

# *The County of Yuba*

## OFFICE OF THE BOARD OF SUPERVISORS



915 8<sup>th</sup> Street, Ste. 109  
Marysville, California 95901  
(530) 749-7510  
(530) 749-7353 FAX

September 12, 2017

The Honorable Stephen Berrier  
Judge of the Superior Court  
Yuba County Courthouse  
215 Fifth Street, Suite 200  
Marysville, CA 95901

**Re: RESPONSE TO 2016-2017 GRAND JURY – “Yuba County Jail – Burden of Scrutiny”**

Dear Judge Berrier,

Provided pursuant to Penal Code Section 933(c) are the comments from the Board of Supervisors related to the findings and recommendations contained in the 2015-16 Grand Jury Final Report – “Yuba County Jail Report.” Consistent with Section 933(c), responses do not address departments under control of elected officials or outside agencies, except where a specific response was solicited and then our response is consistent with provisions of Penal Code Section 933.05(c).

### **FINDINGS**

*F1. None*

### **RECOMMENDATIONS**

*R1. None*

### **COMMENDATIONS**

*C1. Farsighted thinking by the Sheriff has eliminated many complaints from the disabled.*

The Board of Supervisors agrees with this commendation and wishes to join the Grand Jury in commending him and his staff for their hard work and dedication to the safety of our communities and those individuals in the Yuba County Jail.

### **SUPERVISORS**

Andy Vasquez – District 1 • Mike Leahy – District 2 • Doug Lofton – District 3 • Gary Bradford – District 4 • Randy Fletcher – District 5

The Board of Supervisors thanks the 2016-2017 Grand Jury for their dedication of time and commends each member for their valuable community service.

Sincerely,



Randy Fletcher, Chairman  
Yuba County Board of Supervisors

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**SUPERVISORS**

**Andy Vasquez – District 1 • Mike Leahy – District 2 • Doug Lofton – District 3 • Gary Bradford – District 4 • Randy Fletcher – District 5**

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September 12, 2017

The Honorable Stephen Berrier  
Judge of the Superior Court  
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215 Fifth Street, Suite 200  
Marysville, CA 95901

**Re: RESPONSE TO 2016-2017 GRAND JURY – “SYBH Patient Absent Without Leave”**

Dear Judge Berrier,

Provided pursuant to Penal Code Section 933(c) are the comments from the Board of Supervisors related to the findings and recommendations contained in the 2016-2017 Grand Jury Final Report – “SYBH Patient Absent Without Leave.” Consistent with Section 933(c), responses are provided in concert with Sutter County, which provides the day to day governance and administration per a long standing agreement between the counties, serving both Sutter and Yuba County residents.

## **FINDINGS**

***F1. The process of entering the main unit from the administrative office is inadequate and relies on a phone call to the nurses’ station, where staff has no direct line of sight of the hallway in front of the office and who must rely on convex mirrors and a real-time video camera and television in order to assess the situation.***

The respondent disagrees with this finding. Per SYBH, inpatient staff does not rely on phone calls or a real-time camera and television to assess ingress and egress situations. PES and inpatient staff uses a mirror allowing them adequate view of the hallway.

***F2. SYBH policies and procedures regarding medical assessment of a returning patient were either not in place at the time of this incident or were not followed by the staff.***

The respondent disagrees with this finding. Consistent with policy SYBH In accordance with SYBH Policy and Procedure 21-009, nursing staff perform vital signs and a brief medical screening when a patient is admitted to the Psychiatric Health Facility (PHF). Nursing staff immediately began the process of completing vitals and arranging medical transportation to Rideout Regional Medical Center

## **SUPERVISORS**

Andy Vasquez – District 1 • Mike Leahy – District 2 • Doug Lofton – District 3 • Gary Bradford – District 4 • Randy Fletcher – District 5

when the patient involved in the incident returned from AWOL status at 2245 hrs. on September 11, 2016.

## **RECOMMENDATIONS**

- R1. Install a one-way glass window in the door of the administrative office to enable staff to check the hallway before opening the door. Also a video surveillance system should be installed in the administrative office that would monitor the hallway outside of its door.***

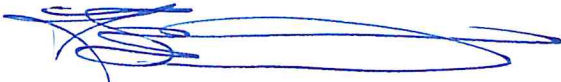
The recommendation has not been implemented, but will be implemented in the future according to SYBH management. It is anticipated the surveillance system and one-way window will be installed within the next 3-4 months.

- R2. Any patient who leaves SYBH without permission must be taken to Rideout's Emergency Room for medical clearance prior to being returned to SYBH. Local law enforcement should be notified of this requirement, and SYBH policies should be amended to reflect this procedural change.***

The recommendation has been implemented per SYBH Policy and Procedure 14-016.

The Board of Supervisors thanks the 2016-2017 Grand Jury for their dedication of time and commends each member for their valuable community service.

Sincerely,



Randy Fletcher, Chairman  
Yuba County Board of Supervisors

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## **SUPERVISORS**

Andy Vasquez – District 1 • Mike Leahy – District 2 • Doug Lofton – District 3 • Gary Bradford – District 4 • Randy Fletcher – District 5



# *The County of Yuba*

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September 12, 2017

The Honorable Stephen Berrier  
Judge of the Superior Court  
Yuba County Courthouse  
215 Fifth Street, Suite 200  
Marysville, CA 95901

**Re: RESPONSE TO 2016-2017 GRAND JURY – “New Era for Tri-County Youth”**

Dear Judge Berrier,

Provided pursuant to Penal Code Section 933(c) are the comments from the Board of Supervisors related to the findings and recommendations contained in the 2016-2017 Grand Jury Final Report – “New Era for Tri-County Youth.” Consistent with Section 933(c), responses do not address departments under control of elected officials or outside agencies, except where a specific response was solicited and then our response is consistent with provisions of Penal Code Section 933.05(c).

### **FINDINGS**

***F1. There is lack of dedicated funding for off-site field trips that provide the youth with educational opportunities and the ability to interact in a social setting outside of the facility.***

The Board of Supervisors agrees with this finding.

***F2. Improvements have been made with the removal of exposed insulation in the indoor recreation area.***

The Board of Supervisors agrees with this finding.

***F3. The addition of a full-time nurse has been implemented.***

The Board of Supervisors agrees with this finding.

### **RECOMMENDATIONS**

***R1. Staff prepares an annual plan with monthly or bi-monthly field trips and the cost associated to conduct those trips along with a budget request to the County Board of Supervisors.***

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#### SUPERVISORS

Andy Vasquez – District 1 • Mike Leahy – District 2 • Doug Lofton – District 3 • Gary Bradford – District 4 • Randy Fletcher – District 5

The recommendation has been implemented. Discussions with department representatives and through review of annual expenditures, offsite activities are planned and paid for. Should the Superintendent determine the need for additional resources for an expanded program, the Board will consider those consistent with overall program delivery and outcomes.

Should that recommendation be brought forward, the Superintendent is encouraged to also seek approval from the Tri-County Juvenile Rehabilitation Oversight Committee (TCJROC), consisting of representatives from all three counties.

- R2. *Yuba County Board of Supervisors working in concert with the Sutter County Board of Supervisors should appropriate sufficient funds to provide for ongoing educational and social skills-building field trips for the Camp Singer youths.***

The recommendation has been implemented. However, supplemental funding for programs is accomplished through a request from the Superintendent to the TCJROC and then considered by the Board of Supervisors through budget approval.

- R3. *Fees charged to contracting counties should be reviewed to ensure that sufficient revenue is collected to provide these off-site field trips to the youth who are housed from other counties.***

The recommendation has been implemented, in part. At the beginning of each budget process, fees charged to contracting counties are reviewed to ensure contract counties are paying appropriate costs. In April of 2017, the Tri County Oversight Committee approved an 8% increase in placement costs to contract counties.

## **COMMENDATIONS**

- C1. *Staff is highly motivated to provide the youth in their care with the tools to become productive members of society.***

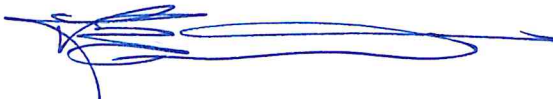
The Board of Supervisors agrees with the commendation

- C2. *With limited resources staff rely on donations and “freebies” to provide educational off-site excursions for the youths.***

The Board of Supervisors agrees with the commendation.

The Board of Supervisors thanks the 2016-2017 Grand Jury for their dedication of time and commends each member for their valuable community service.

Sincerely,



Randy Fletcher, Chairman  
Yuba County Board of Supervisors

## **SUPERVISORS**

# **The Sutter County Board of Supervisors' Response to the**

**2016-2017**

## **Yuba County Grand Jury Final Report**



**Ronald Sullenger  
Dan Flores  
Larry Munger  
Jim Whiteaker  
Mat Conant**

**District No. 1  
District No. 2  
District No. 3  
District No. 4  
District No. 5**





**County of Sutter**  
*Office of the County Administrator*

1160 Civic Center Boulevard  
Yuba City, California 95993  
Phone: (530) 822-7100 Fax: (530) 822-7103

September 12, 2017

The Honorable Stephen Berrier  
Presiding Judge of the Yuba County Superior Court  
215 5<sup>th</sup> Street  
Marysville, California 95901

Dear Judge Berrier:

On behalf of the Sutter County Board of Supervisors, I am herewith submitting its response to the findings and recommendations of the 2016-2017 Yuba County Grand Jury. The Board of Supervisors has responded to the following report as requested by the Yuba County Grand Jury:

- SYBH Patient Absent Without Leave

The 2016-2017 Yuba County Grand Jury requested responses from the Sutter County Board of Supervisors, the Sutter County Human Services Department (HHS) and Sutter-Yuba Behavioral Health (SYBH). SYBH is a division of HHS and therefore the single attached response serves as the response for both HHS and SYBH. The Sutter County Board of Supervisors concurs with the response from HHS.

The Sutter County Board of Supervisors and administration thanks the Grand Jurors for the time they dedicated in serving the citizens of the Sutter-Yuba community. Grand Jury service requires a great amount of time and effort and the County appreciates the Grand Jury's dedication.

Sincerely,

A handwritten signature in blue ink, which appears to read "Scott Mitnick".

Scott Mitnick  
County Administrator



## **SYBH Patient Absent Without Leave**

The Board of Supervisors, Sutter County Human Services Department and Sutter-Yuba Behavioral Health were requested to respond to this report. Below is the response from the Board of Supervisors. A response from the Health and Human Services Department, developed by the Director along with SYBH management staff, is included below as well.

### **FINDINGS**

#### **Grand Jury Finding #1:**

*“F1. The process of entering the main unit from the administrative office is inadequate and relies on a phone call to the nurses' station, where staff has no direct line of sight of the hallway in front of the office and who must rely on convex mirrors and a real-time video camera and television in order to assess the situation.”*

#### **Grand Jury Finding #2:**

*“F2. SYBH policies and procedures regarding medical assessment of a returning patient were either not in place at the time of this incident or were not followed by the staff.”*

#### **Response from the Board of Supervisors:**

F1: The Board of Supervisors partially disagrees with this finding. Staff do utilize a mirror that affords a view of the hallway in question, but do not utilize phone calls or television monitors.

F2: The Board of Supervisors disagrees wholly with this finding. SYBH staff took appropriate action, in accordance with SYBH policy, in both medically screening the patient and arranging for transportation to Rideout Regional Medical Center.

#### **Response from Health and Human Services Department:**

F1: HHS disagrees partially with this finding. The Psychiatric Emergency Services (PES) and inpatient staff do not rely on phone calls or a real-time camera and television to assess ingress and egress situations. PES and inpatient staff currently utilize a mirror allowing them adequate view of the hallway.

F2: HHS disagrees wholly with this finding. In accordance with SYBH Policy and Procedure 21-009, attached (Attachment A), nursing staff perform vital signs and a brief medical screening when a patient is admitted to the Psychiatric Health Facility (PHF). Nursing staff immediately began the process of completing vitals and arranging medical transportation to Rideout Regional Medical Center when the patient involved in the incident cited in this report returned from AWOL status at 2245 on September 11, 2016.

The collection of vitals and the transfer of patient to Rideout Regional Medical Center for medical clearance are consistent with SYBH Policy & Procedure 21-009.

### **RECOMMENDATIONS**

#### **Grand Jury Recommendation #1:**

*“R1. Install a one-way glass window in the door of the administrative office to enable staff to check the hallway before opening the door. Also, a video surveillance system should be installed in the administrative office that would monitor the hallway outside of its door.”*

#### **Grand Jury Recommendation #2:**

*“R2. Any patient who leaves SYBH without permission must be taken to Rideout’s emergency room for medical clearance prior to being returned to SYBH. Local law enforcement should be notified of this requirement, and SYBH policies should be amended to reflect this procedural change.”*

#### **Response from the Board of Supervisors:**

R1: This recommendation will be implemented and is anticipated to be completed by the end of January 2018.

R2: This recommendation has been implemented. SYBH Policy and Procedure 14-016 reflects this recommendation.

#### **Response from Health and Human Services Department:**

R1: This recommendation has not been implemented, but will be implemented in the future. It is anticipated the surveillance system and one-way window will be installed within the next four months.

R2: This recommendation has been implemented. SYBH Policy and Procedure 14-016, attached (Attachment B), reflects this recommendation.



POLICY AND PROCEDURE

#21-009

PROGRAMS: Psychiatric Health Facility (PHF) and Psychiatric Emergency Services (PES)

FUNCTIONAL AREA: Triage and Transfer

SUBJECT: Medical Triage, Screening and Non-Emergency Transfers

CONTACT PERSON:

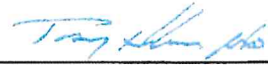


Deputy Director – Clinical Services

ORIGINAL DATE

10-94

APPROVED BY:



Behavioral Health Director

REVISED DATE

12-14-16

**POLICY:** It is the policy of Sutter-Yuba Behavioral Health (SYBH) Psychiatric Health Facility (PHF) to establish basic medical parameters, policies and procedures governing assessment of patients for medical status and for transfer of patients requiring medical evaluation or immediate medical attention.

**POLICY:**

- A. Regulations governing Psychiatric Health Facilities (PHF) prohibit the admission of patients with medical problems requiring more than outpatient level of care.
- B. Patients requiring the use of machinery or equipment that constitutes a safety issue or requires staff skills outside usual psychiatric nursing care cannot be admitted (i.e., respirators, IVs, Ng tubes, etc.). Patients using oxygen on an outpatient basis may be admitted.
- C. Medical parameters have been established as guidelines to assist in determining whether patients can be safely cared for in this facility.
- D. Patients coming to SYBH/PHF will receive a medical clearance at Rideout Hospital and be screened by inpatient staff to determine if medical condition is satisfactory for them to be admitted to the PHF.
- E. Patients being admitted to PHF will be referred to the charge nurse or his/her designee for initial assessment.

**PROCEDURE:**

***Nothing in this procedure is intended to delay emergency treatment. Any qualified staff member who determines that a life-threatening situation exists shall activate the emergency response by calling 911.***



A. PES Triage and Medical Screening

1. PES staff shall determine if the patient has been medically evaluated, cleared, and meets SYBH criteria for admission.
2. When indicated, patients may be referred to an appropriate medical facility for medical evaluation and stabilization before they are transported to SYBH.
3. A nursing staff member will do complete vital signs and a brief assessment of medical status immediately upon patient's entry to the PHF. Patients needing immediate medical care shall be sent to Rideout Hospital Emergency Room **after** consultation with the PHF psychiatrist or physician's assistant as soon as possible.

B. Medical parameters for PHF admissions require the admitting physician review and approval, and possibly review by other medical providers (ROER, PT;s MD;s, etc.):

1. Vital signs:
  - (a) Blood pressure
    - (1) Systolic above 180 or below 80
    - (2) Diastolic above 110 or below 50
    - (3) Combination 180/110 or 80/50
    - (4) 10 points difference in Blood Pressure in both arms
  - (b) Pulse may not exceed the following:
    - (1) Above 140 or below 50
    - (2) Irregular (rapid and thready, etc.)
  - (c) Respirations above 30 or below 12
  - (d) Temperature above 102° F
2. Under the influence of alcohol
  - (a) Blood alcohol must be below 0.2.
3. Ambulation: Must be able, with assistance, to walk or to wheel self to or from building in an emergency. Patient must demonstrate ability to transfer without assistance.
4. Level of consciousness:
  - (a) Impaired state of consciousness suggesting medical problems requiring acute medical care.
  - (b) Evidence of significant depression of level of consciousness, secondary to alcohol intoxication. Combined alcohol and other sedative use is of particular concern.

- (c) Overdose ordinarily requiring medical intervention.
  - (d) When in doubt, call poison control.
5. Medical problems:
- (a) History of medical illness that is difficult to control or frequently is out of control, requiring acute medical care.
  - (b) In obvious medical distress.
6. Obvious signs of trauma:
- (a) Bleeding
  - (b) Pupils unequal/non-reactive to light. Other significant neurological signs or symptoms of unknown cause, or if prior treatment is undetermined.
  - (c) Contusions, abrasions, lacerations, or hematomas that may require medical attention or might indicate significant deep tissue trauma.
  - (d) Significant or persistent nausea and vomiting without known cause and/or not readily relieved by usual interventions.
  - (e) Severe pain of unknown origin or untreated.
  - (f) Untreated fractures.
7. Possible alteration in blood glucose:
- (a) If there is indication of a history of, or symptoms of diabetes, mellitus, nursing staff may check blood glucose with an on-site glucometer with the patient's consent. Symptoms and signs of alteration in blood glucose include: polyuria, polydipsia, polyphagia, diaphoresis, or altered mental status.
- C. Guidelines established with the Emergency Room will be followed for patients who are evaluated there.
1. Patients Under the Influence of Alcohol: Patients under the influence of alcohol may be evaluated by PES staff:
- a. Only after their blood alcohol level is 0.2 or lower.
  - b. Only when a physician finds that the patient is alert and oriented and conversant.
  - c. Only when other significant medical problems have been addressed or ruled out.

2. Patients Who Are Suspected of Lithium Intoxication: Patients suspected of lithium intoxication will be evaluated by PES staff only after:
  - a. Serum lithium levels are 1.2 mEq/l or less.
  - b. There is no evidence of lithium intoxication: confusion, lethargy, muscle tremors, and muscle twitching.
  - c. An EKG is normal.
  - d. Other vital parameters are normal.
  - e. Other significant medical problems have been addressed or ruled out.
3. Patients Who Are Suspected of Tylenol Over Dosage: Patients suspected of acetaminophen intoxication will be evaluated by PES staff only after:
  - a. Acetaminophen plasma concentrations are found to be less than might be expected to cause hepatic toxicity on two separate measurements at least 4 hours apart and, or, exhibit a drop in the Tylenol level on the second of these two measurements.
4. Patients Who Are Suspected of Tricyclic Antidepressant Over Dosage: Patients suspected of tricyclic antidepressant over dosage will be evaluated by PES staff only after:
  - a. Two normal electrocardiograms have been obtained at 4 hour intervals with a QTC of less than 480.
  - b. There are no signs of tricyclic over dosages: tachycardia, dilated pupils, muscle twitching, dry/flushed skin, lethargy, and slurred speech.
  - c. The patient has been observed for at least 6 hours in the medical emergency department.
- D. Medical evaluation (involuntary patients)
  1. If any clinical data falls outside the parameters established above, the patient is to be further evaluated by an in-house physician or physicians assistant, if readily available.
  2. In the absence of a physician or physician's assistant, an RN or charge nurse should assist in determining if medical evaluation is required in consultation with the on-call M.D.
  3. When it is determined that the client needs immediate medical care he/she is to be sent to Rideout Hospital Emergency Room, after consultation with the psychiatrist or physicians assistant on call.
    - (a) Nursing staff:
      - (1) Call the designated medical facility to inform them of pending referral, and give them as much information as possible regarding the patient and reason for referral.
      - (2) Notify patient's identified emergency contact or conservator of transfer.



- (b) Inpatient:
- (1) Copy appropriate sections of patient's Medical Record.
  - (2) Assemble papers for transfer with patient.

***NOTE: Patients on involuntary status must have a copy of the 5150 sent with them. If on conservatorship, the conservator's name, address, and phone number will be sent and notify the conservator.***

***A patient on involuntary status must have a SYBH employee with them while they are awaiting medical evaluation or treatment. When the patient is admitted to a general hospital, this is not required. (Patients on conservatorship could have the conservator with them, if appropriate).***

#### **REFERENCES:**

- Vital Signs Form #I-137  
<http://scnet2/teams/hsteam/Mental%20Health%20Library/I-137%20VITAL%20SIGNS.pdf>
- Intake Screening Assessment, Form I-116  
<http://scnet2/teams/hsteam/Mental%20Health%20Library/I-116%20INTAKE%20SCREENING%20ASSESSMENT%20-%20INPATIENT.pdf>
- Policy & Procedure 18-002 – PHF Admission Policy

#### **REVISION HISTORY:**

- 10-94; 11-6-02; 2-12-04; 7-13-06; 5-21-09; 9-5-13; 12-14-16





## POLICY AND PROCEDURE

#14-016

SUTTER-YUBA  
BEHAVIORAL  
HEALTH

PROGRAMS: Psychiatric Health Facility (PHF)  
FUNCTIONAL AREA: Client/Patient Care - Inpatient

**SUBJECT: Staff Response to AWOL**

CONTACT PERSON:

APPROVED BY:

  
Deputy Director – Clinical Services

  
Behavioral Health Director

ORIGINAL DATE  
10-94

REVISED DATE  
12-15-16

**POLICY:** It is the policy of Sutter-Yuba Behavioral Health (SYBH) Psychiatric Health Facility (PHF) to establish protocols in response to an AWOL (Away Without Leave) Patient. **NOTE:** Only involuntary patients can be considered AWOL. Voluntary patients are to be discharged.

### PROCEDURE:

- A. Staff should be vigilant and alert to the possibility of AWOL attempts by patients. Staff should be especially observant during meals, visiting hours, during outdoor recreation periods, and when patients are present in the backyard.
- B. When an AWOL attempt occurs, staff should attempt to prevent the patient from leaving, using non-violent crisis prevention techniques. Staff who observe an AWOL attempt and are near a phone, should page other staff for assistance. Staff should not pursue the patient if this pursuit places them in any danger and staff should not pursue a patient beyond SYBH property lines.
- C. When an AWOL attempt is made, staff must complete an Incident Report. When the AWOL attempt is successful, the following procedures shall be followed:
  1. Call the Yuba City Police Department at 822-4660. Report the AWOL and request an Attempt to Locate (ATL). If patient returns, PHF staff shall contact law enforcement.
  2. Notify appropriate persons that the AWOL has occurred.
    - a. The Psychiatrist on duty
    - b. The PHF Program Manager or the Deputy Director of Clinical Services if the PHF Program Manager is not available.
    - c. Patient's conservator (if applicable)
    - d. Patient's family (if applicable)
  3. In the case of an AWOL, an Incident Report and an AWOL Report must be completed. File both copies of the pending AWOL Report and the Incident Report in the patient's chart.

- D. When a patient does not return from an AWOL, the patient is to be discharged at midnight.

When the patient is discharged, staff is to notify the patient's family so that the patient's property can be returned.

- E. When an AWOL patient returns (prior to discharge):
1. The patient is sent immediately to Rideout Regional Medical Center Emergency Room (RRMCER) for medical clearance unless line of sight by staff was maintained during the entire AWOL event, no patient injury was observed and the patient is not requesting medical care.
  2. The patient is evaluated by a Crisis Counselor, Program Manager, the Psychiatrist on duty, or the patient's Social Worker.
  3. The Yuba City Police Department is notified and a request for cancellation of the ATL is made.
  4. All interested parties notified (i.e., family, conservator)
- F. When an AWOL patient is returned after discharge:
1. The patient is evaluated by a Crisis Counselor, Program Manager, Psychiatrist on duty, or the Inpatient Social Worker, and a 5150 is initiated, if appropriate.
  2. The patient is sent to RRMCEER for medical clearance
  3. The Yuba City Police Department is notified and a request of cancellation of the ATL is made.
  4. All interested parties are notified (i.e., family, conservator).
- G. Depending upon the amount of time passed prior to the AWOL patients return, the treatment team has the option to uphold or rescind the W&I 5150 for the discharged patient determined by whether the patient continues to meet criteria for a hold and by what is the least restrictive option for that patient.

#### REFERENCES:

- W&I Code 5150 <http://leginfo.legislature.ca.gov/faces/codes.xhtml>
- 5150 AWOL Report, Form I-104  
<http://scnet2/teams/hsteam/Mental%20Health%20Library/I-104%20AWOL%20REPORT%20-%20INPATIENT.pdf>
- Report of Incident  
<http://scnet2/teams/hsteam/Mental%20Health%20Library/REPORT%20OF%20INCIDENT.pdf>
- Policy & Procedure 08-025 "Completing an Incident Report"

#### REVISION HISTORY:

- 10-94; 11-1-02; 11-12-03; 12-10-08; 12-15-16

# The County Of Yuba

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## PROBATION DEPARTMENT

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JAMES L. ARNOLD  
CHIEF PROBATION OFFICER



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(530) 749-7550  
FAX (530) 749-7364

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June 27, 2017

The Honorable Julia Scrogin  
Yuba County Superior Court  
215 5<sup>th</sup> Street, Suite 200  
Marysville, CA 95901

**RE:           Response to 2016-2017 Grand Jury Findings and Recommendations**

Dear Judge Scrogin:

This letter, provided pursuant to California Penal Code Section 933, is the Yuba County Probation Department's response to the 2016/2017 Grand Jury Final Report – Findings and Recommendations concerning the annual investigation into the operation of the Tri County Juvenile Rehabilitation Facility / Maxine Singer Youth Guidance Center.

Please accept the following response to the 2016/2017 Grand Jury Findings and Recommendations:

**Finding 1**

*There is lack of dedicated funding for off-site field trips that provide the youth with educational opportunities and the ability to interact in a social setting outside of the facility.*

We agree with this finding

**Finding 2**

*Improvements have been made with the removal of exposed insulation in the indoor recreation room.*

We agree with this finding.

**Finding 3**

*The addition of a full-time nurse has been implemented.*

We agree with the finding.



**Recommendation 1**

*Staff prepares an annual plan with monthly or bi-monthly field trips and the costs associated to conduct those trips along with a budget request to the County Board of Supervisors.*

Field trips are one component of the four phase program offered to youth residing at the Maxine Singer Youth Guidance Center (Camp Singer). Off campus activities are planned based on the needs and phase level of youth participating in the program at any given time throughout the year. California Code of Regulations Title 15 Section 1321 (h) (3) (A)-(F) governing youth supervision staffing ratios is also a factor when planning off campus activities.

Field trips of an educational nature are paid for by the Yuba County Office of Education. Recreational field trips are paid for by revenue collected through use of the inmate phone system and donations from community based civic organizations.

While planning off campus recreational activities to enhance participants' pro-social skills outside the facility, staff members are encouraged to develop trips which youth of all socioeconomic conditions can incorporate into their lives after release. Introducing new activities and experiences during the youths' stay in the program affords them positive alternatives to the negative choices being made prior to program participation.

The established funding protocol for recreational activities has been an adequate resource for the program. No trips have been cancelled due to funding shortages.

**Recommendation 2**

*Yuba County Board of Supervisors working in concert with the Sutter County Board of Supervisors should appropriate sufficient funds to provide for ongoing educational and social skills-building field trips for the Camp Singer Youth.*

Educational field trips are funded through the Yuba County Office of Education as the educational provider to youth detained at Camp Singer. Recreational field trips are funded through revenue collected through use of the inmate phone system and donations from community based civic clubs. The established funding protocol has been an adequate resource in meeting recreational program needs.

**Recommendation 3**

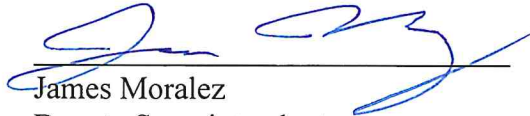
*Fees charged to contracting counties should be reviewed to ensure that sufficient revenue is collected to provide these off-site field trips to the youth who are housed from other counties.*

At the beginning of each budget process, fees charged to contracting counties are reviewed to ensure contract counties are paying appropriate costs. In April of 2017, the Tri County Oversight Committee approved an 8% increase in placement costs to contract counties.

Respectfully Submitted,



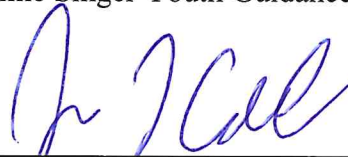
Brent Hungrige  
Deputy Superintendent  
Tri County Juvenile Rehabilitation Facility



James Moralez  
Deputy Superintendent  
Maxine Singer Youth Guidance Center



Theresa Dove Weber  
Superintendent of Institutions



James L. Arnold  
Yuba County Chief Probation Officer