

MEETING DATE: November 18, 2021

Special Order of Business

TO: BSCC Chair and Members

FROM: Allison Ganter, Deputy Director, Allison.Ganter@bscc.ca.gov
Lisa Southwell, Field Representative, Lisa.Southwell@bscc.ca.gov
Aaron Maguire, General Counsel, Aaron.Maguire@bscc.ca.gov

SUBJECT: **Supplemental Report – (11/15/21)**
Determination of Suitability –
Barry J. Nidorf Juvenile Hall, Los Angeles County
Central Juvenile Hall, Los Angeles County **Requesting Approval**

Summary

This report provides updated information on the reinspection of the Barry J. Nidorf Juvenile Hall and Central Juvenile Hall in the County of Los Angeles. Based on the reinspection by the county health officer and by BSCC staff, all items of noncompliance identified at the September board meeting, which made the facility unsuitable within the meaning of Welfare and Institutions Code section 209 have been remedied. This report requests the Board make a determination of suitability based on this reinspection. In addition, this report provides a summary of items of noncompliance that were discovered within the last 60 days as part of the reinspection and while providing technical assistance that were not part of the September board meeting. The county has begun to correct these items and has been asked to submit a formal corrective action plan to address these items of noncompliance by December 14, 2021. Los Angeles County Probation Department is developing a “sustainability report” that will serve as a guide to the agency’s plan to maintain compliance with the issues related to suitability and as a corrective action plan.

BSCC Staff Activities while at the Facilities

At the direction of the BSCC Board, BSCC staff provided continuous inspection, training, and technical assistance related activities at the Barry J. Nidorf and Central Juvenile Halls from September 23, 2021 through November 12, 2021. Field Representative Lisa Southwell conducted these activities.

While at the facilities, BSCC staff:

- Conducted interviews and had conversations with youth housed at the facilities. Housing units were chosen at random by BSCC staff, and youth spoke with BSCC staff without facility staff present.
- A paper survey was conducted specifically to gather information relative to youth’s experiences with room confinement. School staff assisted with distributing and

collecting this survey so that youth felt more comfortable completing the survey than they would in the unit.

- Conducted interviews and had conversations with staff at the facilities.
- Reviewed applicable policy and procedures and updates related to issues of suitability. When applicable, reviewed memos and directives provided by agency administration to staff to address items of concern or noncompliance.
- Reviewed available and applicable documentation related to the items of noncompliance, including incident reports, room confinement logs, Specialized Supervision Program files, self-separation forms, logbook entries, quality assurance documents, classification forms (Barry J. Nidorf Juvenile Hall), medical quality assurance documents, and staff training files and records.
- Reviewed video footage from both facilities. The dates and times selected for video footage review was targeted from the results of the youth survey and interviews and conversations with youth about when they were most likely to be placed in their rooms while on the unit.
- Provided a total of 16 hours of training to facility staff, supervisors, managers, and agency administrators on topics directly related to noncompliance/suitability issues.
- Provided continual technical assistance to staff, managers, supervisors, and agency administrators in conversations (personal, Zoom, and telephone) and in-person meetings.
 - Recommended that managers and supervisors spend time on the units with facility staff to provide training, support, and review activities for maintaining compliance.

Items of Noncompliance from September 16, 2021 Board Meeting Relating to Facility Suitability

Barry J. Nidorf Juvenile Hall

Item # 1

§ 1313, County Inspection and Evaluation of Building and Grounds

[...]

(c) local health officer, inspection in accordance with Health and Safety Code Section 101045;

Issue of noncompliance as of 8/19/21: Outstanding items in 2019 medical/mental health inspection that have not been corrected (*please note, the county public health inspection findings and addendum are listed below each section*):

Item A. §1402. Scope of Health Care:

(b) When health services are delivered within the juvenile facility, staff, space, equipment, supplies, materials, and resource manuals shall be adequate to the level of care provided.

PROBATION, Juvenile Court Health Services (JCHS) AND Juvenile Justice Mental Health Services (JJMHS): (Repeat finding since 2019) When health services are delivered within the juvenile facility, staff, space, equipment, supplies, materials, and resource manuals shall be adequate to the level of care provided. The electronic medical record system aka Probation Electronic Medical Records System (PEMRS) have issues with capturing the correct admit date, real time medication and Psychotropic Medication Authorization (PMA) status records. The status bar in PEMRS is displaying inaccurate pertinent information for the nurses to properly administer psychotropic medications. The admit date are also inconsistent with actual admission date vs. PEMRS status bar admit date. The admit date found in the PEMRS status bar is unknown. Corrective action plans should include but not limited to correcting the lack of capturing true real time electronic medication, PMA status records and admit date. It was also noted that the lack of capturing real time electronic medication occurs partially because of the juvenile's movement location were not updated in a timely manner within PEMRS. This will be reviewed during the next inspection cycle. (T-1402(b))

ADDENDUM: 8/31/2021, Reviewed a small sampling of medical records due to time constraint. The small sampling yielded the following findings:

- a. Capturing the youth location and admit date have been corrected.
- b. Real time medication documentation remains as a deficiency.
- c. Psychotropic PMA status record remains as a deficiency. 9/2/2021, received email from DMH. A ticket was generated with Cerner to correct the psychotropic PMA status record banner. Will review and confirm during next inspection cycle.

<p>Reinspection 11/5/2021: Reviewed all medical records with admission dates on or after 10/1/2021. Based on review, this item of noncompliance has been corrected.</p>
--

Item B. §1432. Health Assessment

(a) The health assessment shall be completed within 96 hours of admission, excluding holidays, to the facility and result in a compilation of identified problems to be considered in classification, treatment, and the multi-disciplinary management of the youth while in custody and in pre-release planning. It shall be conducted in a location that protects the privacy of the youth and conducted by a physician, or other licensed or certified health professional working within his/her scope of practice and under the direction of a physician.

JCHS: (Repeat finding since 2015) Based on a focused medical records review, it was noted that the initial health appraisal was not consistently completed within the set timeframe set forth for initial health appraisals to be done by the physician. A physical examination is expected to be completed within 96 hours from the time of detainment.

Corrective action is required. Will verify and confirm via medical record review during the next inspection cycle. NOTE: It was noted that a modified initial admission assessment process was implemented during the COVID-19 pandemic. There were occasions where a delayed initial health appraisal occurred due to the status of juvenile's COVID result. However, those instances were not included in this finding. (T-15-1432)

ADDENDUM:8/31/2021, Reviewed a small sampling of medical records due to time constraint. The small sampling yielded the following findings:

- a. Health appraisals were still exceeding the 96 hours requirement.
- b. 9/1/2021, received email from JCHS Medical Director regarding corrective action plans on how to improve the 96 hours health appraisal requirement. JCHS Medical Director has proposed for a mobile health assessment cart that will include but not limited to a laptop with access to PEMRS, medical equipment needed to complete a comprehensive health appraisal, etc. Probation will help obtain all requested items. Will review and confirm through a larger sampling of randomized records during next inspection cycle. Will also observe quarantine area to confirm the changes stated in proposal.

Reinspection 11/5/2021: *Reviewed all medical records with admission dates on or after 10/1/2021. Based on review, this item of noncompliance has been corrected. When staffing levels affect the ability to complete the assessment within 96 hours, alternative arrangements will be made to ensure that it is complete and compliance is maintained.*

Item C. §1434. Consent and Refusal for Health Care

(a) All immunizations, examinations, treatments, and procedures requiring verbal or written informed consent in the community also require that consent for confined youth.

PROBATION: (Repeat finding since 2019) Based on the medical records review, it was noted that the general consent forms were not consistently uploaded into PEMRS. General consent is required to provide healthcare services to the youth. Because general consents are obtained from Probation, corrective action plan such as training and retraining probation staff should be implemented to prevent this from re-occurring. This will be verified and confirmed during the next year's inspection cycle. (T-15-1434)

ADDENDUM:

8/31/2021, Reviewed a small sampling of medical records due to time constraint. The small sampling yielded the following findings:

- a. General consents are generally not available in PEMRS immediately upon incarceration. It was noted that first attempts were made via mail or court.
- b. Interviewed staff assigned to handle all general consents, attempts to obtain general consents are conducted upon juvenile's admission into juvenile halls. It usually takes several days thereafter to obtain physical copy of general consent.
- c. 9/1/2021, received email from Jose Villar regarding a sampling of juveniles with general consent scanned into PEMRS. Upon review of the documents provided and if this was reviewed under normal routine inspection, it can be viewed as fully compliant. However, because the sampling size provided was approximately 20% of the total population, further review through a larger sampling of randomized records during next inspection cycle will be conducted to confirm this correction.

Reinspection 11/5/2021: *Reviewed all medical records with admission dates on or after 10/1/2021. Based on review, this item of noncompliance has been corrected.*

Item D. §1438. Pharmaceutical Management

For all juvenile facilities, the health administrator, in consultation with a pharmacist and in cooperation with the facility administrator, shall develop and implement written policy, establish procedures, and provide space and accessories for the secure storage, controlled administration, and disposal of all legally obtained drugs.

(a) Such policies, procedures, space and accessories shall include, but not be limited to, the following:

(5) documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason;

(b) Consistent with pharmacy laws and regulations, the health administrator shall establish written protocols that limit the following functions to being performed by the identified personnel:

(2) Storage of medications shall assure that stock supplies of legend medications shall only be accessed by licensed health personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and trained non-licensed personnel.

PROBATION AND JCHS: (Repeat finding since 2017) Based on the medical records review, the administration/delivery of medicines to youth as prescribed were not consistently documented. Missed medications were noted and upper management was informed on-site of the finding. Based on the discussion, it was noted that the missed medications were from a systemic issue (movement control) that have not been corrected for many years. Collaboration between Probation and JCHS is imperative to achieve full compliance in this standard. Probation and JCHS shall be accountable for the evaluation and modification to the current systemic process to bring this standard to full compliance. This will be verified and confirmed during next year's inspection cycle. (T-15-1438)

ADDENDUM:

8/31/2021, Reviewed a small sampling of medical records due to time constraint. The small sampling yielded the following findings:

- a. Missed medications were still noted. Hence, the finding remains as a deficiency.
- b. 9/1/2021, received email from JCHS on Nursing QI studies on medication documentation compliance. Improvement of compliance between 90% to 100% were noted post Title 15 inspection.
- c. 9/3/2021, received email attesting to the PEMRS automated juvenile intra-agency transfer has been fixed effective 8/26/2021. This fix will directly affect the compliance of missed medication documentation. Will review and confirm during the next inspection cycle.

5. JCHS: Per JCHS policy and procedure, it is required for two nurses to conduct shift sign off narcotic count. One nurse conducting the shift sign off narcotic count was observed at the time of shift change. Nurse manager was informed of the finding. Training and retraining of the proper narcotic sign off is recommended as corrective action plan. Will verify and confirm during the next year's inspection cycle. (T-15-1438(b)(2))

ADDENDUM:

This deficiency was not reviewed during the 8/31/2021 reinspection cycle.

Reinspection 11/5/2021: *Reviewed all medical records with admission dates on or after 10/1/2021. Based on review, this item of noncompliance has been corrected.*

Item E. §1439. Psychotropic Medications

(b) Psychotropic medications shall not be administered to a youth absent an emergency unless informed consent has been given by the legally authorized person or entity.

JJMHS: (Repeat finding since 2019) Based on the medical records review, it was noted that: 1) Approved PMAs were not consistently uploaded into PEMRS; 2) No PMA obtained for psychotropics that is being administered to the youth. Review and revise current PMA process to ensure PMA are made available in PEMRS in a timely manner is recommended. In addition, training on the importance of follow through and securing an approved PMA in PEMRS is also recommended. This will be verified and confirmed during next year's inspection cycle. (T-15-1439(b))

ADDENDUM:

8/31/2021, Reviewed a small sampling of medical records due to time constraint. The small sampling yielded the following findings:

- a. Inaccurate capturing of psychotropic medication consent remains as a deficiency.
- b. Per interview, realigning the way psychotropic medication consents are being obtained and uploaded into PEMRS is being discussed as part of their corrective action plan. Probation will assist as needed to bring this section up to compliance. Will review and confirm during next year's inspection cycle.

Supplemental 9/13/2021 Inspection: BSCC staff reviewed the 8/31/21 addendum to the 2021 Medical/Mental Health inspection report and finds that the regulations identified above remain out of compliance.

Reinspection 11/5/2021: *Reviewed all medical records with admission dates on or after 10/1/2021. Based on review, this item of noncompliance has been corrected.*

9/16/21 Board Meeting: Barry J. Nidorf Juvenile Hall found out of compliance with all five regulations noted above.

BSCC Staff Recommendation: *BSCC staff recommend that the Board find the agency compliant with the following regulations:*

- Item A. §1402. Scope of Health Care**
- Item B. §1432. Health Assessment**
- Item C. §1434. Consent and Refusal for Health Care**
- Item D. §1438. Pharmaceutical Management**
- Item E. §1439. Psychotropic Medications**

Item #4. § 1354.5, Room Confinement

(2) Room confinement shall not be used for the purposes of punishment, coercion, convenience, or retaliation by staff.

Issue of noncompliance as of 8/19/21: The documentation reviewed did not indicate the need for the youth to be placed in room confinement consistent with the regulation's requirements.

Information needed to determine compliance: Room confinement documentation that clearly outlines the reasons for placement in room confinement that do not include punishment, coercion, convenience, or retaliation by staff. Documentation of individualized plans for goals and objectives to be met to reintegrate youth into general population.

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

Supplemental 9/13/2021 Inspection: BSCC staff confirmed that the agency has updated policy and trained staff to be compliant with this regulation. However, there have not been uses of room confinement since 8/12/21. We are unable to determine compliance due to lack of documentation.

9/16/21 Board Meeting: ITEM HELD OPEN

Reinspection during week of 11/8/21: There were five (5) occurrences of documented room confinement at Barry J. Nidorf through 11/5/21; BSCC staff reviewed documentation for each placement of youth in room confinement through 11/5/21. Interviews with youth and staff, review of applicable documentation, and review of available video footage indicate compliance with this section. Documentation indicates the need for youth to be placed in room confinement consistent with the regulation's requirements.

BSCC Staff Recommendation: BSCC staff recommend that the Board find the Barry J. Nidorf Juvenile Hall compliant with this regulation.

Item #6:**§ 1358, Use of Physical Restraints**

Issue of noncompliance as of 8/19/21: None. However, prior to 8/19/2021 the county had not properly adopted policies and procedures that conformed with section 1358.

County Response: N/A

Supplemental 9/13/2021 Inspection: BSCC staff confirmed that the agency has updated policy and trained staff to be compliant with this regulation. However, there have not been uses of restraints at the facility since May 2021. We remain unable to determine compliance due to lack of documentation.

Staff Recommendation: Hold Open. Further request that when there is a use of restraints, the agency submits all related documentation to BSCC staff for determination of compliance.

9/16/21 Board Meeting: ITEM HELD OPEN

Reinspection during week of 11/8/21: There was one (1) instance of use of restraints though 11/5/21. BSCC staff reviewed all available information relative to this use of restraint. Interviews with youth and staff, review of applicable documentation, and applicable policy and procedure indicate compliance with this section.

***BSCC Staff Recommendation:** BSCC staff recommend that the Board find the Barry J. Nidorf Juvenile Hall compliant with this regulation.*

BSCC staff also recommend that the agency continue to provide all applicable documentation for uses of restraint to BSCC staff to ensure continued compliance. BSCC staff will continue to monitor until the next scheduled biennial inspection.

Central Juvenile Hall

Item #1.

§ 1313, County Inspection and Evaluation of Building and Grounds

[...]

(c) local health officer, inspection in accordance with Health and Safety Code Section 101045;

Issue of noncompliance as of 8/19/21: Outstanding items in 2019 medical/mental health inspection that have not been corrected (*please note, the county public health inspection findings and addendum are listed below each section*):

Item A. §1402. Scope of Health Care:

(b) When health services are delivered within the juvenile facility, staff, space, equipment, supplies, materials, and resource manuals shall be adequate to the level of care provided.

PROBATION, Juvenile Court Health Services (JCHS) AND Juvenile Justice Mental Health Services (JJMHS): (Repeat finding since 2019) When health services are delivered within the juvenile facility, staff, space, equipment, supplies, materials, and resource manuals shall be adequate to the level of care provided. The electronic medical record system aka Probation Electronic Medical Records System (PEMRS) have issues with capturing the correct admit date, real time medication and Psychotropic Medication Authorization (PMA) status records. The status bar in PEMRS is displaying inaccurate pertinent information for the nurses to properly administer psychotropic medications. The admit date are also inconsistent with actual admission date vs. PEMRS status bar admit date. The admit date found in the PEMRS status bar is unknown. Corrective action plans should include but not limited to correcting the lack of capturing true real time electronic medication, PMA status records and admit date. It was also noted that the lack of capturing real time electronic medication occurs partially because of the juvenile's movement location were not updated in a timely manner within PEMRS. This will be reviewed during the next inspection cycle. (T-1402(b))

ADDENDUM: 8/31/2021, Reviewed a small sampling of medical records due to time constraint. The small sampling yielded the following findings:

- a. Capturing the youth location and admit date have been corrected.
- b. Real time medication documentation remains as a deficiency.
- c. Psychotropic PMA status record remains as a deficiency. 9/2/2021, received email from DMH. A ticket was generated with Cerner to correct the psychotropic PMA status record banner. Will review and confirm during next inspection cycle.

Reinspection 11/8/21: Reviewed all medical records with admission dates on or after 10/1/2021. Based on review, there were a few medical records that had inconsistent admission dates; however, they were already known to Probation staff and were actively correcting the issue during the reinspection. The issue was verified to be corrected on 11/10/2021.

Item B. §1432. Health Assessment

(a) The health assessment shall be completed within 96 hours of admission, excluding holidays, to the facility and result in a compilation of identified problems to be considered in classification, treatment, and the multi-disciplinary management of the youth while in custody and in pre-release planning. It shall be conducted in a location that protects the privacy of the youth and conducted by a physician, or other licensed or certified health professional working within his/her scope of practice and under the direction of a physician.

JCHS: (Repeat finding since 2015) Based on a focused medical records review, it was noted that the initial health appraisal was not consistently completed within the set timeframe set forth for initial health appraisals to be done by the physician. A physical examination is expected to be completed within 96 hours from the time of detainment. Corrective action is required. Will verify and confirm via medical record review during the next inspection cycle. NOTE: It was noted that a modified initial admission assessment process was implemented during the COVID-19 pandemic. There were occasions where a delayed initial health appraisal occurred due to the status of juvenile's COVID result. However, those instances were not included in this finding. (T-15-1432)

ADDENDUM:8/31/2021, Reviewed a small sampling of medical records due to time constraint. The small sampling yielded the following findings:

- a. Health appraisals were still exceeding the 96 hours requirement.
- b. 9/1/2021, received email from JCHS Medical Director regarding corrective action plans on how to improve the 96 hours health appraisal requirement. JCHS Medical Director has proposed for a mobile health assessment cart that will include but not limited to a laptop with access to PEMRS, medical equipment needed to complete a comprehensive health appraisal, etc. Probation will help obtain all requested items. Will review and confirm through a larger sampling of randomized records during next inspection cycle. Will also observe quarantine area to confirm the changes stated in proposal.

Reinspection 11/8/21: Reviewed all medical records with admission dates on or after 10/1/2021. Based on review, this item of noncompliance is corrected.

Item C. §1434. Consent and Refusal for Health Care

(a) All immunizations, examinations, treatments, and procedures requiring verbal or written informed consent in the community also require that consent for confined youth.

PROBATION: (Repeat finding since 2019) Based on the medical records review, it was noted that the general consent forms were not consistently uploaded into PEMRS. General consent is required to provide healthcare services to the youth. Because general consents are obtained from Probation, corrective action plan such as training and retraining probation staff should be implemented to prevent this from re-occurring. This will be verified and confirmed during the next year's inspection cycle. (T-15-1434)

ADDENDUM:

8/31/2021, Reviewed a small sampling of medical records due to time constraint. The small sampling yielded the following findings:

- a. General consents are generally not available in PEMRS immediately upon incarceration. It was noted that first attempts were made via mail or court.
- b. Interviewed staff assigned to handle all general consents, attempts to obtain general consents are conducted upon juvenile's admission into juvenile halls. It usually takes several days thereafter to obtain physical copy of general consent.
- c. 9/1/2021, received email from Jose Villar regarding a sampling of juveniles with general consent scanned into PEMRS. Upon review of the documents provided and if this was reviewed under normal routine inspection, it can be viewed as fully compliant. However, because the sampling size provided was approximately 20% of the total population, further review through a larger sampling of randomized records during next inspection cycle will be conducted to confirm this correction.

Reinspection 11/8/2021: *Reviewed all medical records with admission dates on or after 10/1/2021. Based on review, this item of noncompliance has been corrected.*

Item D. §1438. Pharmaceutical Management

For all juvenile facilities, the health administrator, in consultation with a pharmacist and in cooperation with the facility administrator, shall develop and implement written policy, establish procedures, and provide space and accessories for the secure storage, controlled administration, and disposal of all legally obtained drugs.

(a) Such policies, procedures, space and accessories shall include, but not be limited to, the following:

(5) documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason;

(b) Consistent with pharmacy laws and regulations, the health administrator shall establish written protocols that limit the following functions to being performed by the identified personnel:

(2) Storage of medications shall assure that stock supplies of legend medications shall only be accessed by licensed health personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and trained non-licensed personnel.

PROBATION AND JCHS: (Repeat finding since 2017) Based on the medical records review, the administration/delivery of medicines to youth as prescribed were not consistently documented. Missed medications were noted and upper management was informed on-site of the finding. Based on the discussion, it was noted that the missed medications were from a systemic issue (movement control) that have not been corrected for many years. Collaboration between Probation and JCHS is imperative to achieve full compliance in this standard. Probation and JCHS shall be accountable for the evaluation and modification to the current systemic process to bring this standard to full compliance. This will be verified and confirmed during next year's inspection cycle. (T-15-1438)

ADDENDUM:

8/31/2021, Reviewed a small sampling of medical records due to time constraint. The small sampling yielded the following findings:

a. Missed medications were still noted. Hence, the finding remains as a deficiency.

b. 9/1/2021, received email from JCHS on Nursing QI studies on medication documentation compliance. Improvement of compliance between 90% to 100% were noted post Title 15 inspection.

c. 9/3/2021, received email attesting to the PEMRS automated juvenile intra-agency transfer has been fixed effective 8/26/2021. This fix will directly affect the compliance of missed medication documentation. Will review and confirm during the next inspection cycle.

5. JCHS: Per JCHS policy and procedure, it is required for two nurses to conduct shift sign off narcotic count. One nurse conducting the shift sign off narcotic count

was observed at the time of shift change. Nurse manager was informed of the finding. Training and retraining of the proper narcotic sign off is recommended as corrective action plan. Will verify and confirm during the next year's inspection cycle. (T-15-1438(b)(2))

ADDENDUM:

This deficiency was not reviewed during the 8/31/2021 reinspection cycle.

Reinspection 11/8/2021: Reviewed all medical records with admission dates on or after 10/1/2021. Based on review, this item of noncompliance has been corrected.

Item E. §1439. Psychotropic Medications

(b) Psychotropic medications shall not be administered to a youth absent an emergency unless informed consent has been given by the legally authorized person or entity.

JJMHS: (Repeat finding since 2019) Based on the medical records review, it was noted that: 1) Approved PMAs were not consistently uploaded into PEMRS; 2) No PMA obtained for psychotropics that is being administered to the youth. Review and revise current PMA process to ensure PMA are made available in PEMRS in a timely manner is recommended. In addition, training on the importance of follow through and securing an approved PMA in PEMRS is also recommended. This will be verified and confirmed during next year's inspection cycle. (T-15-1439(b))

ADDENDUM:

8/31/2021, Reviewed a small sampling of medical records due to time constraint. The small sampling yielded the following findings:

- a. Inaccurate capturing of psychotropic medication consent remains as a deficiency.
- b. Per interview, realigning the way psychotropic medication consents are being obtained and uploaded into PEMRS is being discussed as part of their corrective action plan. Probation will assist as needed to bring this section up to compliance. Will review and confirm during next year's inspection cycle.

Reinspection 11/8/21: Reviewed all medical records with admission dates on or after 10/1/2021. Based on review, this item of noncompliance is corrected.

Supplemental 9/13/2021 Inspection: BSCC staff reviewed the 8/31/21 addendum to the 2021 Medical/Mental Health inspection report and finds that the regulations identified above remain out of compliance.

9/16/21 Board Meeting: Central Juvenile Hall found out of compliance with all five regulations noted above

BSCC Staff Recommendation: BSCC staff recommend that the Board find the agency compliant with the following regulations:

Item A. §1402. Scope of Health Care

Item B. §1432. Health Assessment

Item C. §1434. Consent and Refusal for Health Care

Item D. §1438. Pharmaceutical Management

Item E. §1439. Psychotropic Medications

Item # 4**§ 1354.5, Room Confinement**

(2) Room confinement shall not be used for the purposes of punishment, coercion, convenience, or retaliation by staff.

(B) Develop an individualized plan that includes the goals and objectives to be met in order to integrate the youth to general population.

Issue of noncompliance as of 8/19/21: The documentation reviewed did not indicate the need for the youth to be placed in room confinement consistent with the regulation's requirements. The documentation also did not provide enough information about the individualized plan and was not consistent with regulatory requirements.

Information needed to determine compliance: Room confinement documentation that clearly outlines the reasons for placement in room confinement that do not include punishment, coercion, convenience, or retaliation by staff. Documentation of individualized plans for goals and objectives to be met to reintegrate youth into general population.

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

Supplemental 9/13/2021 Inspection: BSCC staff reviewed instances of room confinement at the facility between 8/20/2021 and 9/10/2021; the documentation continues to lack clarity for placing the youth in a locked room at the actual time of placement does not indicate compliance with the regulation.

Staff Recommendation: BSCC staff recommend that the Board find the agency noncompliant with this regulation.

9/16/21 Board Meeting: Noncompliance with regulation

Reinspection during week of 11/8/21: *There were four (4) occurrences of documented room confinement at Central Juvenile Hall through 11/5/21; BSCC staff reviewed documentation for each placement of youth in room confinement through 11/5/21. Interviews with youth and staff, review of applicable documentation, and review of available video footage indicate compliance with this section. Documentation indicates the need for youth to be placed in room confinement consistent with the regulation's requirements.*

BSCC Staff Recommendation: *BSCC staff recommend that the Board find the Central Juvenile Hall compliant with this regulation.*

Item #6**§ 1358.5, Use of Restraint Devices for Movement and Transportation within the Facility**

[...]

(c) an individual assessment of the need to apply restraints for movement or transportation that includes consideration of less restrictive alternatives, consideration of a youth's known medical or mental health conditions, trauma informed approaches, and a process for documentation and supervisor review and approval.

Issue of noncompliance as of 8/19/21: Documentation did not indicate justification to place youth in restraints for transportation.

Information needed to determine compliance: Documentation that an individual assessment of the need to apply restraints for movement or transportation was completed.

County Response: 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.

Supplemental 9/13/2021 Inspection: BSCC staff reviewed incident reports in which restraints were used for movement within the facility between the dates of 08/20/2021 and 9/10/2021. The documentation reviewed does not contain the specific detail for BSCC staff to identify regulatory requirements. Facility staff must consider the youth's known medical or mental health issues and consider trauma informed approaches before placing them in restraints for movement or transportation; this intent is not captured in the documentation.

Staff Recommendation: BSCC staff recommend that the Board find the agency noncompliant with this regulation.

9/16/21 Board Meeting: Noncompliance with regulation

Reinspection during week of 11/8/21: Reviewed twelve (12) use of restraint devices for movement and transportation incident reports. Documentation was found to be compliant with regulation; staff are conducting the required individualized assessments prior to movement in accordance with regulatory expectations.

BSCC Staff Recommendation: *BSCC staff recommend that the Board find the Central Juvenile Hall compliant with this regulation.*

**New Items of Noncompliance and Additional Technical Assistance: Section 1354.5.
Room Confinement:****Barry J. Nidorf Juvenile Hall and Central Juvenile Hall**

As part of the follow up reinspection process, BSCC staff had conversations with youth who reported that, at times, youth were being placed in their locked rooms for long periods of time after fights, during visiting, before and during showers, at shift change, and to split the group to minimize the possibility of unit disturbance and incidents (“modified program”). These placements were not documented as “room confinement.”

“Room confinement” is defined as the placement of a minor or ward in a locked sleeping room or cell with minimal or no contact with persons other than correctional facility staff and attorneys. (Welf. & Inst. Code, § 208.3, subd. (a)(3).) Juvenile facilities are required to develop written policies and procedures to address room confinement, which must conform to the following guidelines:

- (1) Room confinement shall not be used before other, less restrictive, options have been attempted and exhausted, unless attempting those options poses a threat to the safety or security of any youth or staff.
- (2) Room confinement shall not be used for the purposes of punishment, coercion, convenience, or retaliation by staff.
- (3) Room confinement shall not be used to the extent that it compromises the mental and physical health of the youth.

(Cal. Code Regs., tit. 15, § 1354.5, subd. (a)(1)-(3).)

However, room confinement “does not include confinement of a minor or ward in a single-person room or cell for brief periods of locked room confinement necessary for required institutional operations.” (Welf. & Inst. Code, § 208.3, subd. (a)(3) [emphasis added].)

With respect to the above-referenced placements, Los Angeles County Probation asserted that these incidents were not documented because they did not constitute “room confinement” because the placement was either brief or was “necessary for required institutional operations.” While some of these incidents could be described as “brief” and “necessary for required institutional operations,” after reviewing video and speaking with facility staff and youth, BSCC staff determined that many of these placements could not be reasonably characterized as brief or necessary for required institutional operations. For example, probation staff would frequently leave youth in their rooms for unreasonably long periods of time even though transition activities could be completed in significantly less time. As such, on October 15, 2021, BSCC staff verbally notified Los Angeles County that they were out of compliance with section 1354.5 of Title 15 and needed to begin corrective action.

Since October 15, 2021, Los Angeles County Probation has worked to reduce unnecessary room confinement. Training has been provided to staff and managers. BSCC staff surveyed and interviewed with youth to determine compliance; youth reported to BSCC staff that they are no longer being placed in their rooms for long periods of time and only for brief periods of time such as for shift change and shower time.

On November 15, 2021, as part of the reinspection debriefing, Los Angeles County Probation was notified in writing of the items of noncompliance for section 1354.5 of Title 15 and directed to submit a corrective action plan by December 14, 2021. As part of this corrective action plan, BSCC staff recommends that the agency develop policies and procedures describing these brief periods of room placement that are necessary for required institutional operations, including shift change. These policies should clarify what activities are necessary for required institutional operations and why youth should be placed in their rooms during those operations to ensure that youth are not being placed in room confinement for prohibited reasons (e.g., convenience). (Cal. Code Regs., tit. 15, § 1354.5, subd. (a)(1)-(3).) It is recommended that these policies require that youth be allowed to leave their rooms as soon as these activities are complete and should also require that staff document the actual time used to conduct required institutional operations.

Due to the lack of documentation of “room confinement” for instances of prolonged placement in locked rooms, the Board may wish to consider further revisions to Section 1354.5 as part of the upcoming juvenile regulations revision process. BSCC staff recommends further defining the terms “brief periods” and “required institutional operations.”

New Items of Noncompliance and Additional Technical Assistance: Section 1328. Safety Checks

Central Juvenile Hall

While reviewing video footage to determine compliance for items related to suitability, BSCC staff observed several instances of staff not conducting safety checks in accordance with regulation. In video footage, staff were observed missing significant periods of time between safety checks or observed not looking into youths' rooms. When staff were observed not looking into youths' rooms, they cannot be performing "direct visual observation" as required by the regulation and as defined in section 1302, where staff must "personally see youth's movement and/or skin."

On October 15, 2021, BSCC staff notified Los Angeles County that they were out of compliance with section 1328 of Title 15 and needed to begin corrective action. Agency staff began working on corrective action immediately, which included a directive to staff and personnel action.

On November 15, 2021, as part of the reinspection debriefing, Los Angeles County was notified in writing of the items on noncompliance for section 1328 of Title 15 and directed to submit a corrective action plan by December 14, 2021.

BSCC staff will review safety check documentation and video footage of safety checks at both facilities to determine continued compliance.

Recommendation/Action Needed

Staff recommends that the Board:

1. Find the Los Angeles County Department of Probation Barry J. Nidorf facility compliant with the following regulations:
 - Item 1.A.§1402. Scope of Health Care
 - Item 1.B.§1432. Health Assessment
 - Item 1.C.§1434. Consent and Refusal for Health Care
 - Item 1.D.§1438. Pharmaceutical Management
 - Item 1.E. §1439. Psychotropic Medications
 - Item #4. § 1354.5, Room Confinement
 - Item #6. § 1358, Use of Physical Restraints

2. Find the Los Angeles County Department of Probation Central Juvenile Hall facility compliant with the following regulations:
 - Item 1.A.§1402. Scope of Health Care
 - Item 1.B.§1432. Health Assessment
 - Item 1.C.§1434. Consent and Refusal for Health Care
 - Item 1.D.§1438. Pharmaceutical Management
 - Item 1.E. §1439. Psychotropic Medications

- Item #4. § 1354.5, Room Confinement
 - Item #6. § 1358.5, Use of Restraint Devices for Movement and Transportation within the Facility
3. Make a determination of suitability within the meaning of Welfare and Institutions Code section 209, subdivision (a)(4), for the following facilities:
- Barry J. Nidorf, Los Angeles County
 - Central Juvenile Hall, Los Angeles County