

ATTACHMENT 3

I would like to start by acknowledging the hard work done by everyone around the kids that we care for at the Juvenile Justice Center. Within the JJC, it is a formal collaboration of multiple agencies doing this work; outside the JJC, we have even more informal collaborative partners and I don't know that this is always acknowledged. So I am taking this opportunity to thank you for working with us to do what we can for these youth.

I will do my best to get to the point, so please bear with me. I am a pediatric nurse practitioner in the medical unit at the JJC. Our medical unit is essentially a clinic – we see the youth for physicals, minor injuries, acute and chronic illness. We do not have the capacity to do certain things, such as x-ray, CT scan, MRI, surgical procedures. Also, we have limited monitoring capacity. This means that youth detained in this facility must be relatively stable and independent prior to intake.

The police do an excellent job of taking youth for clearance prior to booking; however, there is a disconnect (which I am working on with the County and local facilities) about what it means to be “fit for incarceration” or “medically cleared” for our facility. Recently, there has been a spate of youth who are “cleared”, yet no information is transferred to us regarding what they were cleared for, how they were cleared, etc. I want to be very careful to not lay blame, just identify where communication gaps seem to be.

We are working on agreements and understanding with local hospitals, but in the meantime it would be really helpful if:

1. If there is ever a question about whether a youth requires clearance or where they should go, there is an RN available 24/7 at JJC. The number is (510)667-4931.
2. Youth with chronic conditions that are being cleared (diabetes, hypertension, organ transplant) be taken to their medical home (where they get their routine care). This may be out of the way sometimes, but it will actually save time as we will request that they be cleared a second time if necessary.
3. Request a copy of the progress note and any lab results from the emergency room, so they can be brought with the youth. The paperwork that is routinely given is generic and often not very useful for the continuation of care.

Since I am not present to answer questions, I do not want to take up too much more of your time. Please feel free to call me directly at any time. I really feel like communication is the key to the collaborations around these youth and I hope that we can build lines of communication that help all of us.

My contact information:

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From: Anne Rishon [<mailto:ARishon@mail.cho.org>]
Sent: Wednesday, July 12, 2017 11:09 AM
To: Finnell, Anthony <AFinnell@oaklandnet.com>
Subject: Precustody clearances

Hello,

I really enjoyed speaking with you the other day. Hopefully we can make some good things happen. I want to start by saying that I have no intention of calling anyone out or laying blame. My only interest is in strengthening the communication and making the process smoother for everyone involved. I would like to start by acknowledging the officers who do their due diligence by taking the youth to the hospital prior to intake and who make sure we get all the information that is needed so we can continue care. My concerns are about unusual incidents, which are luckily not that frequent.

To begin, a little clarification: When youth are deemed "fit for incarceration" by an ER, there is no real definition for what makes a person fit for incarceration. Every facility has its limitations; for instance, Santa Rita has an infirmary - the Juvenile Justice center does not. We cannot house youth who are unable to care for themselves or who are medically unstable. When youth are cleared at hospitals for injury, intoxication, acute, or chronic conditions, we need the information from the hospital about what was done and what needs to be done to continue care. We cannot do things like x-ray or CT imaging, surgery, casting, IVs, or intensive monitoring. We are not allowed to bring crutches into the facility, so if a youth is not ambulatory, they need a wheelchair or walker.

When police officers take youth for clearance, it is understandable that they would go to the nearest hospital or one where they feel that the youth will be cleared in a timely manner. This is usually okay, for simple clearances like injuries, etc. We have ways of getting the medical records from most of our local facilities. There are certainly hospitals that we prefer, either because they have an understanding of our limitations or because we can easily access records.

Now to the concerns. When youth who have chronic medical conditions (the example I will use is diabetes) that require ongoing treatment, we need those youth to be cleared at their "medical home". The youth usually knows where that is, whether it is Kaiser or Children's Hospital, etc. Over the years, we have had several incidents where a youth who has, for instance, diabetes was picked up and taken for clearance somewhere other than their medical home. When asked to take the youth for a second clearance, there has been some pushback. On one specific occasion, the youth was taken to the same hospital 3 times before the officers would take him to Children's, even though they were advised that we would not be able to accept a clearance from anywhere else. In that incident, the officers referenced a 'contract' they had with the facility they were using (this was San Leandro Hospital). This was maybe 3 years ago. Last year, we had several youth who were under the age of 15 (14, and 12) taken to Highland Hospital for a clearance following an MVA. When asked why they were not taken to Children's (Highland is a predominantly adult facility), again a 'contract' was referenced.

Children and adolescents are not "small adults". They require a different level and different kind of care. If they have a chronic condition (diabetes, cystic fibrosis, epilepsy), we will need detailed treatment orders from their medical home. If they do not have a local medical home (this happens on occasion), Children's Hospital will do detailed care, but an adult facility will not.

I know this is a little off of what you asked for. I hope it is helpful and maybe you can direct me to which areas you need more detail.

Thank you again. I really appreciate when folks are interested in improving communication between the agencies and making the process of caring for these youth less cumbersome so we can focus our energies in the right places.