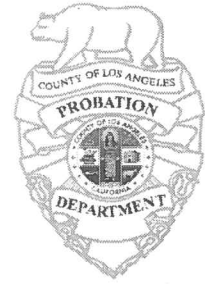




COUNTY OF LOS ANGELES PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY – DOWNEY, CALIFORNIA 90242
(562) 940-2501



ADOLFO GONZALES
Chief Probation Officer

September 2, 2021

Submission Via E-Mail

Linda M. Penner, Chair
Board of State and Community Corrections
2590 Venture Oaks Way, Suite 200
Sacramento, CA 95833

Dear Ms. Penner:

RESPONSE TO NOTIFICATION OF IMPENDING DETERMINATION OF SUITABILITY OF BARRY J. NIDORF AND CENTRAL JUVENILE HALLS

This is in response to your August 19, 2021 letter, notifying that the California Board of State and Community Corrections (“BSCC” or “Board”) will be conducting a determination of suitability of Barry J. Nidorf Juvenile Hall (BJNJH) and Central Juvenile Hall (CJH) at its September 16, 2021, virtual Board meeting. We appreciate the opportunity to submit this response.

The findings of continued non-compliance with seven main sections of Title 15 of the California Code of Regulations are substantially similar at each juvenile hall, with six (per facility) attributed to insufficient documentation to demonstrate proof of practice. The documentation-related findings pertain to youth classification, orientation, room confinement, institutional assessment and plan, staffing, use of restraint devices for movement and transportation within the facility, and youth programming. In addition, one area of non-compliance relates to the annual inspection conducted by the Los Angeles County Department of Public Health (DPH).

We have taken immediate action as described herein and believe significant progress has been made toward gaining substantial compliance related to the documentation-related findings. We implemented a daily quality assurance review to ensure documentation demonstrates proof of practice. Based on our reviews, we now have proof of practice documentation.

With regard to those areas found to be non-compliant related to the annual inspection conducted by DPH, we are working collaboratively with two other County Departments (Health Services-Juvenile Court Health Services and Mental Health) to address the issues through Corrective Action Plans.

I. DOCUMENTATION-RELATED FINDINGS (LEAD DEPARTMENT: PROBATION)

The following provides the documentation-related findings of continued non-compliance and actions taken by the Probation Department, thus far, to gain substantial compliance.

Findings and Actions Taken

1. § 1321, Staffing (CJH)

Finding: The Staff Schedules at Central Juvenile were not completed in their entirety to accurately reflect the total number of youths in each unit, staff assigned in each unit, the specific supervisors on shift, and the number of one-on-one (level 3) youth requiring enhanced supervision.

Action Taken: Daily audits have been implemented as part of the quality assurance process to ensure proper completion of the staff schedules. Specific staff are assigned to collect and review the Staffing Schedules from the morning (6 a.m. - 2 p.m.), afternoon (2 p.m. - 10 p.m.), and overnight shifts (10 p.m. – 6 a.m.).

2. § 1352, Classification (BJN and CJH)

Finding: Although in policy, there was not a specific process for conducting periodic reviews of Classifications.

Action Taken: The Probation Department updated the Juvenile Hall Initial Assessment and Plan Periodic Review Form and included a section for reviewing the Unit Classification form. The updated form was operationalized on August 23, 2021. Daily audits are now conducted to ensure proper completion of the updated form.

3. § 1353, Orientation (BJN)

Finding: Orientations were being conducted in the Receiving Units which are deemed to be regular living units. Newly admitted youth should receive an orientation prior to being transferred to a regular living unit.

Action Taken: The Probation Department updated its procedures to ensure that orientations are conducted at Movement and Control prior to their transfer to the Receiving Unit. Daily audits have been incorporated to the quality assurance process to ensure proper completion of the Orientation form at Movement and Control.

4. § 1354.5 (a), Room Confinement (BJN and CJH)

Finding: Documentations for proper justification of Room Confinement were insufficient.

Action Taken: Daily audits are now conducted to ensure proper documentation is sufficient to ensure Room Confinement is within Title 15 requirements.

§ 1354.5 (b), Room Confinement (CJH)

Finding: Plans for Reintegration were not completed correctly.

Action Taken: Daily audits are conducted to ensure that Reintegration Plans are properly completed and compliant with Title 15.

5. § 1355, Institutional Assessments and Plan (BJN and CJH)

Finding: Institutional Assessments and related Plans were incomplete and excluded elements required by this regulation.

Action Taken: Daily audits are conducted to ensure that Institutional Assessments and related Plans are properly completed in their entirety.

6. § 1358.5, Use of Restraint Devices for Movement and Transportation within the Facility (BJN and CJH)

Finding: There were indications from Physical Intervention Reports that youth were being moved within the facility in handcuffs but there were insufficient documents assessing the use of handcuffs for transport.

Action Taken: Daily audits are conducted to ensure that there is sufficient documentation in Physical Intervention Reports, Supplemental Reports, and/or Special Incident Reports when moving youth in mechanical restraints within a facility.

7. § 1371, Programs, Recreation, and Exercise (BJN and CJH)

Finding: The Title 15 Programming Log did not specifically document what Social Awareness/Rehabilitation Programming was provided to the youth.

Action Taken: Daily audits are now conducted to ensure that there is specific information on what Social Awareness or Rehabilitation Programming was provided to the youth.

Expectations of Compliance – Documentation-Related Findings

The Probation Department expects to be in full compliance with all documentation-related findings at BJNJH and CJH by mid-September 2021, as a result of the following progress:

- There are now daily reviews of all Proof of Practice documentation, which began on August 22, 2021 and will continue indefinitely.
- A Facility Coordinator ensures that the reviewed documentation is uploaded into a shared drive where Headquarters staff has access to inspect the reviewed documents.
- The Facility Coordinator submits a daily report to the Facility Management, and to Bureau Management on their findings and of any action taken.
- These reports are reviewed daily by upper management to ensure that the audit process is checking for the correct information, that responsible staff, their supervisor, and their manager receive the training/feedback on the corrections needed, ultimately ensuring that incomplete or incorrect documents are corrected, and mistakes are not repeated.

II. ANNUAL INSPECTION CONDUCTED BY THE DEPARTMENT OF PUBLIC HEALTH (LEAD DEPARTMENTS: DHS-JCHS AND DMH)

The following provides the findings and specific actions taken by DHS-JCHS, DMH and Probation to gain compliance with the related sections of Title 15.

Findings and Actions Taken

8. § 1313, County Inspection and Evaluation of Building and Grounds (BJN and CJH)

Finding: The Annual Inspection from the Los Angeles County Department of Public Health's Medical/Mental Health Report showed five repeat items of non-compliance for BJNJH. Three out of the five repeat findings at BJNJH were also items of non-compliance at CJH.

Action Taken: The Probation Department met with DPH, DHS-JCHS, and DMH to address the findings. On August 31, 2021, at the request of the Probation Department, DPH conducted a follow up inspection and will provide an updated Annual Inspection for consideration by the BSCC Inspector.

Probation has a role in two of the five DPH-related findings and expects to be in compliance by mid-September 2021 with:

- Updating PEMRS to fix system interface issues between PCMS and PEMRS, which relates to admission date and youth location.
- Ensuring Signed Medical Consents for youth detained are current and uploaded in PEMRS.

DHS-Juvenile Court Health Services

Juvenile Court Health Services submitted a Corrective Action Plan to the Department of Public Health committing to have all newly admitted youth receive a full physical examination within 96 hours of admission, even during the COVID Pandemic. The Probation Department will assist in providing system access to an attending physician for use in the Quarantine/Isolation Units at BJN and at CJH where newly admitted youth await their COVID test result.

Juvenile Court Health Services submitted a Quality Assurance Study to DPH to address DPH's initial findings that administration/delivery of medication to youth, as prescribed, were not consistently documented in PEMRS. DPH will consider this study in their follow-up inspection report anticipated to be completed by mid-September 2021.

Department of Mental Health

The Department of Mental Health submitted a Corrective Action Plan to DPH to ensure that the Psychotropic Medication Authorization information in PEMRS is accurate. This requires a system update in PEMRS that we anticipate completing by mid-September 2021.

We will continue working closely with DPH, DHS-JCHS, and DMH to resolve any remaining non-compliant issues.

III. IMPENDING BSCC REINSPECTION

On September 13, 2021, our BSCC Field Representative will be conducting a reinspection of our documentation-related findings. Based on our daily reviews, we believe we have made significant progress and appreciate this opportunity for a reinspection.

Ms. Linda Penner
September 2, 2021
Page 6 of 6

We are committed to gaining and maintaining full compliance with the noted deficiencies and look forward to participating at the BSCC's virtual Board meeting on September 16, 2021, at which time, we can provide a further update of our progress.

Sincerely,



DR. ADOLFO GONZALES
Chief Probation Officer

c: Honorable Eric C. Taylor, Presiding Judge Los Angeles County Superior Court
Honorable Akemi Arakaki, Presiding Judge of the Juvenile Court
Each Member, Los Angeles County Board of Supervisors
Fesia Davenport, Chief Executive Officer, Los Angeles County
Rodrigo Castro-Silva, County Counsel, Los Angeles County
Christina R. Ghaly, Director, Department of Health Services, Los Angeles County
Jonathan E. Sherin, Director, Department of Mental Health, Los Angeles County
Barbara Ferrer, Director, Department of Public Health, Los Angeles County
Lisa Southwell, Field Representative, Board of State and Community Corrections
Sheila Williams, Senior Manager, Chief Executive Office, Los Angeles County
Wendelyn Julien, Executive Director, Probation Oversight Commission
Justice Deputies