/activities of daily living: _____
3. Describe the immediate reasonable accommodations, if known: _____
4. Medically cleared for alternate meal plan: ☐ YES ☐ NO _____

- MUST distribute form to all:
1. Compliance Officer ()
 2. Medical Services (copy)
 3. FAST (copy)
 4. SB County Schools
 5. Watch Commander/Name:
 6. Place in health record (original)
 7. Food Services (if applicable)

Date distributed: _____

Date accommodation documented on Health Kardex and CE: Special Instructions (special medical condition [M-MH5]) Date:

Medical/FAST Printed Name & Signature

Date



TRACY REECE
Chief Probation Officer

JULIE FRANCIS
Assistant Chief Probation Officer

****THIS SECTION TO BE COMPLETED BY COMPLIANCE UNIT****

III. COMPLIANCE UNIT

YOUTH'S NAME: _____ PIN: _____

1. Referral received on: _____

2. Revised accommodation plan, if necessary: _____

Completed/Updated referral form was forwarded/faxed to the following on: _____

☐ Watch Commander/Name: _____ ☐ Unit (for placement in youth's file)

☐ Medical Services ☐ FAST ☐ Food Services ☐ SB County Schools

Compliance Officer Printed Name & Signature

Date

IV. Additional Comments:

Intake MAYSI Screening Assessment and Admittance Attachment E (Lexipol 9-6-19).pdf

**SAN BERNARDINO COUNTY PROBATION DEPARTMENT
DETENTION CORRECTIONS BUREAU
MEDICAL INSPECTION FORM**

Date: _____

Youth's Name: _____
Last
First
Middle

Address: _____
City/State
Telephone Number

Residing with _____ Relationship _____

JJIS/JPIN#: _____ DOB: _____ DOE: _____ Male ☐ /Female ☐

PRE-INTERVIEW STAFF OBSERVATIONS		YES	NO
1. Is the youth awake, alert and responsive to questions? IF NO, CONTACT NURSE IMMEDIATELY			
2. Does the youth appear to be sick, injured or in need of medical attention? IF YES, CONTACT NURSE IMMEDIATELY			
3. Does the youth appear to be under the influence of alcohol or drugs which may indicate the need for immediate attention? IF YES, CONTACT NURSE IMMEDIATELY			
4. Does the youth show any behavior suggesting the need for medical/psychological evaluation, such as the risk of suicide or assault on the staff or on other youths? IF YES, CONTACT NURSE AND FAST IMMEDIATELY			
YOUTH'S QUESTIONS		YES	NO
5. Do you wear glasses or contact lenses?			
6. Do you have an orthosis or prosthesis? List:			
7. Do you have a history of communicable diseases such as chicken pox, measles, STD's or TB? List:			
8. Do you have a bedwetting problem?			
9. Do you regularly smoke?			
10. Have you ever attempted suicide? Date:			
11. Have you ever been hospitalized for a psychiatric issue? Date: Hospital:			
12. Have you ever been physically or sexually abused? Reported: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Reported:			
13. <u>FEMALE</u> : Have you delivered a baby, had a miscarriage or an abortion in the last six weeks? Date:			
A "YES" ANSWER FOR ANY QUESTION IN THIS SECTION, REQUIRES IMMEDIATE ADVISAL TO THE LISTED STAFF		YES	WATCH/ NURSE/FAST NO
14. Are you thinking about suicide now?			FAST
15. Are you currently under the care of a medical doctor, psychiatrist or psychologist?			NURSE/FAST
16. Are you taking any medication? Name/Dosage:			NURSE
17. Is your medication here with you?			NURSE
18. Do you have any injuries or illnesses that are bothering you now?			NURSE
19. Do you regularly use street drugs or alcohol? Type/Frequency:			NURSE
20. Checked at hospital prior to arrival? Reason:			NURSE
21. Have you been sexually assaulted/abused within the past 72 hours?			WC/NURSE/FAST
22. <u>FEMALE</u> : Date of last menstrual period: Are you pregnant?			NURSE

ADDITIONAL COMMENTS:

WATCH/NURSE/FAST NOTIFICATION REQUIRED: NO ☐ /YES ☐ _____
Name of staff notified
Date/Time

Name of staff notified
Date/Time
Name of staff notified
Date/Time

FORM COMPLETED/ENTERED INTO CE BY: _____
Print /Sign Name
Date/Time

REVIEWING PHYSICIANS SIGNATURE: _____
Date/Time

Intake MAYSI Screening Assessment and Admittance Attachment F (Lexipol 7-13-20).pdf

San Bernardino County Probation Department
Detention Corrections Bureau
INFORMATION VERIFICATION FORM

Date: _____

Youth's Name: _____

Last

First

Middle

Address: _____

City/State

Telephone Number

JJIS/JPIN#: _____ DOB: _____ D.O.E.: _____

QUESTIONS	Yes	No
1. Is your child under the care of a medical doctor, psychiatrist, or psychologist? Name: _____ Phone Number: _____		
2. Does your child have medical insurance? Name and Policy #:		
3. Is your child taking medication? Name/Dosage:		
4. Does your child have any injuries or illnesses? List:		
5. Does your child have any mental health or emotional problems? List:		
6. Has your child ever attempted suicide? Date:		
7. Has your child ever been hospitalized for a psychiatric issue? Date: _____ Hospital: _____		
8. Does your child have a history of communicable diseases such as chicken pox, measles, STD or TB? List:		
9. Does your child use street drugs or alcohol? Type/Frequency:		
10. Does your child smoke cigarettes?		
11. Does your child have a bed-wetting problem?		
12. Does your child have any food restrictions/allergies? List:		
13. Does your child have any physical limitations or disabilities? List:		
14. Is your child a special education student or have an IEP?		
15. Has your child been sexually abused/assaulted within the past 72 hours? Reported: Yes <input type="checkbox"/> No <input type="checkbox"/> (list date reported and agency information in additional comments)		
16. Has your child ever been physically or sexually abused? Reported: Yes <input type="checkbox"/> No <input type="checkbox"/> Date reported: _____		
17. Is your child's gender expression different from their birth gender?		
Additional Comments: _____		

1st Attempt

Completed? Yes ☐ No ☐ Date/Time: _____ By: _____
 (attempted or completed) Print/ Sign Name

2nd Attempt:

Completed? Yes ☐ No ☐ Date/Time: _____ By: _____
 (attempted or completed) Print/Sign Name

Name of Person Contacted: _____ Relationship: _____

Reason for Non-Contact: _____

FORM COMPLETED/ENTERED INTO CE BY: _____
 Print/ Sign Name Date/Time

REVIEWING PHYSICIANS SIGNATURE: _____
 Date/Time

Upon completion copy and distribute:

Original: Youth's Facility File, 1st Copy: Medical Services, 2nd Copy: Intake Probation Officer, 3rd Copy: FAST

Intake MAYSI Screening Assessment and Admittance Attachment G (Lexipol 9-6-19).pdf

PIN: _____ **San Bernardino County Juvenile Hall: Detention Corrections Bureau**

Last Name: _____ **First:** _____ **Middle:** _____

Address: _____ **Phone:** _____

School: _____

Address: _____ **Phone:** _____

SSN: _____ **Birth Place:** _____

Gender at birth: _____ **Height:** _____ **Weight:** _____ **Age:** _____

PHOTO HERE

Gang: _____

Associates / Co-Parts: _____

Tagger: No

Monikers / AKA: _____

Gender Identification: _____

Behavior at Entry:

_____ was violent

_____ was combative

_____ had weapon

DOB: _____

DOE: _____

Teeth:

_____ Braces
_____ Broken
_____ Crooked
_____ Decayed
_____ False
_____ Gold
_____ Missing
_____ Silver
_____ Spaces
_____ Stained

Hair Color:

_____ Auburn
_____ Black
_____ Blonde
_____ Brown
_____ Gray
_____ Red
_____ Sandy
_____ White
_____ Other

Hair Length:

_____ Short
_____ Collar
_____ Shoulder
_____ Long

Race:

_____ Amer. Indian
_____ Asian
_____ Black
_____ Hispanic
_____ Pacific Islr.
_____ White
_____ Multi

Criteria Profile:

_____ Self-Admitted
_____ Reliable Source
_____ Untested Informant
_____ Gang Apparel
_____ Gang Sign / Symbols
_____ Gang Tattoos
_____ Frequents Gang Area
_____ Associates w/ Gang
_____ Arrested w/ Gang

Tattoos:

TT1 _____

TT2 _____

TT3 _____

TT4 _____

TT5 _____

TT6 _____

TT7 _____

TT8 _____

TT9 _____

TT10 _____

TT11 _____

TT12 _____

TT13 _____

TT14 _____

TT15 _____

TT16 _____

Complexion:

_____ Acne / pock
_____ Dark
_____ Freckled
_____ Light / fair
_____ Medium
Facial Hair:
_____ Clean shave
_____ Fuzz
_____ Unshaven
_____ Beard
_____ Sideburns
_____ Mustache

Eyes:

_____ Brown
_____ Blue
_____ Green
_____ Gray
_____ Hazel
_____ Other

Comments:

Supervisor Signature: _____

Date of Supervisor Review: _____

Interviewer/Liaison Signature: _____

Minor Signature: _____

Print Full Name: _____

Intake MAYSI Screening Assessment and Admittance Attachment H (Lexipol 3-23-21).pdf



TRACY REECE
Chief Probation Officer

JULIE FRANCIS
Assistant Chief Probation Officer

Sexual Orientation Gender Identification and Gender Expression (SOGIE) Booking Questionnaire

Date: _____

Youth's Name: _____

PIN#: _____

Please answer the following questions as accurately as possible, and provide additional details as indicated or requested.

1. What was your sex at birth? (Please check the appropriate box.)

☐ Male ☐ Female ☐ Intersex

2. What is your sexual orientation? (Please check the appropriate box.)

☐ Bisexual ☐ Gay ☐ Heterosexual/Straight ☐ Lesbian

☐ Questioning ☐ Other: _____

3. What is your gender? (Please check the appropriate box.)

☐ Girl/Woman ☐ Boy/Man ☐ Transgender

☐ Other: _____

4. What is your gender expression? (Please check the appropriate box.)

☐ Masculine ☐ Feminine ☐ Other: _____

5. Who are you sexually attracted to? (Please check the appropriate box.)

☐ Boys/Men ☐ Girls/Women ☐ Both

Youth Signature _____ **PCO Signature** _____

Intake MAYSI Screening Assessment and Admittance Attachment I (Lexipol 3-23-21).pdf



TRACY REECE
Chief Probation Officer

JULIE FRANCIS
Assistant Chief Probation Officer

COURT INFORMATION SUMMARY

Youth: _____ PIN: _____ Facility: Select One

Probation Officer: _____ CLC: _____ Unit: _____

Court Hearing Date: _____ Court Results: Select one

Next Hearing Date: _____ ☐ Scheduled Release Date: _____

I, _____, have been informed of the results of my court hearing.
(Youth)

Youth signature Date

I, _____, have informed the youth of their court hearing results.
(PCO)

Probation Corrections Officer signature Date

If you have additional questions regarding your court hearing, you are allowed to contact your attorney and/or Probation Officer. If you are unable to reach them, please leave a message. Be advised, most are available Monday through Friday during regular business hours. You may also speak to your caseload counselor regarding your court hearing.

Intake MAYSI Screening Assessment and Admittance Attachment J (Lexipol 3-23-21).pdf



TRACY REECE
Chief Probation Officer

JULIE FRANCIS
Assistant Chief Probation Officer

INTAKE CRITERIA

Juvenile Detention and Assessment Centers Admission Standards Criteria:

1. Felony offenses.
2. Misdemeanor offenses-only when:
 - a. The youth is on active probation in San Bernardino County (No offenses pursuant to Penal Code, California Vehicle Code, Local Ordinances that are infractions, i.e. curfew, traffic matters, less than 1 oz. of marijuana or traffic court misdemeanors pursuant to W&I 256.
 - b. In reference to youth who are on probation in other counties, the Watch Commander (WC) or JDAC Intake Probation Officers has discretion to contact the other county to find out if they want the youth detained in juvenile hall. The other county must fax an Application for Petition and/or a warrant, prior to the youth's admittance.
 - i. If the requesting county is within 400 miles of the JDAC, the youth must be picked up within five calendar days. Outside of the 400 mile radius, the agency has five working days pursuant to PC 821.
 - c. The offense involves weapons, violence, resisting arrest or drugs (we will not accept Under the Influence of Alcohol or Drugs). Whether to intake a youth on the charge of PC 148(a)(1), Resisting Arrest will be at the discretion of the Watch Commander or JDAC Intake Probation Officers.
 - d. If the officer/deputy wants the facility to take a youth for offenses we do not accept because the parent is not home, remind the officer of W&I 207.2: "...a youth may at the discretion of a law enforcement agency be released into his or her own custody, provided that a youth released into his or her own custody is furnished, upon request, with transportation to his or her home or to the place where the youth was taken into custody".
3. Out of state runaways (these are handled through Interstate Compact).
4. Wards (San Bernardino County) being booked for Violation of Court Order (VCO) or for Change of Placement.
5. W&I 602 Warrants-verified and requires a Juvenile Application for Petition.
6. Transfer-Ins from other counties. Contact ACPO or CPO, if youth is under 11 years of age.
7. Court detained and violation of House Arrest Program (HAP).
8. VOPs and new law violations made by Probations Officers I/II must be screened by a POIII or above. Upon approval, a POIII or above shall call in the clearance.

Youth **NOT** Meeting Admission Criteria:

1. Youths eleven years old or younger, unless they pose an imminent threat to others. If the Watch Commander/Intake SPO plans to accept a youth eleven or younger, contact the ACPO or CPO by phone prior to acceptance. Be prepared to provide details of the pending allegation (s), prior delinquent history (if applicable) and any other collateral information, including why you believe the youth should be detained.
2. W&I 300 (Dependents) and W&I 601 Wards (Status offenders i.e. runaways), with active warrant, can be handled by DCFS and placed in a shelter.
3. Youth on W&I 654 or 654.2 Informal Probation. *The EXCEPTION is if the youth is placed on house arrest but subsequently arrested HAP violations will be booked into the JDAC.*
4. San Bernardino County runaways are at the Intake Supervisor/Watch Commander's discretion.
5. Penal Code, California Vehicle Code, Local Ordinances that are infractions (i.e. curfew, traffic matters, less than 1 oz. of marijuana).

6. Misdemeanors/Infractions-except those outlined in section 2 noted above:
 - a. There is no manner in which to set a Detention Hearing for Criminal court as the cases go to traffic court. The officer can release the youth to parent/guardian or responsible relative per W&I 207.2. Officers will sometimes try to book youths into the JDAC for PC 647(F), Drunk in Public cases, which are traffic matters. Suggest to the officer that the youth can remain in the law enforcement holding area or be taken to Arrowhead Regional Center until released to DCFS.
7. In State runaways can be handled by DCFS.
8. Youth charged with PC 647, Prostitution, a Misdemeanor. These youth can be referred to DCFS.
9. Dual status youth (CFS lead)/WIC300) whose offense is not something we would clear a youth for (merely holding until DCFS can find a bed/placement).

Clearance Guidelines/Questions:

1. Please refer to Intake Screening, Assessment and Admittance Procedure.
2. Refer to the most recent Penal Code and/or Crime Time publication for felony charges as some were reduced due to the passing of Proposition 47.
3. The Application for Petition/Probable Cause Statement should be checked for the following:
 - a. A short narrative describing the circumstances of the offense, written in the statement of facts section.
 - b. Completeness of the Application for Petition-filled out front and back.
 - c. The parent/guardian/social worker will be notified by phone, in person, or an officer/deputy sent to the residence to make contact.
4. The Intake Supervising Probation Officer (SPO) or designee shall track daily incoming cases in the Intake Log to ensure all new law violations, warrants, Transfer-In and VOPs are filed within statutory guidelines and a Detention Hearing is scheduled.
5. For all VOPs or HAP arrest, the Intake Probation Officers will send an email to the PO of Record, their POIII, SPO and unit clerk to ensure VOP petition is submitted to the DA's office within the established filing deadlines.

In the event of a difference of opinion between the field supervisor and the Intake Supervisor or WC regarding booking criteria, the JDAC Superintendent and the CCB Division Director will conference the case and come to a mutual agreement.

Intake MAYSI Screening Assessment and Admittance Attachment K (Lexipol 9-12-18).pdf

Assessment/Classification System	
Phase 2	<ul style="list-style-type: none"> • Orientation/Assessment (should be completed within the first 48hrs) • Males age 16 to 21 years old • Commitment court ordered with at least 18 months custody time available • Achieving Gateway Program Levels 3 thru 7 • Medium to High Risk Offenders • Have adjusted to detention and moving toward community access • Youth to be provided a mentor/roommate in order to advance in the program
Phase 1	<ul style="list-style-type: none"> • Orientation/Assessment (should be completed within the first 48hrs) • Males age 16 to 19 years old • Commitment court ordered with at least 18 months custody time available • Achieving Gateway Program Levels 1 up to 4 • Medium to High Risk Offenders • Re-socializing and adjusting to detention setting • Youth to be provided a mentor/roommate in order to advance in the program
Gateway Screening Criteria for Suitable and Non-Suitable youth	
Screening Criteria Suitable	<ul style="list-style-type: none"> • Non W&I 707(b) offenders with felony offenses and W&I 707(b) offenders (on a case by case basis) • Medium to high risk offenders who have failed placements • Offenders not suitable for placement due to age, runaway history, removals and/or not amenable to placement services • Those with escalating criminality and high level of criminal sophistication • Offenders with gang affiliation/involvement and/or substance abuse issues • Residence in the geographical boundaries of San Bernardino County • Wards may have an Individualized Education Plan (IEP) • Minimum of 18 months custody time available and are age 16 or older
Screening Criteria Not Suitable	<ul style="list-style-type: none"> • Young offenders; under 16yrs of age • Offenders with a lack of maturity • Offenders with a lack of criminal sophistication • Those with serious mental health issues, are mentally disabled or cognitively impaired, are not compliant with medications or are requiring a hospital setting • Sex offenders (PC288 adjudications, predators, pedophiles, etc.) or youth who have a history of sexual misconduct committed against other wards in detention, placement or DJJ facilities • Serious, violent offenders who pose a risk to the staff and population due to resistance to change and no cooperation • Those with medical barriers to treatment, severe brain injuries or other significant medical issues that would hinder the ability to engage in treatment and/or require constant medical monitoring • Interstate compact or courtesy supervision cases

In addition to receiving a Gateway Orientation Handbook, Gateway Level Book, Gateway's classification and the screening criteria used for entry into Gateway, I have also been advised that the length of the Gateway Program commitment is 18 months. Upon intake and entry to Gateway following my court commitment, I was advised that my release (promotion) from the Gateway Program is no later than _____.

Youth Signature

Date

PCO Signature

Date

INTAKE CLEARANCE WORKSHEET

PIN #	
FIRST	
MIDDLE	
LAST	

GENDER	
RACE	
DOB	
AGE	

AGENCY		OFFICER	
ARREST DATE/TIME		CLEARANCE DATE/TIME	
REASON			
CHARGE			
COMMENT:			

	YES	NO	VERIFIED
INFLUENCE?			
INJURY?			
SUICIDAL?			
MEDICATION?			
MEDICATION TYPE:			
Last time received medical attention:			
Last time meds or drugs taken:			
JAIL CHECK?			
FROM MENTAL HEALTH FACILITY			

	YES	NO	VERIFIED
MEDICAL CONDITION			
IF YES, EXPLAIN:			
PARENTS NOTIFIED?			
VIOLENCE OFFENSE HX?			
SEX OFFENSE HX?			
IEP?			
WARDSHIP:			

INFORMATION PROVIDED BY: _____

PREAPPROVED BY: _____

ENTRY APPROVED BY		DATE	
JUVENILE DELIVERED BY			

INPUT TO SYSTEM BY _____