

**MOTION BY SUPERVISORS MARK RIDLEY-THOMAS AND
JANICE HAHN**

June 4, 2019

Meeting the Mental Health Needs of Justice-Involved Youth

In 2003, an investigation by the United States Department of Justice (DOJ) found, among other things, that youth incarcerated in the Los Angeles County (County) Probation Department (Probation) camps and juvenile halls suffered from deficient mental health care. At that time, County staff estimated that only one-quarter of incarcerated youth needing mental health services received services. In addition, the DOJ documented many inadequacies, including lack of proper care facilities, lack of compliance with screening and assessment procedures, and staffing shortages. Over fifteen years later, the County continues to struggle to meet the mental health needs of youth in the juvenile justice system.

In its February 4, 2019 report regarding the misuse and overuse of pepper spray, the Office of Inspector General (OIG) found that Probation staff felt unprepared to work with and de-escalate youth with mental health issues, and that in some instances, pepper spray was inappropriately used to respond to behavior likely caused by a mental illness, like self-injurious behavior. In violation of policy, pepper spray was deployed on youth taking psychotropic medication. Additionally, the report noted insufficient DMH staffing and insufficient mental health training for Probation staff, which impeded counseling and crisis intervention.

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MOTION BY SUPERVISORS MARK RIDLEY-THOMAS AND JANICE HAHN

June 4, 2019

PAGE 2

In response to these findings, the Board of Supervisors (Board) instructed the Director of the Department of Mental Health (DMH) to report back with an assessment of the mental health needs of youth housed in juvenile detention facilities and areas to improve trauma-informed approaches and reduce use of force. On April 26, 2019, DMH submitted its report, noting that over 90% of youth in the juvenile halls in 2018 had an open mental health case, representing an increase from previous years. While this increase may be associated with improved screening, the report attributes this trend to two over-arching issues. First, declining crime rates coupled with efforts to divert lower-risk youth from arrest and incarceration have resulted in significantly fewer youth housed in Probation facilities (from approximately 4,000 youth in 2004 to 800 youth in early 2019). Additionally, the availability of residential treatment options (in lieu of incarceration) for more severely mentally ill youth or youth at risk of self-injurious behavior has decreased over the past 10-15 years, as facilities closed, downsized or decided not to serve justice-involved youth. The result has been that youth who remain detained in Probation facilities, particularly the juvenile halls, are more likely to have high rates of trauma and be receiving mental health services. These youth are also more likely to have experienced commercial sexual exploitation, homelessness, the foster care system, and other stressors and traumas that can aggravate underlying mental health issues.

Current DMH staffing for both clinicians and psychiatrists is inadequate to address the high mental health needs of youth in the juvenile halls, and Probation staff lack the training and experience to work with these young people. The report notes that increased coverage by DMH staff is needed in the early mornings, evenings and weekends, as well as lower staffing ratios for effective treatment. Additionally, DMH staff needs to be more fully incorporated in trainings, assessments, programming and crisis de-escalation. Without this, Probation staff in the juvenile halls (who tend to be recently hired) struggle to de-escalate their behavior, contributing to high levels of use of force, as noted in the OIG report.

MOTION BY SUPERVISORS MARK RIDLEY-THOMAS AND JANICE HAHN

June 4, 2019

PAGE 3

Moreover, the report described the ways the current juvenile justice system can be counter-therapeutic, contribute to youth irritability and behavioral issues, and exacerbate mental health issues. Incarceration itself, involving the forcible removal from one's home, family and school and the loss of liberty, is traumatizing. In addition to this, the current facility design and operations of the County's juvenile halls likely have a detrimental effect on the youth as, according to the report, "progress made in treatment is quickly eroded as the youth may be repeatedly triggered and re-traumatized by the environment." Irregular and often short lengths of stay create other challenges as youth transition back into their home communities, often without mental health follow-up services. The system itself is flawed, and a fundamental paradigm change is required.

The need for a different approach has been gaining traction with County departments and state policymakers for the last few years. In November 2017, the division of Youth Diversion and Development (YDD) was established within the Office of Diversion and Reentry (ODR), which has piloted a pre-arrest community-based diversion program across the County. As part of the implementation of Senate Bill 439 (a bill adopted and enacted into law in 2019 to end the prosecution and detention of children under 12), recommendations for alternative placement and service interventions are also being considered, including for young children who have serious mental health needs. In January 2019, Governor Gavin Newsom moved the Department of Juvenile Justice (DJJ) from the California Department of Corrections and Reform (CDCR) to a new division within the Health and Human Services Agency. On February 19, 2019, the Board established an Office of Violence Prevention within the Department of Public Health to, among other things, address youth, gang, and systemic violence through a public health lens. Together, these health agencies are informing policies and practices among their partners in public safety to offer alternatives to incarceration, train law enforcement on a wider range of responses, and ensure youth are receiving care across their physical and mental health needs.

DMH has made compelling recommendations for how to, building on the above investments, transform the system into a "care first" model with greater investment in

MOTION BY SUPERVISORS MARK RIDLEY-THOMAS AND JANICE HAHN

June 4, 2019

PAGE 4

diversion, community-based and trauma-informed interventions, alternative placement options, and greater DMH staffing. The County should embrace it. Failure to adequately address the mental health needs of justice-involved youth has had serious consequences for the County over the years and even decades. A failed system has hindered youth well-being, youth and staff safety, and effective use of resources.

WE THEREFORE MOVE THAT THE BOARD OF SUPERVISORS:

1. Instruct the Director of the Department of Mental Health (DMH) and the Director of the Office of Diversion and Reentry's (ODR) Division on Youth Diversion and Development (YDD), in consultation with the Presiding Judge of the Juvenile Court, the Chief of the Probation Department (Probation), the Public Defender, the Alternate Public Defender, the District Attorney, the Director of the Department of Public Health (DPH), the Director of the Department of Children and Family Services, law enforcement, and community stakeholders, to report back in writing in 120 days on a plan for increasing community-based diversion and alternative placement options for youth with mental health needs to, whenever possible, avoid detention in the juvenile halls and probation camps and ensure the least restrictive and most integrated setting possible. This plan should include:
 - a. Strategies to align with and build upon existing diversion efforts underway, including YDD's roadmap for youth diversion, efforts to implement Senate Bill 439 as outlined in the October 30, 2018 motion "Setting a Minimum Age for Los Angeles County's Juvenile Justice System", and efforts to prevent youth in the dependency system from crossing over to the delinquency system as outlined in the March 20, 2018 motion "Dual status youth: Prevention and Coordinated Care."
 - b. Strategies to assess innovative legal interventions, including options for Juvenile Court Linkage and expanding practices in the Juvenile Mental Health Court (e.g., access to mental health experts) to ensure a holistic court model oriented towards mental health needs system-wide;

MOTION BY SUPERVISORS MARK RIDLEY-THOMAS AND JANICE HAHN

June 4, 2019

PAGE 5

- c. An assessment of existing diversion resources and opportunities for youth with mental health needs and substance addiction needs, including eligibility for YDD's pre-arrest diversion model; outpatient treatment; intensive outpatient treatment; other supportive services; and secure residential treatment facilities (RTFs) that accept Probation youth, including information on placement capacity and time to secure placements, and an assessment of any gaps that may exist; and
 - d. If needed, based on an analysis of current capacity and gaps, and only for youth who are not eligible for non-residential, community-based diversion, opportunities for expansion of alternative placements, which may include:
 - i. County-owned sites that could potentially be repurposed to become secure or non-secure small (e.g., 12-24 beds) residential treatment facilities for Probation youth, located close to their communities.
 - ii. An assessment of whether Short-Term Residential Therapeutic Programs could be a suitable placement option.
 - iii. Feasibility of transforming Dorothy Kirby Center into a combination secure/non-secure residential treatment facility.
2. Instruct the Director of DMH, in consultation with the Chief Executive Officer (CEO), to report back in writing in 60 days on updates on the leadership, governance, and information technology required to improve mental health services for justice-involved youth as detailed in the recommendations in its April 26, 2019 "Report Response on the Office of Inspector General Investigation and Improving Mental Health Treatment and Safety in the Juvenile Facilities" including:
- a. Hiring a Director of Coordinated Care for the Juvenile Justice System and a Program Manager of Coordinated Care;
 - b. Establishing a Health and Human Services Governance Committee; and

MOTION BY SUPERVISORS MARK RIDLEY-THOMAS AND JANICE HAHN

June 4, 2019

PAGE 6

- c. Developing an integrated data and electronic health records system across settings and departments, to better track service needs, service utilization, use of force incidents, and outcomes.
3. Instruct the Director of DMH and his designated lead staff, in consultation with the Chief Probation Officer, the Inspector General, the Director of the Department of Health Services (DHS), the Director of DPH, the Public Defender, the Alternate Public Defender, the District Attorney, the CEO, relevant labor partners, and community stakeholders, to report back in writing in 120 days on progress in enhancing mental health services in the juvenile halls and relevant Probation camps for youth deemed ineligible for diversion or alternative placement, including:
 - a. Increasing mental health-related staffing, including: expanding on-site coverage by DMH clinicians and clinical staff; consideration for including community intervention or public health workers trained in de-escalation and gang intervention; establishing Crisis Outreach and Response Teams and Crisis Stabilization Units in the juvenile halls; and strategies to utilize existing staff from facility downsizing;
 - b. Expanding Multidisciplinary Treatment teams;
 - c. Enhancing assessments and screenings;
 - d. Improving and enhancing training and onsite coaching;
 - e. Increasing community-based arts, recreational, educational, meditation, and other healing-based programming; and
 - f. Any recommended physical plant changes.
4. Provide delegated authority to the Directors of DMH and DHS to enter into a consultant contract to support the work outlined in the above directives.

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MRT: mn/cas

JH: dg