



COUNTY OF LOS ANGELES

PROBATION

DEPARTMENT



LOS ANGELES COUNTY
DEPARTMENT OF
MENTAL HEALTH

hope. recovery. wellbeing.

Embracing the Future

Development of Youth-Centered Therapeutic
Milieus, Staff Support Systems and the
Elimination of Chemical Agents in the Probation
Department's Juvenile Facilities

Comprehensive Plan for the Phase Out of OC Spray in all Juvenile Facilities

Safe and humane environments for all youth and staff are our utmost priority as we undertake several actions to lay the groundwork for the phased elimination of OC spray.

Probation has developed a plan that synthesizes and addresses the related recommendations provided by the Office of the Inspector General (OIG) and the Probation Reform and Implementation Team (PRIT).

Probation has met and conferred with numerous stakeholders in Louisiana, Oklahoma*, New York, San Diego County and Santa Clara County to listen and elicit feedback on our plan (*note: **Louisiana and Oklahoma phased out OC spray over the course of 1.5 to 2+ years**).

Key Strategies

Elimination of OC spray in the juvenile camps by July 31, 2019, with the closure of CMYC.

Elimination of OC in the juvenile halls by September 30, 2020 in each housing unit through a gradual phase-out strategy.

Implementation of the LA Model in the juvenile halls, that includes using a multi-disciplinary team approach for case management using a Positive Youth Development framework.

Staff development to provide ongoing training and coaching to enrich staff skills related to adolescent development, trauma-informed care and response, de-escalation and physical intervention.

Enhanced collaboration with DMH to expand/develop youth-centered programming and enhance our de-escalation and communication efforts towards youth in crisis.

Planning for the Elimination of OC Spray

Develop communication strategy to ensure that staff and youth are aware of pilot project goals. Engage youth and staff through town hall meetings and listening sessions.

Make renovations to both juvenile halls to create a more therapeutic environment. Identification of space for Crisis Stabilization Units.

Enhance programming through partnerships with county agencies and community-based providers to facilitate positive youth development.

Complete analysis of data on the historical usage of OC spray, physical interventions and staff assaults to establish baselines for ongoing evaluation.

Implement interagency training in de-escalation, trauma-informed treatment, physical intervention and youth engagement to prepare all staff working in juvenile halls.

Increase Probation resources to move to a 1:5 staff-to-youth ratio; upgrade DSO positions to DPO I, add DPO II Treatment and Counseling positions, and introduce DPO IIIs.

Increase DMH resources to develop interdisciplinary Resource Teams and Crisis Stabilization Units staffed by DMH.

Develop a policy unit to update policies and procedures, including Physical Intervention Policy, Force Review and the FIRST Team.

Development of Youth- Centered Therapeutic Milieus

Collaboration with DMH to expand/develop youth-centered programming and enhance our de-escalation and communication efforts working with youth in crisis.

Implementation of the LA Model in the juvenile halls, that includes using a multi-disciplinary team (MDT) approach for case management using a Positive Youth Development framework.

Improve, create, and enhance programming in areas of education, artistic expression, job readiness training, gang intervention, conflict resolution, parenting, restorative justice, and recreation.

In collaboration with County partners and service providers, augment the Behavior Management Program to support the needs of short-term and longer-term populations.

Continue participating in Credible Messenger initiatives, including gang intervention strategies to connect young people with mentors with lived experiences to intervene and reduce a youth's potential to return to gang involvement and criminal activities.

Mental Health Collaboration and Enhancement of Presence and Services

Expansion of mental health personnel coverage from the current 7 a.m. to 7 p.m. structure to a 7 a.m. to 10 p.m. coverage, which would also include 24-hour, on-site care support.

Development of Crisis Stabilization Units (CSUs). In the halls, many youth have been identified to be placed on direct supervision who would benefit from a unit designed specifically for stabilization.

Enhancing the collaborative partnership between DMH and Probation with the formation of DMH Resource Teams, modeled after DMH's Mental Evaluation Teams' (MET) partnership with LASD.

Facilitating and participating in joint training efforts for advancing de-escalation techniques.

Four-Step Approach to OC Phase Out

Training, Programming and Assessment (TPA): During this phase, we will initiate the training of staff, introduce or enhance new programming into the units and assess the readiness of our staff to proceed to the next phase. In this phase, staff will no longer be mandated to carry OC spray on their person effective September 1.

Restricted Stage: After the TPA stage the issuance of OC spray in the housing unit will be restricted to two (2) staff per shift.

Secured Stage: After the 60-90 day period when only two unit staff per shift are carrying OC spray, two OC spray canisters will be secured in a locked box in the unit and only accessible during extreme emergencies.

Elimination: Each unit and area will be independently assessed based on analysis as to when OC will be eliminated from specific units. The last staff to carry or be able to access OC spray generally will be crisis response personnel as more and more units will not have OC spray available in the housing units.

OC Phase Out Tentative Schedule

FACILITY/UNITS		2019						2020										
		July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov
Barry J Nidorf Juvenile Hall	Unit A/B	Prepartory phase to finalize training, negotiate with labor organizations, work with CEO on funding, renovate housing units, enter into contracts for enhance services, etc. Refer to report on prepartory steps.	TPA	TPA	R	R	S	S	E									
	Unit N/O		TPA	TPA	R	R	S	S	E									
	Unit Z		TPA	TPA	R	R	S	S	E									
	Medical Unit		TPA	TPA	R	R	S	S	E									
	Unit C/D					TPA	TPA	R	R	S	S	E						
	Unit L/M					TPA	TPA	R	R	S	S	E						
	Unit E/F					TPA	TPA	R	R	R	S	S	S	E				
	Unit W					TPA	TPA	R	R	R	S	S	S	E				
	Unit R/S						TPA	TPA	R	R	S	S	E					
	Unit Y						TPA	TPA	R	R	S	S	E					
	Unit T/V						TPA	TPA	R	R	R	S	S	S	E			
	Unit J/K							TPA	TPA	R	R	R	S	S	S	E		
	Unit G/H							TPA	TPA	R	R	R	S	S	S	E		
	Security/ MC								TPA	TPA	R	R	R	S	S	S	E	

*On September 1st 2019, Staff will no longer be required to carry OC Spray as a mandatory piece of equipment. OC will be issued in each work location based on phase out plan.

**This document will be evaluated and adjusted monthly based on usage and outcomes.

***The department is working with DMH on assessing the placement of HOPE Center during the OC phase-out approach.

**** The Department has not discussed this schedule with our labor partners and may adjust unit order following those discussions.

Staff Development and Training

Motivational Interviewing

Adolescent Development

Trauma Informed Care

Vicarious Trauma

Non-violent Crisis Intervention (CPI)

Rapport Based Supervision

Behavior Management Program

Physical Intervention Policies

Application of Physical Intervention

Probation Resource Request Summary

	Positions	Cost
Reduce Staff-to-Youth Supervision Ratios to 1:5	271	\$29,621,000
DPO III (training, programming, case management)	6	\$827,844
DPO II Treatment and Counseling	14	\$1,844,000
Upgrade 56 DSOs to DPO I	(56 positions upgraded)	\$142,000
Training (Physical Intervention and 40-hour block week)		\$1,174, 456 (ongoing) \$4,415,125 (one-time cost)
Radios		13,000
Mattresses and Bedframes		786,000
Renovations/Facility Upgrades/Furniture		TBD
		Total: \$38,823,425

Mental Health Staff Enhancements

Enhanced DMH Staff	2 Staff per unit 7 days per week 6am to 10pm shifts	CJH: 139 additional staff and 18 clinical supervisors BJNJH: 146 additional staff and 17 clinical supervisors
Resource Teams	2 Resource Teams – 1 for each Hall.	30 total staff: <ul style="list-style-type: none"> • 14 staff for Resource Teams • 2 additional supervisors • 10 Psychiatric Technicians • 4 Psychiatric Social Workers
Crisis Stabilization Units (CSU)	2 CSUs – 1 for each Hall	15 DMH staff per CSU (30 total) <ul style="list-style-type: none"> • 9 Psychiatric Social Workers • 5 licensed Psychiatric Technicians • 1 Mental health Clinical Supervisor • Additional Nursing Support from Juvenile Court Health Services
Psychiatrists	1 Psychiatrist to cover each Hall	2 total Psychiatrists to cover the Resource Teams and CSUs.