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DEPARTMENT OF AUDITOR-CONTROLLER

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February 8, 2012

TO: Supervisor Zev Yaroslavsky, Chairman
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Don Knabe
Supervisor Michael D. Antonovich

FROM: Wendy L. Watanabe
Auditor-Controller

SUBJECT: **PROBATION DEPARTMENT JUVENILE HALLS MONITORING REVIEW – MARCH 1, 2011 THROUGH AUGUST 31, 2011**

In October 2009, the federal Department of Justice (DOJ) settlement agreement for the County Probation Department's (Probation) juvenile halls concluded when the DOJ reported that the County had implemented all of the settlement agreement provisions. At the request of the Chief Executive Officer, we have continued to monitor the juvenile halls to evaluate whether the County has continued to comply with the settlement agreement provisions and with Probation's policies and procedures.

We reviewed the County's compliance with the following 16 settlement agreement provisions that we identified as high-risk: Initial Mental Health Screening and Mental Health Referrals (Provision 9); Substance Abuse (Provision 16); Use of Soft Restraints (Provision 18); Access to Care (Provision 19 & 43); Assessment of Suicidal Minors (Provision 24); Management of Suicidal Youth (Provision 25); Care for Self-Harming Youth (Provision 26); Staffing (Provision 27); Chemical Restraints (Provision 28); Physical Interventions (Provision 29 & 32); Rehabilitation (Provision 33); Reduction of Youth on Youth Violence (Provision 35); Minor Orientation (Provision 37); and the Grievance System (Provision 38). Our review covered from March 1, 2011 to August 31, 2011.

Results of Review

Probation has continued to comply with some of the requirements from the settlement agreement. For example, Probation was appropriately screening and orienting minors entering the juvenile halls, and generally maintained appropriate staff and supervision ratios required by the DOJ. Probation and the Los Angeles County Office of Education (LACOE) also maintained a Behavior Management Program (BMP) for the halls, including rehabilitative and gender-specific programming. In addition, the weekly activity calendars at halls indicated that Probation and LACOE staff were following the required BMP curriculum.

However, Probation was not always complying with all of the settlement agreement requirements, or with Probation's internal policies and procedures. For example:

Use Of Soft Restraints (DOJ Provision 18)

- Responsible facility supervisors did not always complete a timely and thorough review of incidents where soft restraints were used. Specifically, supervisors did not complete reviews of four (80%) of five incidents within two business days, as required.

- Four (50%) of the eight Probation staff who applied soft restraints to minors during the review period, had not been trained on using soft restraints.

  Probation's attached response indicates that they revised the requirements for supervisors to complete their reviews of soft restraints from two to five business days, and that they will re-train staff and supervisors on the use of soft restraints.

Access To Care (DOJ Provisions 19 and 43)

- Probation management did not send requests for medical, dental, and mental health services that were mistakenly placed in Probation's lock boxes to the appropriate department. Specifically, Probation did not forward five (18%) of 28 medical service requests to Juvenile Court Health Services (JCHS), and did not forward two (17%) of 12 mental health service requests to the Department of Mental Health (DMH).

  Probation's attached response indicates that they implemented a new process requiring a monthly review of the Request for Services logs to ensure the proper tracking of the requests and the services provided.

Care For Self-Harming Youth (DOJ Provision 26)

- Probation management did not always ensure that minors were transported to a psychiatric hospital or specialized treatment facility within two hours following a request from DMH or JCHS. Specifically, one (16%) of the six minors reviewed was transported to a psychiatric hospital approximately 13 hours late.

  Probation's attached response indicates that they revised their transportation policy to increase the amount of time allowed to transport a minor from two to four hours. Probation also indicated that the "Officer of the Day" will be responsible for ensuring the timely transportation of minors.

Staffing Levels (DOJ Provision 27)

- We observed one instance in which a Probation staff member was not at their assigned post, leaving ten minors unattended in their cells.

  Probation's attached response indicates that this incident was investigated and appropriate action was taken.

Chemical Restraints (DOJ Provision 28)

- Probation supervisors did not complete a timely and thorough review of oleoresin capsicum (OC or pepper) spray incidents. Specifically, the supervisors completed the 15 reviews we examined an average of 11 business days late.

- Probation staff inappropriately used OC spray on minors receiving psychotropic medications without proper justification. Specifically, four (11%) of the thirty-six minors involved in the OC spray incidents were on the daily "psychotropic medication list", and the staff did not explain why they had to spray the minors. In addition, the supervisors did not always identify the policy violations during their reviews of the incidents.

- Probation supervisors did not properly document inventory discrepancies, and reasons for replacing OC spray canisters. In addition, Probation management did not properly dispose of obsolete OC spray canisters.

- Probation Officers did not always carry their OC canisters in their holsters on their belts while on duty.

  Probation's attached response indicates that they revised the requirements for supervisors to complete their review of OC spray incidents from two to five business days, and will re-train staff and supervisors on the use of OC spray. Supervisors will also now be required to initial the psychotropic medication list at

the beginning of each shift acknowledging that they reviewed the list. In addition, Probation issued two memos to Probation staff reinforcing the requirements for the weighing and maintaining OC spray canisters.

Physical Interventions (DOJ Provisions 29 and 32)

- Unit supervisors did not always inform the facility supervisor of physical interventions within the required timeframe.

- Facility supervisors did not always complete their review of physical interventions within the required timeframe.

  Probation's attached response indicates that they will re-train staff and supervisors on the use of physical interventions, and that they revised the timeframe for supervisors to complete their reviews of staff's use of physical intervention from two to five business days.

Grievance System (DOJ Provision 38)

- Grievance officers did not always address grievances within the required timeframe. Specifically, eight (18%) of the forty-five grievances we reviewed were not addressed by the end of the grievance officer's shift, as required.

- Grievances were not always entered into the minors' electronic record in Probation's Case Management System (PCMS), and reviewed and signed off by the juvenile hall director. Specifically, six (13%) of forty-five grievances were not entered into the minors' electronic record in PCMS. In addition, fourteen (93%) of fifteen grievances at Central Juvenile Hall were not reviewed/signed by the Hall director.

  Probation's attached response indicates that grievance officers have been instructed to enter grievances into PCMS upon receipt. In addition, Probation will conduct random monthly reviews of PCMS to ensure compliance.

Review of Report

We discussed the results of our review with Probation, DMH, LACOE, and JCHS. Probation's attached response indicates they agree with our findings and recommendations. Our review indicates that DMH, LACOE, and JCHS were continuing to comply with the settlement agreement provisions. As a result, we did not make any recommendations related to DMH, LACOE, or JCHS, and they do not need to respond to this report. We plan to conduct a follow-up review within six months of the date of this report to determine the status of our recommendations.

We thank Probation, DMH, LACOE, and JCHS management and staff for their cooperation and assistance during our review. Please call me if you have any questions, or your staff may contact Don Chadwick at (213) 253-0301.

WLW:JLS:DC:AA

Attachments (2)

c: William T Fujioka, Chief Executive Officer
Jerry E. Powers, Chief Probation Officer
Calvin C. Remington, Chief Deputy, Probation Department
Marvin J. Southard, D.S.W., Director, Department of Mental Health
Mitchell H. Katz, M.D., Director, Department of Health Services
Arturo Delgado, Ed.D., Superintendent, Los Angeles County Office of Education
Public Information Office
Audit Committee

LOS ANGELES COUNTY PROBATION JUVENILE HALLS
JUVENILE HALL MONITORING RESULTS
FOR THE PERIOD OF March 1, 2011 THROUGH AUGUST 31, 2011

BACKGROUND

On December 14, 2004, the Board instructed the Auditor-Controller (A-C) to monitor the County's progress toward implementing the provisions of the federal Department of Justice (DOJ) settlement agreement for the County Probation Department's (Probation) juvenile halls. In October 2009, the DOJ settlement agreement concluded when the DOJ reported that the County had implemented all the provisions. At the request of the Chief Executive Officer (CEO), we have continued to monitor the juvenile halls' compliance with the settlement agreement provisions. We also expanded our review to include Probation's compliance with their own policies and procedures related to the settlement agreement provisions. This additional review of Probation's policies and procedures, although not always specifically required by the DOJ, will help determine whether Probation is continuing to comply with the settlement agreement provisions.

SCOPE OF REVIEW

Our review covered the following 16 provisions at Central Juvenile Hall (Central), Los Padrinos Juvenile Hall (Los Padrinos), and Barry J. Nidorf Juvenile Hall (Barry J.) that we identified as high-risk:

- Initial Mental Health Screening and Mental Health Referrals (Provision 9)
- Substance Abuse (Provision 16)
- Use of Soft Restraints (Provision 18)
- Access to Care (Provisions 19 and 43)
- Assessment of Suicidal Minors (Provision 24)
- Management of Suicidal Youth (Provision 25)
- Care for Self-Harming Youth (Provision 26)
- Staffing (Provision 27)
- Chemical Restraints (Provision 28)
- Physical Interventions (Provisions 29 and 32)
- Rehabilitation (Provision 33)
- Reduction of Youth on Youth Violence (Provision 35)
- Minor Orientation (Provision 37)
- Grievance System (Provision 38)

INITIAL MENTAL HEALTH SCREENING AND REFERRAL SYSTEM (DOJ Provision 9)

Objective

Determine whether Probation screened all minors within 24 hours of admission, and whether the Department of Mental Health (DMH) conducted its mental health screening within three calendar days of admission.

In addition, determine whether Probation, DMH, Los Angeles County Office of Education (LACOE), and Juvenile Court Health Services (JCHS) adhered to the mental health referral system (System) requirements to refer youth for mental health services when staff identify youth who need those services.

Verification

We reviewed a sample of 25 minors from the admission logs at each juvenile hall from June through August 2011, and traced them to the intake screening documents completed by Probation staff, and the log of minors screened by DMH. We also reviewed the minors' charts for documentation that they were screened by DMH staff.

In addition, we interviewed Probation, DMH, LACOE, and JCHS staff. We also reviewed a sample of Request for Mental Health Consultation forms maintained by Probation, LACOE, and JCHS.

Results

Probation screened 73 (97%) of the 75 minors within 24 hours of admission, as required. In addition, DMH staff completed their initial mental health screening within three days for 56 (90%) of the 62 minors reviewed who remained in custody more than three days.

Probation and LACOE staff also complied with requirements for referring youth for mental health services, and DMH staff at Central, Los Padrinos, and Barry J. provided the requested services.

Recommendation

None.

SUBSTANCE ABUSE (DOJ Provision 16)

Objective

Determine whether minors received appropriate substance abuse treatment when requested by the minor, or referred by Probation, DMH, JCHS, or LACOE.

Verification

We traced a sample of 45 minors (16 who requested substance abuse treatment and 29 who were referred by Probation, DMH, or JCHS staff) to the substance abuse treatment control log. We also traced a sample of treatment sessions indicated on Probation's control log to DMH's record of substance abuse treatment sessions.

Results

DMH provided substance abuse treatment to all 45 minors reviewed. However, Probation's log did not include the names of five (11%) of the 45 minors who were treated. Probation management could not explain why the five minors were omitted from the substance abuse control log.

Although DMH had documentation that the omitted minors received substance abuse treatments, Probation management needs to ensure staff maintain accurate control logs to ensure all minors receive treatment.

Recommendation

1. **Probation management ensure staff maintain accurate control logs to ensure all minors receive requested substance abuse treatment.**

USE OF SOFT RESTRAINTS (DOJ Provision 18)

Objective

Determine whether Probation supervisors reviewed staff's use of soft restraints within two business days of the incident to determine whether the use of soft restraints was appropriate. In addition, determine whether medical and DMH staff met with the minor while the minor was restrained, and after the minor was released from the restraints.

Verification

We reviewed the five soft restraint incidents (three at Central and two at Los Padrinos) that occurred from January through June 2011.

Results

Probation's supervisors did not complete four (80%) of the five incident reviews within two business days, as required. The review for one incident was not completed at the time of our review, which was 22 days after the incident. The reviews for the remaining three incidents were completed an average of eight days late.

In addition, four (50%) of the eight staff (three at Central and one at Los Padrinos) who applied the soft restraints, were not trained in using the restraints, as required.

Probation management indicated that the four Probation staff subsequently completed soft restraint training.

Recommendations

Probation management:

2. **Ensure that supervisors complete reviews of soft restraint incidents within the required timeframe.**

3. **Ensure that staff who apply soft restraints are properly trained.**

ACCESS TO CARE (DOJ Provisions 19 and 43)

Objective

Determine whether Probation, JCHS, and DMH had a system that allows minors to access medical, dental, and mental health services without interference from custody staff. In addition, determine whether the minors received the requested services within three business days for medical or mental health services, and five business days for dental services.

Verification

We observed areas where minors congregate, and inspected the lock boxes, forms, and signs available to assist minors in requesting services. We reviewed the service request log maintained by Probation, JCHS, and DMH. We also reviewed 75 service request forms received from March through July 2011, and the timeliness of services provided. In addition, we interviewed Probation staff and 15 minors.

Results

DMH staff provided timely mental health services for all 28 requests reviewed where the minors remained in custody more than three days. In addition, JCHS staff provided timely dental services to all fifteen requests reviewed where the minors were in custody more than five days.

However, we noted that some minors accidently put their service requests in the wrong lock boxes, and Probation staff did not always forward the requests to the appropriate agency. Specifically, Probation did not send five (18%) of the twenty-eight medical service requests to JCHS, and did not send two (17%) of the twelve mental health service requests to DMH.

Recommendation

4. **Probation management ensure that requests for medical, dental, and mental health services mistakenly placed in Probation's lock boxes are forwarded to the appropriate agency.**

ASSESSMENT OF SUICIDAL YOUTH (DOJ Provision 24)

Objective

Determine whether DMH provided timely assessments and daily re-assessments of minors deemed at-risk for suicidal behaviors. In addition, determine whether DMH conducted appropriate follow-up assessments of minors removed from suicide precautions.

Verification

We selected a sample of 20 at-risk minors (twelve at Central, four at Barry J., and four at Los Padrinos), and compared them to the Mental Health Recording forms, which are used to document DMH's mental health assessments.

Results

DMH conducted timely assessments and re-assessments as required. DMH also conducted required follow-up assessments of minors removed from suicide precautions.

Recommendation

None.

MANAGEMENT OF SUICIDAL YOUTH (DOJ Provision 25)

Objective

Determine whether Probation, DMH, LACOE, and JCHS staff are aware of minors identified as at-risk for suicidal behaviors, and determine whether the minors were housed in specialized units. In addition, determine whether the four agencies collaborated and developed a treatment plan for each minor who remained on enhanced supervision more than 14 calendar days.

Verification

We interviewed DMH, LACOE, JCHS, and Probation management, and reviewed the daily lists of at-risk minors from March and July 2011. We also reviewed the housing assignments for a sample of 20 minors (twelve at Central, four at Los Padrinos, and four at Barry J.) identified as at-risk for self-harm. In addition, we reviewed the treatment

plans for 13 minors who remained on the daily lists of minors at-risk for more than 14 consecutive calendar days from March and July 2011.

Results

Probation, DMH, LACOE, and JCHS were appropriately notified of minors identified as at-risk, and the minors were housed in specialized units. In addition, multi-disciplinary teams of representatives from Probation, DMH, LACOE, and JCHS collaborated and developed treatment plans for the 13 minors reviewed. The teams also appropriately discussed the treatment plans for these minors during the weekly Individualized Behavior Management Plan (IBMP) meetings.

Recommendation

None.

CARE FOR SELF-HARMING YOUTH (DOJ Provision 26)

Objective

Determine whether Probation kept the enhanced security units free from objects that would allow minors to harm themselves. Determine whether Probation staff completed an observation report every four hours for each minor in the enhanced supervision unit. In addition, determine whether Probation transported minors to a psychiatric hospital or specialized treatment facility within two-hours following a request from DMH or JCHS.

Verification

We inspected six enhanced security units (two at each facility). We also reviewed the observation reports completed by Probation staff for a sample of 15 minors (five at each facility). In addition, we evaluated the response time for 11 psychiatric emergencies that occurred from April through July 2011 (six at Central, two at Los Padrinos, three at Barry J.) in which DMH and/or JCHS requested transportation to a psychiatric hospital or specialized treatment facility.

Results

The enhanced supervision units reviewed were free from objects that would allow minors to harm themselves, and Probation staff completed observation reports every four hours as required for each minor reviewed. In addition, Probation staff at Los Padrinos and Barry J. appropriately transported the five minors to a psychiatric hospital or specialized treatment facility within the required timeframes.

However, Probation management at Central did not always ensure that minors were transported to a psychiatric hospital within two-hours as required. Specifically, one

(16%) of six minors from Central was transported to a psychiatric hospital approximately 13 hours late.

Recommendation

5. **Probation management ensure that minors are transported to a psychiatric hospital or specialized treatment facility within two-hours following a request from DMH or JCHS.**

STAFFING LEVELS (DOJ Provision 27)

Objective

Determine whether Probation maintained the required staffing ratios. Also, determine whether the staff were at their assigned posts.

Verification

We reviewed the Suitability Tracking Log that was used to monitor staffing requirements at the juvenile halls for the AM and PM shifts for May 2011 at Central and Barry J., and for July 2011 at Los Padrinos. We also reviewed the Officers of the Day's Shift Condition Reports for three days, and the activity log books maintained in fifteen living units. In addition, we observed the staffing and supervision for three days (AM, PM, and night shift) at fifteen living units for each facility.

Results

Overall, Probation maintained the required staffing ratios, and staff were generally at their assigned posts for the units and shifts we observed.

However, we noted one instance, during sleeping hours at Central, where one staff was not at her assigned post, leaving ten minors unattended in their cells. The two closest Probation staff were on the opposite wing of the unit. Probation management could not explain why the staff was not at her assigned post.

In addition, we observed four minors on enhanced supervision (three at Central and one at Barry J.) who were covered completely by bed sheets, blankets, and/or clothing in their beds. Directive 1132 requires all minors on enhanced supervision to keep their hands, wrists, arms, and entire neck and facial areas visible at all times.

Recommendations

Probation management:

6. **Investigate the instance of staff not at her assigned post leaving ten minors unattended, and take appropriate disciplinary action.**

7. **Ensure that all minors on enhanced supervision keep their hands, wrists, arms, and entire neck and facial areas visible at all times.**

CHEMICAL RESTRAINTS (DOJ Provision 28)

Objective

Determine whether the County appropriately reviewed the use of oleoresin capsicum (OC or pepper) spray, including ensuring that impacted Probation staff and minors were appropriately decontaminated. In addition, determine whether Probation maintained appropriate controls over OC spray canisters.

Verification

We reviewed the Safe Crisis Management (SCM) Report for March through July 2011 on the Probation Case Management System. We also reviewed the SCM Incident Review Packets for 15 (47%) of the 32 OC spray incidents that occurred from March through August 2011. The 15 incidents involved 36 minors and 98 staff. In addition, we interviewed Probation staff, and reviewed the OC spray canister inventory logs at each facility.

Results

SCM Incident Review

Probation supervisors determined that all 15 OC spray incidents were appropriate. In addition, the 36 minors involved were decontaminated and seen by medical staff within the required timeframe. However, Probation supervisors did not always complete their reviews of the incidents within the established timeframes. Specifically, the supervisors completed their reviews of the 15 incidents an average of 11 business days late. The supervisors indicated that the delays were due to the need for additional information from their staff. However, the supervisors did not document the reasons for the delays in the SCM Incident Review Packets, as required.

In addition, Probation staff inappropriately used OC spray on minors receiving psychotropic medications without proper justification. Specifically, four (11%) of the thirty-six minors involved in the OC spray incidents were on the daily "psychotropic medication list", and the staff did not explain why it was necessary and unavoidable to spray the minors. In addition, the supervisors for two (50%) of the four incidents did not identify the policy violation during their incident reviews. The "psychotropic medication list" identifies minors who received psychotropic medications within the last 48 hours. According to Probation's OC Spray policy, minors on psychotropic medications may have an aversive reaction to OC spray, and should not be sprayed unless the staff explain in their written report why it was necessary and unavoidable to spray the minors.

Probation management needs to ensure that staff using OC spray do not spray minors on the "psychotropic medication list" unless necessary and unavoidable. In addition, Probation management needs to ensure that supervisors complete reviews of the incidents within the established timeframes.

Inventory Controls

Probation did not always maintain appropriate inventory controls over OC spray canisters. Specifically:

- The supervisors at all facilities inventoried and weighed 1,047 (95%) of 1,098 OC spray canisters twice each year. However, Probation management did not review and document staff explanations for weight discrepancies for 54 canisters (six at Central, 24 at Los Padrinos, and 24 at Barry J.) noted during Probation's last inventory count.

- Fifty-nine (54%) of 110 replacement canisters (32 at Central, ten at Los Padrinos and 17 at Barry J.) were issued to staff without management's approval for the replacements, and without documenting the reasons for replacing the canisters (e.g., lost, stolen, malfunctioning, or expired).

- Barry J. did not return over 250 OC spray canisters that were removed from service beginning January 2005 to Probation's Property and Supply Warehouse for disposal as required by Probation's Pepper Spray Policy.

We also observed that eight (44%) of the eighteen staff (three at Central, three at Los Padrinos, and two at Barry J.) we interviewed did not have their OC spray canisters in their possession. Five of the eight staff subsequently retrieved their canisters from their lockers. However, the other three staff indicated that they left their OC spray canisters at home.

Probation needs to ensure that inventory discrepancies are properly documented, and that staff complete a Special Incident Report to document the reasons for replacing OC canisters that are lost, stolen, or malfunctioning. In addition, Barry J. management needs to properly dispose of obsolete OC spray canisters. Probation management also needs to ensure that Probation Officers carry their OC spray while on duty.

Recommendations

Probation management:

8. Ensure that supervisors complete a timely and thorough review of OC Spray incidents.

9. **Ensure that staff review the "psychotropic medication list" prior to their shift, and discipline staff that administer OC spray to minors on the list without proper justification.**

10. **Ensure that inventory discrepancies are properly documented, reasons for replacing OC spray canisters are documented, and obsolete OC spray canisters are properly disposed.**

11. **Ensure that Probation Officers carry their OC canisters in their holsters on their belts while on duty.**

PHYSICAL INTERVENTIONS (DOJ Provisions 29 and 32)

Objective

Determine whether Probation's physical intervention practices ensured that the least amount of physical intervention necessary for the safety of staff, other minors, and visitors was used on the minors. In addition, determine whether Probation appropriately reviewed the use of physical intervention and alleged child abuse by Probation staff.

Verification

We reviewed 21 (13%) of the 159 physical intervention incidents reported on the SCM database from April 2011 through July 2011, and we reviewed the SCM Incident Review Packets for each incident. We also reviewed a copy of the Early Intervention System Review Notification report, which contains a list of staff involved in an excessive number of use of force incidents based on the criteria established by Probation, and discussed with management any personnel action taken with these employees.

Results

Probation supervisors determined that the use and level of force applied by staff was appropriate for 20 (95%) of the 21 incidents reviewed, and the remaining incident, was appropriately referred to the Special Investigations Unit (SIU) for further review and possible disciplinary action. In addition, the minors generally received a timely medical assessment following the incidents. Probation management also took appropriate action when they identified staff involved in an excessive number of use of force incidents.

However, Probation supervisors did not always complete a timely review of the incidents. Specifically, for 12 (57 %) of the 21 incidents reviewed, Probation supervisors did not complete their review within two business days as required. The 12 incidents were reviewed an average of ten business days late. The supervisors indicated that the delays in completing their reviews were necessary to obtain additional information from their staff. However, the supervisors did not document the reasons for the delays as required.

In addition, we noted one incident in which the unit supervisor did not notify the facility supervisor of the incident within 15 minutes of its occurrence as required. The facility supervisor was informed of the incident one hour and 45 minutes after the occurrence.

Recommendations

Probation management:

12. **Ensure that the designated facility supervisors complete their review of the staff's use of physical intervention within the required timeframe, or document the reason(s) for the delays in the SCM Incident Review Packet.**

13. **Ensure that the unit supervisors inform the facility supervisors of physical interventions within the required timeframe.**

REHABILITATION (DOJ Provision 33)

Objective

Determine whether Probation and LACOE maintained a facility-wide behavioral management system. Determine whether the system included rehabilitative and gender-specific programming. Determine whether the system addressed poorly performing minors, and rewarded minors performing at or above standard.

Verification

We reviewed the Behavior Management Program (BMP) Handbook developed by Probation, LACOE, DMH, and JCHS, to facilitate behavioral change in incarcerated youth. We compared the curriculum in the BMP Handbook with topics covered in the weekly activity calendars. We also interviewed Probation and LACOE management.

Results

Probation and LACOE maintained a facility-wide behavior management system. Specifically, the curriculum in the BMP Handbook included rehabilitative and gender-specific programming, and the weekly activity calendars showed that Probation and LACOE staff followed the curriculum.

Recommendation

None.

REDUCTION OF YOUTH ON YOUTH VIOLENCE (YOYV) (DOJ Provision 35)

Objective

Determine whether Probation implemented strategies for reducing YOYV. Determine whether Probation tracked and reviewed YOYV incidents, and referred minors to an interdisciplinary team for consideration of an Individualized Behavior Management Plan (IBMP) when they are involved in serious and/or multiple YOYV incidents. In addition, determine whether minors involved in YOYV incidents completed YOYV contracts.

Verification

We traced the YOYV incidents at each juvenile hall from LACOE's binder of classroom incidents to Probation's YOYV log. We identified the names of five minors involved in three or more YOYV incidents in one month during the review period. We also traced the names of the five minors from Probation's YOYV logs to the incident review packets, YOYV contracts, referrals to the multi-disciplinary committee for consideration of an IBMP, and requests for mental health consultations maintained by Probation. In addition, we reviewed the Facility Operations Reports from April through July 2011, which summarizes YOYV incidents by location, and reviewed the weekly meeting minutes from SCM meetings attended by juvenile hall directors for June 2011.

Results

Probation appropriately tracked and reviewed the YOYV incidents, and conducted weekly meetings to identify specific trends and ways to improve their operations. In addition, Probation management responded appropriately to the five minors involved in three or more YOYV incidents in one month. Probation appropriately ensured that minors completed YOYV contracts, and referred each minor to the interdisciplinary team that considered the minors for an IBMP.

However, Probation does not have a system for measuring the effectiveness of their strategies for reducing YOYV. Probation needs to consider developing outcome measures, and monitor the results for their strategies for reducing YOYV are effective.

Recommendation

14. Probation management consider developing outcome measures, and monitor the results to determine whether their strategies for reducing YOYV are effective.

MINOR ORIENTATION (DOJ Provision 37)

Objective

Determine whether all youth received an orientation at the halls, covering information such as how to access the grievance system, medical care, mental health services, or report staff misconduct, within 48 hours of admission.

Verification

We reviewed the Orientation Checklists for 75 minors admitted to the three juvenile halls from June through August 2011. In addition, we reviewed the post orientation test/questionnaire completed by the minors.

Results

Probation generally completed orientations within the required timeframe. In addition, the Orientation Checklist and post orientation test/questionnaire signed by the minors indicated that they understood the information presented at the orientations.

Recommendation

None.

GRIEVANCE SYSTEM (DOJ Provision 38)

Objective

Determine whether Probation's grievance system was accessible to minors, and maintained their confidentially. In addition, determine whether Probation tracked the grievances to ensure they received appropriate follow-up, and that Probation informed the minors who initiated the grievances of the outcomes.

Verification

We observed all of the areas where minors congregate, and inspected lockboxes, forms, and signage. We also interviewed 15 minors and the grievance officer at each facility, and reviewed 45 grievances in Probation's grievance database.

Results

Probation's grievance system was readily accessible to minors. The grievance forms, instructions, and lock boxes were clearly posted in areas where minors congregate, and the lock boxes were properly secured to protect the privacy of the minors. The 45 grievances were appropriately reviewed by the grievance officer and discussed with the minors. In addition, the 15 minors we interviewed indicated that they understood the

grievance process. However, Probation did not always process grievances as required. Specifically:

- Eight (18%) of forty-five grievances (one from Central and seven from Barry J.) were not addressed within the required timeframe. The eight grievances were addressed an average of six days late.

- Fourteen (93%) of fifteen grievances at Central were not reviewed and signed by a juvenile hall director. The 30 grievances reviewed at Los Padrinos and Barry J. were appropriately reviewed and signed by the juvenile hall directors.

- Six (13%) of forty-five grievances (two from Central and four at Barry J.) were not entered into the minors' electronic record in Probation's Case Management System (PCMS). As a result, information on the grievances filed by the minors was not included in the minors' electronic record, and was not available to other facilities when the minors were transferred.

Probation management needs to ensure that grievance officers address all grievances, within the required timeframe. They also need to ensure that grievances are reviewed and signed off by a juvenile hall director, that grievance officers enter grievances into PCMS, and update the status in PCMS when appropriate.

Recommendations

Probation management:

15. Ensure that grievance officers address all grievances within the required timeframe.

16. Ensure that grievances are reviewed and signed off by a juvenile hall director and that the grievances are entered into PCMS.

CALVIN C. REMINGTON
Acting Chief Probation Officer

COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY – DOWNEY, CALIFORNIA 90242
(562) 940-2554

November 22, 2011

To: Wendy L. Watanabe
Auditor-Controller

From: Calvin C. Remington
Acting Chief Probation Officer

SUBJECT: RESPONSE TO THE AUDITOR CONTROLLER'S SEMI-ANNUAL MONITORING REVIEW OF JUVENILE HALLS (MARCH 2011 THROUGH AUGUST 2011)

The following is in response to several provision recommendations as presented by the Auditor-Controller in their Juvenile Hall Monitoring Report dated November 04, 2011.

Provision – Initial Mental Health Screening and Referral System (Paragraph 9)

"The County shall develop and implement policies, procedures, and practices for initial mental health screening to allow the identification of previously diagnosed and potentially existing mental health or substance abuse disorders, including potential suicidality. The County and LACOE shall develop and implement a system for LACOE to refer youth for mental health services when such needs have been identified by LACOE personnel."

Auditor-Controller's Recommendation:
NONE

Probation Department's Response:
NONE

Provision – Substance Abuse (Paragraph 16)

"The County shall develop and implement policies, procedures, and practices to address substance use disorders appropriately."

A-C Findings: Probation omitted five (5) (11 percent of the 45 reviewed) minors from the substance abuse control log.

RESPONSE TO THE AUDITOR CONTROLLER'S SEMI-ANNUAL MONITORING REVIEW OF JUVENILE HALLS (MARCH 2011 THROUGH AUGUST 2011)

Auditor-Controller's Recommendation:

1. **Probation Management to maintain an accurate control log to ensure all minors receive the necessary substance abuse treatment.**

Probation Department's Response:

AGREE: In a memo dated November 15, 2011, all officers responsible for entering data into the Substance Abuse Log have been informed that the information shall be entered into the log the same day as the receipt of the information. Additionally, Probation shall reconcile this log with the Department of Mental Health (DMH) Internal Substance Abuse Log monthly; at the beginning of the month for the previous month.

Provision – Paragraph 18 (Restraints)

"The County shall revise policies, procedures, and practices to limit uses of restraints for mental health crises to circumstances necessary to protect the youth and other individuals, for only as long as is necessary, and to accomplish restraint in a safe manner."

A-C Findings: Probation did not always complete adequate reviews of incidents involving the use of soft restraints within the required timeframes. Additionally, not all officers utilizing applying soft restraints had up to date training in the application of soft restraints.

Auditor-Controller's Recommendation:

Probation Management:

2. **Ensure that the designated facility supervisor completes a timely and thorough review of soft restraint incidents.**

Probation Department's Responses:

AGREE: The bureau recognizes the delay in completing the necessary reviews. In a memo dated September 9, 2011, the timeframe to complete the Use of Force review has increased from two (2) business days to five (5) business days. This increased timeframe should dramatically reduce the number of late submissions. Additionally, all supervisors will receive booster training on December 7, 2011, regarding Safe Crisis Management (SCM) reviews. The Detention Services Bureau (DSB) Audit Team will conduct monthly audits of all SCM reviews for completeness and timeliness of submission.

RESPONSE TO THE AUDITOR CONTROLLER'S SEMI-ANNUAL MONITORING REVIEW OF JUVENILE HALLS (MARCH 2011 THROUGH AUGUST 2011)

3. **Ensure staff who are allowed to apply soft restraints to minors are trained on the use of soft restraints.**

   AGREE: All officers within the facility (including supervisors), have been trained, have received updated training, or are in the process of receiving training / updated training regarding the application of soft restraints.

Provision – Paragraph 19 and 43 (Access To Care)

"The County shall develop and implement policies, procedures, and practices that allow youth to access mental health services without interference from custody staff, except as dictated by institutional safety needs."

"The County shall develop and implement policies, procedures, and practices to ensure that probation staff do not deter youth from requesting medical care."

A-C Findings: Minors' requests for services were not always tracked and, in the case of the minor being transferred; the request was not always appropriately forwarded to the receiving facility.

Auditor-Controller's Recommendation:

4. **Probation Management ensure that requests for medical, dental, and mental health services mistakenly placed in Probation's lock boxes are forwarded to the appropriate agency.**

Probation Department's Responses:

AGREE: The Bureaus agree and all officers responsible for inputting data into the Request for Services Log (Access to Care) have been informed that they are to enter the information (nature of request) into the tracking form upon receipt. Additionally, based on these findings, the bureau has implemented a new process of reviewing these logs monthly to ensure the proper tracking of requests, services provided, and / or the appropriate forwarding of requests. These logs will be audited monthly by the DSB Audit Team. Officers have been informed that once the information is entered, the forms should be hand delivered to the appropriate agency. At this time, officers shall obtain a signature from the agency representative. A Probation transmittal receipt shall also be completed, confirming the receipt of the forms.

RESPONSE TO THE AUDITOR CONTROLLER'S SEMI-ANNUAL MONITORING REVIEW OF JUVENILE HALLS (MARCH 2011 THROUGH AUGUST 2011)

Provision - Assessment of Suicidal Youth (Paragraph 24)

"The County shall ensure that licensed mental health professionals provide timely assessment and daily reassessment of youth deemed at risk for suicidal behaviors, or more frequent reassessment as appropriate, as well as appropriate follow-up assessment once youth are discharged from suicide precautions."

Auditor-Controller's Recommendation:
NONE

Probation Department's Response:
NONE

Provision – Management of Suicidal Youth (Paragraph 25)

"The County and LACOE shall develop and implement policies, procedures, and practices to ensure that mental health staff are sufficiently involved with probation and education staff in the management of youth exhibiting suicidal behaviors, including creation of individual behavior modification programs (County) and, if needed, creation for a youth of a Behavior Support Plan or a Behavior Intervention Plan (LACOE), and decisions about appropriate clothing, bedding, and housing (County)."

Auditor-Controller's Recommendation:
NONE

Probation Department's Response:
NONE

Provision – Care for Self-Harming Youth (Paragraph 26)

"The County shall develop a continuum of services and responses to meet the needs of self-harming youth, including revised supervision practices to minimize incidents of self-harm, and appropriate access to hospital services and specialized residential facilities."

A-C Findings: Probation did not always ensure minors were transported to treatment facilities (medical/ mental health) within an appropriate timeframe upon the recommendation of Department of Mental health (DMH) staff.

RESPONSE TO THE AUDITOR CONTROLLER'S SEMI-ANNUAL MONITORING REVIEW OF JUVENILE HALLS (MARCH 2011 THROUGH AUGUST 2011)

Auditor-Controller Recommendation:

5. **Probation management to ensure that minors are transported to a psychiatric hospital or specialized treatment facility within two hours following a request from DMH or JCHS.**

Probation Department's Response:

AGREE: While a specific timeframe for the transportation of minors is not articulated in the DOJ Settlement Agreement, it is good practice to transport minors in crisis as soon as possible. In light of these findings, DSB has modified their transportation policy. In a memo dated November 7, 2011, Juvenile Hall Managers and Supervisors have been informed that upon receipt of a recommendation from DMH or Juvenile Court Health Services (JCHS) for WIC 5150, minors shall be transported within four (4) hours. The Officer of the Day shall be responsible for ensuring the prompt transportation of these minors.

Provision: Staffing (Paragraph 27)

"The County shall provide sufficient staff supervision to keep residents reasonably safe from harm and allow rehabilitative activities to occur successfully."

A-C Findings: It was observed that Probation Officers assigned to Level 3 minors did not always require the minors head, hands, neck, wrists, and arms be exposed during sleeping hours (Directives 1132 and 1188). Additionally, one incidence of an abandoned post was observed.

Auditor-Controller's Recommendations:

Probation Management:

6. **Investigate the instance of staff not at their assigned post leaving ten (10) minors unattended, and discipline the responsible employee(s), if appropriate.**

Probation Department's Response:

AGREE: This incident was investigated and appropriate action was taken. Any alleged incidents of an abandoned post are investigated internally.

7. **Ensure that all minors on enhanced supervision keep their hands, wrists, arms, and entire neck and facial areas visible at all times.**

RESPONSE TO THE AUDITOR CONTROLLER'S SEMI-ANNUAL MONITORING REVIEW OF JUVENILE HALLS (MARCH 2011 THROUGH AUGUST 2011)

Probation Department's Response:

AGREE: While this is not specifically articulated in the DOJ Settlement Agreement, it is Probation policy that a Level 3 minor have their hands, wrists, arms, neck, and facial areas visible at all times. All sworn personnel were reminded of the requirements of enhanced supervision as outlined in the most recent Probation Directive (1188). Each alleged act of noncompliance will be investigated on an individual basis and appropriate corrective action will be taken based upon the outcome/ findings of the investigation. As a result of these findings, the DSB Audit Team will be conducting random observational audits of all specialized units. The results of these audits will be reported to the DOJ Compliance Director and the Bureau Chief.

Provision – Chemical Restraint (Paragraph 28)

"The County shall develop and implement policies, procedures, and practices to restrict the use of oleoresin capsicum (OC) spray to appropriate circumstances, enable supervisors to maintain appropriate controls over spray use and storage, restrict the carrying of OC spray to only those individuals who need to carry and use it, prevent wherever possible the use of OC spray on populations for whom its use is contraindicated or contrary to doctors' instructions, and ensure that decontamination occurs properly."

A-C Findings:

- Use of Force reviews were not always completed in a timely manner
- "Psychotropic Medication List" was not always appropriately reviewed
- When OC spray was used against a minor on psychotropic medication, the level of violence requiring the level of force was not always appropriately articulated
- Probation did not always maintain appropriate inventory controls
- On-duty officers were not always in possession of their OC spray

Auditor-Controller's Recommendation:

Probation Management:

8. **Ensure supervisors complete a timely and thorough review of OC Spray incidents.**

RESPONSE TO THE AUDITOR CONTROLLER'S SEMI-ANNUAL MONITORING REVIEW OF JUVENILE HALLS (MARCH 2011 THROUGH AUGUST 2011)

Probation Department's Response:

AGREE: See response to recommendation #2

9. **Ensure staff reviews the "psychotropic medication list" prior to their shift and discipline staff that administers OC spray to minors on the list without proper justification.**

Probation Department's Response:

AGREE: Supervisors have been advised to share the "psychotropic medication list" with line officers. In light of these findings, in a memo dated November 15, 2011, supervisors were advised to place a copy of the "psychotropic medication list" in the Mental Health Binder. Officers are required to place their initials in this binder at the beginning of each shift. Compliance will be monitored via random observational audits by the DSB Audit Team of Mental Health binders within each housing unit.

10. **Ensure inventory discrepancies are properly documented, reasons for replacing OC spray canisters are documented, and obsolete OC spray canisters are properly disposed.**

Probation Department's Response:

AGREE: In two memos dated September 27, 2011 and October 11, 2011, the requirements for the weighing and maintenance (including inventory) of OC canisters were distributed to DSB, DOJ, and MSB managers and supervisors. These memos reinforced the process in place. In addition to these established processes, the DSB will audit the OC weigh-in log to identify any discrepancies.

11. **Ensure Probation Officers carry their OC canisters in their holsters on their belt while on duty.**

Probation Department's Response:

AGREE: While this is not part of the DOJ Settlement Agreement, it is a good practice. The carrying of OC spray on an officer's belt in an approved/ issues canister holder is a uniform requirement. All supervisors regularly inspect officers for uniform compliance and take appropriate action when an officer is found to be out of compliance. Supervisors will be required to provide a copy of the inspection sheet the facility Assistant Superintendent upon request.

RESPONSE TO THE AUDITOR CONTROLLER'S SEMI-ANNUAL MONITORING REVIEW OF JUVENILE HALLS (MARCH 2011 THROUGH AUGUST 2011)

Provision - Uses of Force (Paragraph 29) and 32 (UOF Review)

"The County shall develop and implement a comprehensive policy and accompanying practices governing use of force, ensuring that the least amount of force necessary for the safety of staff, youth residents, and visitors is used on youth."

"The County shall develop and implement a system for review of uses of force and alleged child abuse by senior management so that they may use the information gathered to improve training and supervision of staff, guide staff discipline, and/or make policy or programmatic changes as needed."

A-C Findings: Use of Force reviews were not always completed in a timely manner. Additionally, in one instance, the duty supervisor (OD) was not notified of a use of force incident within the 15 minute timeframe.

Auditor-Controller Recommendation:

Probation Management:

12. **Ensure the designated facility supervisor completes their review of the staff's use of physical intervention within the required timeframe or document the reason(s) for the delays in the SCM Incident Review Packet.**

Probation Department's Response:

AGREE: See response to recommendation #2

13. **Ensure the unit supervisors inform the facility supervisor of physical interventions within the required timeframe.**

Probation Department's Response:

AGREE: The incident outside the policy requirements for notification has been addressed and appropriate action taken.

Provision – Rehabilitation (Paragraph 33)

"The County shall provide adequate rehabilitative programming and gender-specific programming, where appropriate. The County and LACOE shall provide a facility-wide behavioral management system that is implemented throughout the day, including school time."

Auditor-Controller's Recommendation:
NONE

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Probation Department's Response:
NONE

Provision – Reduction of Youth on Youth Violence (Paragraph 35)
"The County and LACOE shall develop and implement strategies for reducing youth on youth violence that includes training staff in appropriate behavior management, recognition and response to gang dynamics, and violence reduction techniques."

A-C Findings: Probation was unable to directly link efforts toward reducing youth on youth violence to a statistical reduction in youth on youth violence.

Auditor-Controller's Recommendation:

14. **Probation management consider developing outcome measures and monitor results to determine whether their strategies for reducing YOYV are effective.**

Probation Department's Response:

The bureau makes every effort to reduce youth on youth violence through Supervisor and Director Meetings where "Best Practices" are shared and disseminated to the units. The bureau recognizes the importance of reducing youth on youth violence incidents. However, the bureau also recognizes the ever-changing and challenging environment line officers face daily. While one "Best Practice" may have an impact one day, the population may change through movement and new admissions, and the same practice may be ineffective the next day. It is this environment that makes it nearly impossible to link a statistical change (positive or negative) to these meetings and identify whether the practices discussed are reaching the line officers and making a difference.

Provision – Minor Orientation (Paragraph 37)
"The County shall ensure that all youth, including those who are disabled or Limited English Proficient receive orientation sufficient to communicate important information such as how to access the grievance system, medical care and mental health services, or report staff misconduct."

Auditor-Controller's Recommendation:
NONE

Probation Department's Response:
NONE

RESPONSE TO THE AUDITOR CONTROLLER'S SEMI-ANNUAL MONITORING REVIEW OF JUVENILE HALLS (MARCH 2011 THROUGH AUGUST 2011)

Provision – Grievance System (Paragraph 38)

"The County and LACOE shall develop effective grievance systems to which youth have access when they have complaints, ensure that grievances may be filed confidentially, and ensure that they receive appropriate follow-up, including informing the author of the grievance about its outcome and tracking implementation of resolutions."

A-C Findings: Probation did not always enter grievances into the tracking system within an appropriate timeframe, resulting in the unavailability of information to other facilities. Additionally, grievances were not always reviewed and signed by Probation Managers in a timely manner.

Auditor-Controller's Recommendation:

Probation Management:

15. **Ensure grievance officers address all grievances within the required timeframe.**

Probation Department's Response:

AGREE: DSB and DOJ Bureaus agree and all grievance officers have been informed that they are to enter grievances into PCMS upon receipt. The DSB Audit Team will conduct random, monthly compliance checks via Probation Case Management System (PCMS) to ensure compliance.

16. **Ensure grievances are reviewed and signed off by a juvenile hall director and that the grievances are entered into PCMS.**

Probation Department's Response:

AGREE: DSB Managers have been informed of the necessity to review and sign grievances in a timely manner. (The incident regarding grievances at CJH was an isolated incident due to an extended vacation by the manager responsible). In light of these findings, a back-up manager will be assigned.

CR:EG:df