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Dr. Kathleen Edwards
Juvenile Justice Commission Chair
2901 Meadow Lark Drive,
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Response to 2015 JJC Juvenile Facility Inspection – East Mesa Juvenile Detention Facility

Dr. Edwards,

FOLLOW-UP ON 2013 RECOMMENDATIONS:

Mental Health data indicates that 27% of youth at EM were on psychotropic meds in 2014. This indicates a need for continued vigilance regarding necessity and efficacy of this high percentage of youth on psychotropic meds.

RESPONSE:

BHS agrees with the Commission's emphasis on continued diligent provision of services with respect to psychotropic medication provision.

The 2015 Juvenile Justice Commission recommends that Behavioral Health:

1. RECOMMENDATION:

As appropriate, consider allowing the Stabilization, Transition, Assessment, and Treatment Team (STAT Team) or Behavioral Health Staff to review Critical Incident Reports to determine any actions to be taken to ensure comprehensive care for youth.

RESPONSE:

Multidisciplinary Treatment Teams are active in each detention facility. Meeting attendees include Probation, BHS STAT-Team, California Forensic Medical Group (CFMG), Education, and other relevant partners in the detention facility. Youth who have had Critical Incident Reports are the priority population reviewed in this multidisciplinary setting. The involved parties are able to coordinate a care plan to address behavioral challenges when necessary. For youth with higher needs, an Individualized Special Protocol is developed in collaboration by Probation, BHS and other relevant parties, to provide coordinated care. The Individualized Special Protocols are reviewed and updated on a bi-weekly basis.

2. RECOMMENDATION:

As of March 31, 2015, approximately 27% of youth are prescribed psychotropic meds. The commission recommends that medical staff continue to monitor youth on meds for supported need for these medications as well as potential side effects.

RESPONSE:

The California Medical Board licenses practicing physicians. The psychiatry staff in the detention facilities abide by the Board's recommendations for continuing medical education and provision of ethical and responsible care. JJC recommendation is a best practice and is the standing procedure for care in the detention facilities. STAT-Team psychiatrists provide ongoing assessment and medication management services to all youth prescribed psychotropic medication. For youth experiencing side effects of medication, CFMG staff are available in the detention facility 24/7. A psychiatrist is available 24/7 on an on-call basis should additional support be necessary.

3. RECOMMENDATION:

Continue collaboration with medical clinic staff, STAT Team, and Probation to ensure appropriate implementation of Individualized Special Protocols. After discontinuation, careful monitoring of the youth is needed to ensure stability and reduce the risk of self-harm.

RESPONSE:

JJC's recommendation reflects best practice and is consistent with STAT-Teams clinical practice. Youth with Individualized Special Protocols are reviewed on a bi-weekly basis by involved parties, specifically Probation and CFMG. After discontinuation, youth are monitored as clinically indicated. The Multidisciplinary Treatment Team setting provides an ongoing venue for concerns to be addressed. Additionally, all parties in the detention facility may submit a referral for a youth at any time when concern/need arises. The referrals are triaged by the STAT-Team. However, if there is an immediate need to collaborate about a specific youth's needs, the collegial relationship by the involved service partners is activated for a time-sensitive meeting.

4. RECOMMENDATION:

At EM, the psychologist provides weekly group therapy to 8-10 males with a history of more serious offenses and disciplinary issues. The group focuses on stress reduction, relaxation, mindfulness, coping skills, and building positive relationships. Where possible, increase the frequency of group therapy and allow all youth to participate.

RESPONSE:

Group therapy is provided in the institutions directly by BHS STAT-Team staff and by contracted agencies. Youth must be screened prior to entering groups for appropriateness and safety concerns. Frequency of group therapy and types of groups offered vary based upon the needs of the youth. Current offerings include Life Skills, Motivational Interviewing, Work Readiness, and a group based on the Seeking Safety therapeutic model.

5. RECOMMENDATION:

Encourage STAT Team clinicians to continue working with community-based agencies and volunteers offering non-school programming to ensure coordinated care. This includes:

- a) ensuring that all staff are trained in trauma informed and cultural competence.
- b) developing opportunities for youth to build positive relationships prior to discharge and reintegration to the community and/or adulthood.
- c) emphasizing safety, health, and recovery.

RESPONSE:

Care coordination is a core value of the Children's System of Care. Youth evaluated in the detention facilities receive a comprehensive behavioral health assessment. This includes gathering information about treatment prior to entering the detention facility. Youth leaving the detention facilities receive case management services through Probation that support a return to established behavioral health services or connection to new services when indicated. The STAT-Team is available provide collateral information to those providers, and can provide transition services post-release for identified youth. The Vista Hill Juvenile Court Clinic is one example of specialized services available to those youth leaving the detention facilities. Additionally, community based services such as Breaking Cycles and the Juvenile Drug Court provide services to youth and assist with coordinating care and connections with community based services.

All BHS and BHS contracted staff have annual trainings regarding trauma-informed care and cultural competency. All BHS and BHS contracted staff receive training in and abide by the tenets of Live Well San Diego which highlight safety, thriving, and promotion of health.

6. RECOMMENDATION:

Minors detained at camps who are suicidal or exhibit other serious mental health problems are sent to EM. Consider addition of a forensic mental health unit with full-time STAT coverage to accommodate the needs of these fragile youth.

RESPONSE:

BHS and Probation are actively exploring how to best support youth with mental health needs in institutions. Probation is in the process of evaluating the benefits of a trauma responsive unit at KMJDF.



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