

**SAN JOAQUIN COUNTY PROBATION DEPARTMENT
JUVENILE DETENTION POLICY AND PROCEDURE MANUAL**

TO: ALL STAFF

BULLETIN #: D-401

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REPLACES: 11/01/2018

ISSUE DATE: 8/25/2022

SUBJECT: CLASSIFICATION POLICY

POLICY

Housing placement in the San Joaquin County Juvenile Detention Facility shall provide for the safety of the youth, other youth, facility staff, and the public by placing youth in the most appropriate, least restrictive housing, and program settings. All youth shall receive a comprehensive classification assessment and placement in a suitable housing unit. Each housing unit is designed to accommodate youth of similar age, status, sophistication and/or risk. The ultimate goal is to assign youth to a housing unit that will best assist the youth in receiving services, with consideration given to safety and security. Detention Administration has provided guidelines for the assignment of youth to the appropriate housing unit; however, Detention Administration may authorize exceptions to the general guidelines.

PROCEDURES

A. Booking

1. All youth upon admittance to the facility shall remain in the Intake area, until the following assessments have been completed:
 - a. Detention Risk Assessment Instrument (DRAI)
 - b. Positive Achievement Change Tool (PACT) Pre-Screen
 - c. Massachusetts Youth Screening Instrument (MAYSI-2)
2. If the booking occurs when there is not an Intake Probation Officer on duty, the PACT Pre-Screen will be completed the following day. The Duty Officer shall complete the DRAI and the Intake Juvenile Detention Officer shall ensure the MAYSI-2 is administered prior to the youth being placed on a housing unit.
3. If there is no Intake Probation Office on duty, the Intake Juvenile Detention Officer (JDO) shall look in JJIS to see if a PACT Pre-Screen or a PACT Full Assessment has been completed on the youth. If so, the youth shall be classified utilizing the most recent PACT assessment until a current assessment is completed. If a PACT assessment has not previously been completed on a youth, the youth shall be placed on a housing unit with an available bed until a PACT Pre-Screen has been completed by the Intake Probation Officer.

B. Screening for the Risk of Sexual Abuse

1. The Intake Juvenile Detention Officer shall complete the Intake Sexual Abuse Screening form (Attachment A) the Booking Questionnaire and observation within 72 hours of each admission into Juvenile Hall.
2. The Intake Sexual Abuse Screening form Booking Questionnaire and observation shall include the following:
 - a. Prior sexual victimization or abusiveness
 - b. Gender nonconforming appearance or manner; or identification as lesbian, gay or bisexual, transgender, queer or intersex, and whether the youth may therefore be vulnerable to sexual abuse
 - c. Current charges and offense history
 - d. Age
 - e. Level of emotional and cognitive development
 - f. Physical size and stature
 - g. Mental illness or mental disabilities
 - h. Intellectual or developmental disabilities
 - i. Physical disabilities
 - j. The youth's perception of vulnerability
 - k. Any other specific information about the individual youth that may indicate heightened needs for supervision, additional safety precautions, or separation from other youth.
3. Staff shall ascertain this information through conversations with the youth during the admittance process, medical and behavioral health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the youth's files.
4. Information obtained during this screening is sensitive information and shall not be used to the youth's detriment by staff or other youth.

C. Classification Factors

1. Youth shall not be separated from the general population or assigned to a single occupancy room based solely on the youth's actual or perceived race, ethnic

group identification, ancestry, national origin, immigration status, color, religion, gender, sexual orientation, gender identity, gender expression, mental or physical disability, or HIV status. This does not prohibit staff from placing youth in a single occupancy room at the youth's specific request or in accordance with Title 15 regulations regarding separation.

2. Facility staff shall not consider lesbian, gay, bisexual, transgender, questioning or intersex identification or status as an indicator of likelihood of being sexually abusive.
3. The assignment of housing will be based upon factors that include, but are not limited to:
 - a. Age
 - b. Maturity
 - c. Sophistication
 - d. Emotional Stability
 - e. Program Needs
 - f. Legal Status
 - g. Public Safety Considerations
 - h. Medical/Mental Health Considerations
 - i. Gender/Gender Identity of Youth
 - j. Criminal History
 - k. Current Offense

D. Facility Design

1. The San Joaquin County Juvenile Detention Facility has five 30-bed housing units and one 29-bed housing unit, with a maximum rated capacity of 179 beds.
2. Units 1 and 2 are single story 30-bed linear housing units. Unit 3 is a 29-bed linear housing unit. All three are equipped with a dayroom.
3. Units 4, 5, and 6 are 30-bed tiered housing units designed as open pods. These units have a dayroom, two separate classrooms, and a self-contained medical clinic.
4. Housing Unit descriptions will be determined by Detention Administration, after

considering the facility population and classification of the youth.

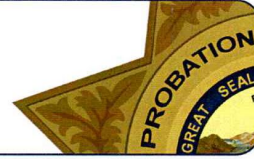
G. Classifying Youth

1. The Intake JDO shall complete the Classification Worksheet (Attachment B) during the booking process.
2. The Intake JDO shall indicate the youth's age, gender, court status and risk to reoffend as determined by the PACT Pre-Screen Assessment.
3. The Duty Officer shall sign the Classification Worksheet and make any recommended changes.
4. The Duty Officer will determine the housing unit based on the classification information provided.

H. Re-classifying Youth

1. The Classification and Behavior Team is responsible for re-classifying youth regarding their housing unit at minimum every 30 days.
2. In addition to every 30 days, re-classification will be conducted for the following instances:
 - a. Whenever an incident occurs, which may impact the status of the youth
 - b. After the youth receives a Court commitment
 - c. When it has been discovered a youth has been incorrectly classified
 - d. When a youth displays an inability to follow unit rules and expectations and displays an increasing pattern of behavior that jeopardizes the safety and security of the institution
 - e. For the protection of the youth
3. The Classification and Behavior Team shall complete the re-classification Worksheet (Attachment C).
4. Once a youth has been re-classified as a commitment youth, the Camp POIII shall advise the youth of his/her estimated length of stay and program guidelines.
5. Committed youth accepted into Camp Peterson shall be provided the Camp Peterson Handbook which describes facility guidelines.
6. The Duty Officer is responsible for the overall safety and security of the institutions, youth, and staff. Should a need arise for an immediate re-

classification, the Duty Officer is authorized to do so.



Intake Sexual Abuse Screening

1. Have you ever been the victim of abuse or sexual abuse?

2. Which do you identify?

A) Lesbian

B) Gay

C) Bisexual

D) Transgender

E) Queer

F) Intersex

G) Straight

H) Other

3. Current Charges

4. Prior Charges

5. Age

6. Level of Emotional and Cognitive Development

Was the MAYSI completed? Yes or No

Please see Behavioral Health Assessment

7. Record the Following

Height - _____

Weight - _____

8. Are you aware of any Mental illness or Mental Disabilities you may have? Yes or No.

Such as Schizophrenia, bi-polar disorder, personality disorder, thought disorder or adjustment disorder.

If Yes What?

Please see Behavioral Health Assessment

9. Do you have any Physical Disabilities?

If Yes What?

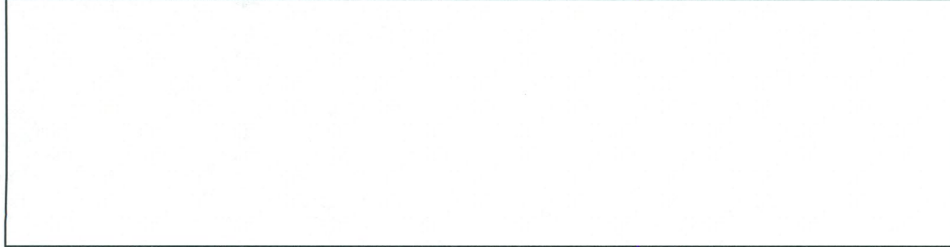
Please see Clinic Evaluation

10. Do you feel that you are vulnerable to others around you? Yes or No

If yes why?

[Type here]

11. Any other information the youth has given to indicated a need for increased Supervision or safety precautions.



[Type here]

CLASSIFICATION WORKSHEET

Youth's Name: _____

J#: _____

Classification at Intake on (date): _____

By (D.O. / JDUS): _____

YOUTH'S CHARACTERISTICS (check all that apply)

Age: ☐ <12 ☐ 14 ☐ 16 ☐ 18 ☐ 20 ☐ 22 ☒ 24
☐ 13 ☐ 15 ☐ 17 ☐ 19 ☐ 21 ☐ 23

Sex: ☐ Male ☐ Female ☐ Non- Binary

Court status: ☐ Pre-Dispositional
☐ Court committed
☐ Pending Adult Court
☐ Pending VOP
☐ Secure Track

PACT

Assessment Level: ☐ Low Risk ☐ Moderate Risk ☐ Moderate-High Risk ☐ High Risk

Appropriate Housing Unit: 2 4 5 6 Camp

CONSIDERATIONS

- | | |
|---|---|
| <input type="checkbox"/> 707(B) WIC Offenses | <input type="checkbox"/> History of Escape |
| <input type="checkbox"/> Felony Bench Warrant | <input type="checkbox"/> Out-of-State or Out-of-County Resident |
| <input type="checkbox"/> Replacement from Out-of-State Placement | <input type="checkbox"/> Sex-Related Offenses |
| <input type="checkbox"/> Suicidal Gestures | <input type="checkbox"/> Self-Harm |
| <input type="checkbox"/> Behavior Significant to Warrant Close Monitoring | <input type="checkbox"/> Pregnant Youth |
| <input type="checkbox"/> Epileptic/ Seizure History | <input type="checkbox"/> Psychotropic Medication |
| <input type="checkbox"/> Physically Challenged | <input type="checkbox"/> Bed Restriction |

Notes: _____

DO/JDFS signature: _____ Date: _____

Attachment B

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Attachment B

RE-CLASSIFICATION WORKSHEET

Youth's Name: _____ J#: _____

Classification at Intake (date): _____ By (D.O/ JDUS): _____

Reclassification Review (date): _____ By (D.O/ JDUS): _____

Current Living Unit: ☐ 2 ☐ 4 ☐ 5 ☐ 6 ☐ Camp

YOUTH'S CHARACTERISTICS (check all that apply)

Age: ☐ <12 ☐ 14 ☐ 16 ☐ 18 ☐ 20 ☐ 22 ☐ 24
☐ 13 ☐ 15 ☐ 17 ☐ 19 ☐ 21 ☐ 23

Sex: ☐ Male ☐ Female ☐ Non- Binary

Court status: ☐ Pre-Dispositional
☐ Court committed
☐ Pending Adult Court
☐ Pending VOP
☐ Secure Track

PACT

Assessment Level: ☐ Low Risk ☐ Moderate Risk ☐ Moderate-High Risk ☐ High Risk

CONSIDERATIONS

- | | |
|---|---|
| <input type="checkbox"/> 707(B) WIC Offenses | <input type="checkbox"/> History of Escape |
| <input type="checkbox"/> Felony Bench Warrant | <input type="checkbox"/> Out-of-State or Out-of-County Resident |
| <input type="checkbox"/> Replacement from Out-of-State Placement | <input type="checkbox"/> Sex-Related Offenses |
| <input type="checkbox"/> Suicidal Gestures | <input type="checkbox"/> Self-Harm |
| <input type="checkbox"/> Behavior Significant to Warrant Close Monitoring | <input type="checkbox"/> Pregnant Youth |
| <input type="checkbox"/> Epileptic/ Seizure History | <input type="checkbox"/> Psychotropic Medication |
| <input type="checkbox"/> Physically Challenged | <input type="checkbox"/> Bed Restriction |
| <input type="checkbox"/> No Restriction | |

Youth to remain on Unit ☐ Youth to be transferred to unit: _____

PUS/JDFS signature: _____ Date: _____

Attachment C

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Attachment C