



COUNTY OF LOS ANGELES
PROBATION COMMISSION
9150 EAST IMPERIAL HIGHWAY – DOWNEY – CALIFORNIA 90242
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MINUTES OF REGULAR MEETING OF SEPTEMBER 14, 2017

The regular meeting of the County of Los Angeles Probation Commission was held on Thursday, September 14, 2017 at the Kenneth Hahn Hall of Administration, 500 West Temple Street, First Floor, Room 140, Los Angeles, California 90012

I. Commission President Joe Gardner welcomed all and called the meeting to order at 10:05 A.M. He informed the Commissioners and all present that the meeting was being recorded. He asked that all identify themselves prior to making any statements.

The following Commissioners were present:

1st Vice President Jan Levine
2nd Vice President Seaver
Commissioner Meredith
Commissioner Butler
Commissioner Martinez
Commissioner Yamashiro
Commissioner Saab
Commissioner Kaplan
Commissioner Caster
Commissioner Hoover

The following Commissioners were not present:

Commissioner Richardson
Commissioner Mitchell
Commissioner Shutan

Commissioners

Joe Gardner-President,
Hon. Jan Levine (Ret.)-1st Vice President, Daniel Seaver – 2nd Vice President,
Donald Meredith-Sergeant at Arms, Azael Martinez-Sonoqui, Cyn Yamashiro, Esq.,
Jacqueline Caster, Esq, Jo Kaplan Esq, Olivia E. Mitchell, Peter Shutan,
Zachary Hoover, Hon. Betsy Butler (Ret.), Hon. Rex Richardson, Hon. Alex Saab, Esq.

The following staff were present:
Assistant Chief Probation Officer Sheila Mitchell
Bureau Chief Sharon Harada
Director Jennifer Kaufman
Andrew Hurley, County Counsel
Monica Garcia

The following individuals were present:
Dr. Christopher R. Thompson, MD
Dr. Hanumantha Damerla, MD
John Krueger, LCSW
Dr. Karen Streich
Nancy Asparturian
Natasha Khamashta

II. APPROVAL OF MINUTES

Commissioner Seaver moved approval of the minutes of June 8, 2017. Commissioner Martinez seconded the motion and minutes were approved.

Commissioner Martinez moved approval of the minutes of August 10, 2017. Commissioner Seaver seconded the motion and minutes were approved. Commissioner Butler abstained.

Commissioner Butler moved approval of the minutes of August 24, 2017. Commissioner Hoover seconded the motion and minutes were approved. Commissioners Seaver, Saab and Caster abstained.

III. LOS ANGELES COUNTY PROBATION DEPARTMENT UPDATE

Christopher R. Thompson, M.D. and Hanumantha Damerla, M.D. are Medical Directors for the Juvenile Justice Mental Health Program. **The focus of the presentation today is to discuss the use of psychotropic medication in juvenile facilities.** Dr. Damerla provides oversight to the camps and the Kirby Center. Dr. Thompson provides oversight to halls and visits Sylmar Juvenile Hall on a regular basis. Both doctors shared their experience and training. They appreciated the opportunity to share information today.

Commissioner Kaplan urged the doctors to be open and honest in their presentation of the current realities and challenges in the facilities. Commissioner Levine asked if new procedures are being introduced when psychotropic medication are being used. Dr. Thompson advised that the new forms were distributed a little over a year ago. The

California Courts rolled out new forms in July 2016, LA County has phased in over a 6-9-month period. The deadline was April 15, 2017 and most of the doctors have been using for some time. The new forms are more comprehensive. There were also changes in procedures for youth in Suitable Placement signed off by Judge Levanas.

Dr. Thompson's presentation will review: 1) prevalence of mental disorders in LA County Juvenile justice system 2) discuss screening, diagnosis and treatment in juvenile detention facilities; 3) the psychotropic medication authorization proves and prescribing parameters utilized in LAC and 4) the psychiatric training, board certification status and other qualifications of the medical staff in the juvenile justice mental health program (JJMHP).

Dr. Thompson expressed the view that most doctors of the juvenile halls are "more conservative" than other areas of youth mental health. The unit he is involved with will provide consultation to the dependency court as a second opinion and makes recommendation to judicial officer. The judicial officer generally relies on medical staff for determining the need for medication. He shared that four years ago, the review process was standardized and made less discretionary. A tiered structure was created and any treatment that is not aligned is automatically reviewed by a psychiatrist. Dr. Thompson also shared he considered the team of doctors assigned to juvenile to be excellent in training and preparation.

Dr. Thompson reviewed the risk factors for juvenile offending : early onset of behavior problems or aggression; Attention Deficit Hyperactivity Disorder (ADHA) and other destructive behavior; substance use disorders/ acute intoxication; gang affiliation. He shared that most of the youth he treats in the compound have some level of gang affiliation. He shared research that indicated that the rates of mental disorders are significantly higher in the juvenile justice population, especially the population in custody, than the matched population of same socio-economic status. Rates of all disorders are higher than that of the general population with the 'big three' being Conduct Disorder, ADHD and Substance Abuse/Dependence. The research also shows higher rates of learning disorders, intellectual developmental disorder and generally lower intelligence levels in juvenile delinquents.

Dr. Thompson shared that the following risk factors are present for youth in juvenile justice and may increase risk of delinquency: pre-natal exposure to drugs or alcohol, attachment problems arising in infancy, exposure to trauma, dysfunctional and chaotic families and neighborhoods and overcrowded schools with limited resources.

Regarding screening and assessment of youth, Dr. Thompson explained that every youth is screened within 48-72 hours of detention using the MAYSI-2 (Massachusetts Youth Screening Instrument (2nd Version) designed to be administered by a mental health clinician in LA County). If a youth screens positive on the MAYSI-2 or the clinician administering the assessment has any concerns that there may be some understatement of issues, then the youth is referred on to a Comprehensive Mental Health Evaluation by Master's level or Doctoral level clinician. If this clinician has

concerns or if the youth already is being prescribe medication, then the youth is referred to a Child and Adolescent Psychiatrist for an evaluation. Commissioner Kaplan stated that she is aware of concerns with the MAYSI-2; both on who is administering it and that it relies on self-reporting.

Dr. Thompson shared that the instrument was designed to be administered by a “lay person” in this case, Probation staff. The Department of Mental Health has decided to have the assessment be administered by a clinician just as an enhancement to the process as most of staff has earned their license. **Commissioner Kaplan asked Dr. Thompson to confirm if all staff administering the MAYSI-2 have a license and if there are those in the process, please report back with details of how many people and by when will they complete their process.** After an evaluation, a psychiatrist will also reach out to caregiver and collect information about pre-natal history, family history, any information that would help create a more complete understanding of that child. Sometimes, doctors will reach out to teachers or probation officer to see how youth is functioning. LA County Office of Education will do psycho-education testing and will use for placement of classes. All this information is used to determine if psychotropic medication would benefit a youth. As far as psychotropic interventions, these strategies include: Crisis Counseling, Motivational Interviewing, Cognitive Behavior Therapy, Patent management Training, Girls... Moving On (designed to reduce recidivism.)

Dr. Thompson stated that insomnia in juvenile justice settings is very common for many reasons, including withdrawal from substances, earlier bedtime, nighttime rumination, and personal safety. The first response is about sleep hygiene measures, relaxation techniques and sleep protocols before addressing with medicine such as Benadryl or melatonin after 3-4 weeks. **Commissioner Kaplan requested a copy of the “sleep protocols” be shared with the Commission and Dr. Thompson agreed.**

Dr. Thompson also shared information about confirming the ADHD diagnosis with youth in custody. Rates are between 17% to 45 % for youth in custody and 9% for the base population. To confirm, information is sought from parents about behavior prior to camp, functioning in school, ability to follow instruction and need for support. It is rare that a youth has had neuropsychological testing or full mental health evaluations, however parents have shared Individual Education Plans (IEP)

Dr. Thompson informed that either parents/guardians provide consent in oral or written capacity when medication is included in treatment. Doctors are successful in contacting parent or guardian 80% of the time. In case that a parent/ guardian is not available or unwilling, a situation is critical, staff may petition the court. A release coordinator works with parents/guardian to arrange follow up appointments and release youth with 30-day supply of medication. Commissioner **Kaplan expressed concern about the transition process and the warm handoff that is needed to successfully continue treatment. She wondered if statistics of service and transitions can be shared at a future time.** Dr. Thompson agreed to follow up on the process. Dr. Thompson shared that LA County has staff assigned to provide an independent review of psychotropic

medications prescribed to all foster youth and detained juvenile justice youth for whom parental consent cannot be obtained. The reviewer makes recommendations to judge on the appropriateness of the medications. Court approvals last for a maximum of six months. The forms for court ordered use of medication have been updated and implemented by California Courts on July 1, 2016. These have been phased in in LA County. These forms included more information from prescribing psychiatrist about non-pharmacologic alternatives tried in past or being tried currently. The turnaround time for a decision is still seven court days.

Dr. Thompson shared that prescribing parameters exist that guide prescribers and JCMHS (Juvenile Court Mental Health Services) reviewer regarding: 1) professional standards for prescribing to youth; 2) psychotropic medication authorization forms for youth in state custody; 3) use of Psychotropic medication in children and adolescents. He also shared there are quarterly updated for the Parameters for use of psychotropic medication in children and adolescents based on new research and FDA updates. Lastly, he shared that a multidisciplinary work group meets quarterly to address issues. This group includes child psychiatrists, pharmacists, pediatricians, from academic (USC, Harbor-UCLA, UCLA), County and non-County community settings.

Dr. Thompson express great confidence in the providers at Juvenile Justice Mental Health Services where 2.5 full time equivalent child and adolescent psychiatrists work in alliance with, 15.5 fulltime equivalent child and adolescent psychiatrists at hall, camps and Kirby. The majority are certified by the American Board of Psychiatry and Neurology(ABPN) in Psychiatry and Child Adolescent Psychiatry. Many are certified in Forensic Psychiatry and American Board of Addition Medicine. Many have faculty appointments and several skilled in research. This program has stable doctors with little turnover.

Commissioner Levine thanked Dr. Thompson for the information and expressed a desire to learn more about non-pharmaceutical strategies such as meditation or other relaxation techniques. She also shared that during her visits to Central Juvenile Hall, she has not observed or felt a strong Department of Mental Health presence and urged the Department to capitalize on the confinement time as an opportunity to teach new behavior to support transition back to community. Dr. Thompson shared that there are many non-pharmacological interventions but due to the request to focus on use of prescription medication in camps and halls and the limited time, he did not present those. He shared that he is aware that there are several efforts. Commissioner Levine urged balance in administration of medication. Dr. Thompson shared that only prescribes medication to a third of those he evaluates. He often seeks more time with the sleep protocol and adjustment overall. **Commissioner Levine requested data that would inform of referrals and outcomes.** Dr. Thompson was willing to explore. Commissioner Caster raised a possible resource at the David Lynch Foundation. She also asked if prescription dosages are adjusted and reviewed. Dr. Thompson shared that a maximum dosage is authorized for the six-month period. Sometimes there are beginning dosages that eventually are strengthened during that 6-month period.

Commissioners raised a variety of concerns associated with medication prescriptions and the appropriate supervision of treatment as well as the need for trained medical review of all the associated practices.

Dr. Hanumantha Damerla is the Co-Director of the Juvenile Justice Mental Health Services responsible for oversight in Kirby and camps. Commissioner Kaplan asked how many camps have wards where psychotropic drugs were being administered. Dr. Damerla informed that 7 camps which included Rockey, Challenger, Scott/Scudder (Scudder is closed) and Kirby. Paige, Afflerbaugh, Gonzales, and Kilpatrick do not have wards prescribed psychotropic drugs. He is in regular conversation with psychiatrists who work at the camps and he himself does visit camps as well.

Dr. Damerla will focus his comments on common standards of care to be considered before prescribing medication to children and adolescents; review practice parameters for assessment and treatment of mental health disorders in youth in the juvenile justice system as it pertains to psychotropic medication; review the DOJ MOA with the County and discuss current LACDHM /JJMHP standard operating procedure for prescribing psychotropic Medication in LA County Juvenile Justice Facilities.

In response to Commissioner Kaplan, Dr. Damerla shared that he was very familiar with the DOJ MOA which he reviewed prior to the presentation before the Probation Commission and that provisions 37 and 44 have become part of the standard operating procedure. He stated that many policies and practices have changed since before the DOJ. Now there is a peer review inside of the Department of Mental Health and many recommendations made by DOJ have been incorporated.

Commissioner Kaplan emphasized the Commission's interest in supporting "trauma-informed care" system wide. Dr. Damerla confirmed that screening for trauma exposure was a part standard procedure whether it was treated with medication or not. With most trauma, he informed that first treatment option is general therapy and then if needed medication.

Dr. Damerla explained brain development in children and adults. He explains that neurobiologic considerations inform that adolescence is characterized by distinct neurobehavioral changes with more rapid development of limbic system and relatively immature prefrontal cognitive system that may promote risky behaviors and substance use. He added that although marked by normative risky behavior, adolescence is also a distinct period of vulnerability to substance use initiation and transition to substance abuse and dependence. In most adults, sensation seeking behavior and impulsivity is low where in adolescents and children it is high to moderate.

Dr. Damerla shared as Dr. Thompson did, that the prevalence of mental health problems among adolescent offenders is 4-6 times higher than that of the general adolescent populations and these youths are at increased risk for negative outcomes.

Dt. Damerla explained that the decision to prescribe psychotropic medication must be linked to the entire process of mental health treatment and the overarching principal is that the use of psychotropic medication should be part of holistic and collaborative mental health treatment. He shared that it was important to understand what medications can do and what they cannot do. They may level the “psychological playing field” and decrease hyperarousal, anxiety or depression or ameliorating the cognitive distortion of psychosis or increasing capacity to focus. Medication however does not change the child’s past life time experiences and their impact or view of the world. Medication cannot eliminate the residual psychological effects or maltreatment and does not alter a child’s values or beliefs. Medication alone, will not provide new coping skills or restore a sense of safety.

Dr. Damerla shared that the Dept. Of Justice Settlement Agreement, Paragraph 37 on Record Keeping was written prior to the electronic record keeping and implementation of PMRS (probation’s data management system). Today, files are available for review at every facility. With respect to Paragraph 44 on Monitoring of Psychotropic Medication. This requires medication to be prescribed, distributed and monitored properly and safely. He went on to further explain this process of identification and referral in detail. First, evaluation is made by Dept. Mental Health/Juvenile Justice Mental Health Program clinicians at intake/admission: the screening (MAYSI-2), assessment and review of mental health history and findings. If that is positive, then next step is an evaluation by Juvenile Court Health Service (Nursing staff or pediatricians): Once Juvenile Justice Mental Health Program (JJMHP) medication support staff receive referral Mental Health psychiatrist appointment is scheduled. This part of the review is available to youth being transferred from other juvenile justice facilities or youth entering juvenile justice facility from community. If an interim order for continuation of medications is needed, an ‘On-Call’ Mental Health Psychiatrist is available. If any symptoms/problems are noted after admission, inter-agency staff can fill out a Mental Health Referral form for a re-evaluation.

Commissioner Kaplan asked for the time it takes to go through the evaluation process. Dr. Damerla responded that the MAYSI-2 is administered within 72 hours and the results will dictate the next steps. If there is urgency, staff will activate themselves. The maximum an “on-call” psychiatrist can prescribe medication for 7 days. Efforts to prescribe safely, include informed consent and psychotropic medication authorization which is sought by court consent, notice to parents and youth assent or lack thereof.

Commissioner Levine asked for an update on Kirby regarding functioning and capacity. Dr. Damerla said he was not involved in intake directly at Kirby but he could come back with more specific details if needed. He did highlight that Kirby has a full-time psychiatrist and 4 additional psychiatrists who lend support to that facility. Commissioner Levine wondered if there were any self-care programs for staff. Dr. Damerla stated he was not able to respond to programs for staff since he had prepared to discuss the prescription medication. In addition to seeing a psychiatrist, he underscored that the program at Kirby included Adapted Dialectic Behavioral Therapy and lots of collaboration among staff.

Commissioner Butler had a question regarding the slide describing gender differences in medication use. She encouraged great care in understanding issues on gender and impacts of trauma. She expressed the need to deeply reflect on the impact of co-ed facilities and the potential of girls at Kilpatrick.

Commissioner Seaver was interested in knowing how many youths are under care of a psychiatrist and how many are prescribed medication. He would like to have that data and compare it to the youth being supported through behavioral therapy and any difference in outcomes. He would like to look at the overall population and see differences in treatment plans and their outcomes. He wonders if there are any ways to measure impact on youth over time and to understand what makes a difference.

Assistant Chief Mitchell shared that with respect to Rockey, contracts have been finalized to support staff on trauma informed care since there are high levels of high need youth at that facility. With respect to girls, there is a contract for NCCD – National Council of Crime & Delinquency going to the Board. The team that will assess our girls in camps (Scott and Kirby) and one of the areas for learning will be treatments with psychotropic drugs.

Commissioner Seaver sought to understand the thinking and practice to have a mental health open file on every youth in custody whether they are under care of a psychologist or psychiatrist. Assistant Chief Mitchell shared with the Commission that the Department of Mental Health established that policy and she was surprised by that when she first visited Camp Scott. Dr. Karen Streich shared that 80%-90% of the youth have trauma and depending on the camp, others have dual diagnosis. She also shared that there are a high number of youth who seek out mental health at the camps. Department of Mental Health staff co-facilitates groups either Adaptive Dialectic Behavior Therapy or Aggression Replacement Therapy so youth are getting care in a variety of care in the facilities and the file is open so that the documentation of that care can occur. Commissioner Kaplan asked if there is a protocol that can be shared. Dr. Streich said there was not a protocol that stated every youth needs to have an opened file.

Commissioner Seaver wondered how 100% of youth seek care. He wonders about the ongoing impact of having an open file with Department of Mental Health. Commissioner Levine shared that when she and Commissioner Yamashiro visited Camp Scott, she learned that every girl at Scott is seen at least once by someone at DMH. She wondered if that is a file that needs to be disclosable. Dr. Streich confirmed that all mental health files are confidential unless the youth or parent give authorization to disclose. Mental health records need consent to be shared. Commissioners expressed concern that a youth may not fully understand impacts of signing or not signing. The Commission had many concerns about this practice. President Gardner suggested a continuation of the conversation at a future meeting.

Commissioner Martinez expressed concern that youth are often impacted by medication in ways that impair their ability to learn. He asked about the partnership with LA County

Office of Education and Dr. Thompson shared that Joe Ibarra from LA County Office of Education is their contact to discuss impact. Both doctors shared that adjustments are made when issues arise.

Assistant Chief Mitchell shared that the clinicians have a very strong relationship with youth, sometimes youth feel more trust with mental health staff rather than probation staff. She highlighted the LA Model and the goal to partner with Department of Mental Health.

Commissioner Kaplan asked for a presentation regarding protocols on dealing with suicide, suicidal ideation and associated treatments.

IV. OLD BUSINESS

Mental Health Committee report was postponed.

The Commission discussed the current plan for Campus and Facilities Inspection. Commissioner Meredith reported that he had inspected Challenger and is working on finalizing the report.

Commissioner Seaver will have a written report from his inspection at Gonzales and informed that a response from the department is not needed as the primary concern was plans for closure. There was agreement that an additional inspection is not needed.

Commissioner Seaver also committed to conduct an inspection of Kilpatrick before the deadline.

Commissioner Butler shared that she and Commissioner Martinez will inspect Kirby on September 24, 2017.

Commissioner Levine, Butler, Seaver and Gardner agreed to conduct an inspection of Central Juvenile Hall.

Commissioner Seaver asked if the increase in population changed the plan for closure of camps and has the change in population impacted thinking to place girls at Kilpatrick. Assistant Chief Mitchell shared the plan has not changed for closures and there will be no decision on girls until the assessment from NCCD is completed.

V. NEW BUSINESS

This item is tabled to the next meeting regarding the Board Memorandum: Ensuring effective utilization of Juvenile Justice Crime Prevention Act and SB678 Funds – First Quarterly Report. Commissioners inquired if Chief McDonald could be present to discuss this item when it is on the agenda again.

Commissioner Caster noted that the minutes of June 8, 2017 document that Assistant Chief Mitchell agreed to provide budget information for New Directions regarding the 8 million that was allocated. Assistant Chief Mitchell apologized for the misunderstanding on this issue. Commissioner Caster shared that some information was provided but not the information regarding JJCPA funded efforts of New Direction. Assistant Chief Mitchell shared that RDA has made updates to the JJCC but their presentation can be shared with the Commission. She also suggested that perhaps in the future, a presentation to the Commission can be scheduled.

Commissioner Caster added that she had heard that many local CBOs wrote letters to Mr. Bocanega saying that the audit was unnecessary. She asked Assistant Chief Mitchell what were the circumstances that prompted them to write. She asked specially if they wrote totally on their own initiative, unprompted and Ms. Mitchell saying yes.

Assistant Chief Mitchell shared that Assemblyman Raul Bocanegra has agreed not to have a state audit of the JJCPA funds. He was originally concerned about misappropriation. After discussion with Chief McDonald and Assistant Chief Mitchell, he accepted the quarterly reports going to the Board as an important oversight and agreed to continue to be in conversation with leadership. Chief Mitchell shared that it is her top priority to ensure the best use of that resource to support the work and youth.

VI. ANNOUNCEMENTS

President Gardner reminded about the following items:

- Campus inspection reports are due November 13, 2017
- Reminder to email activities for this Quarter Recap Submissions.
- Annual Election of Commission officers will take place at the December 14th meeting. Nominations will begin at the November 9th meeting.

VII. PUBLIC COMMENT

There were no public comments.

VIII. ADJOURNMENT

Commissioner Seaver moved to adjourn the meeting and motion was seconded. President Gardner adjourned the meeting at 11: 45 A.M.

DRAFT