

CDCR-DJJ Sexual Behavior Treatment Program
Central Office Audit, Round 4 Narrative
February 8, 2011

The Central Office audit was conducted with Dr. Heather Bowlds and with the assistance of Attorney Cathleen Beltz in Norwalk, California on February 7, 2011 in connection with the audit of SYCRCC. The standards could all be evaluated by a review of relevant documents which were supplied by Dr. Bowlds. Sixty-four percent of the standards were in Substantial Compliance which is a significant improvement over past audits. Some of the items are dependent upon completion of the curriculum package which is now being developed by the vendor. Discussion here will be limited to those items that received a Partial or Beginning Compliance rating.

1. Standard 1.1.1 Organizational chart---I was supplied with the latest organizational chart which lists the SBTP Coordinator but does not list her relation to the staff of the SBTP. I feel that this could be easily addressed through the addition of the Task Force to the organizational chart as this body is the mechanism through which the Coordinator exercises authority over both the mental health and the security staff in matters related to the SBTP.
2. Standard 1.1.4 The remedial plan calls for the SBTP Coordinator to have the services of an Office Technician for clerical support. She shares two Office Technicians with 19 other Health Services professionals. I am concerned about whether this is sufficient.
3. Standard 4.3.1.3 The individualized treatment for youth who do not reside in the SBTP Units has been referenced in the Program Guide. Staff on the Mental Health units could be provided with introductory materials related to the treatment of inappropriate sexual behavior with which to work individually with youth while awaiting the implementation of the new curriculum. These staff members could also be included in relevant trainings offered by the SBTP.
4. Standard 4.3.1.5 This standard is awaiting the implementation of the new curriculum.
5. Standard 4.7 See standard 4.3.1.3. DJJ might consider eliminating this standard as it is basically the same as the above referenced standard.
6. Standard 4.10.2 This standard should be amended to reflect the fact that with the exception of youth undergoing the 1800 process, youth are released when their sentence expires--- not when they finish the SBTP.
7. Standards 5.1.1 and 5.1.2 These standards are related to the curriculum contract which is now being developed.
8. Standard 8.1.4 The youth satisfaction surveys were reviewed. The family satisfaction surveys are currently being reviewed by the DJJ Victim Services Unit and will be sent out upon approval by that office.

9. *Standard 8.1.5 The SBTP Coordinator should work with the senior psychologists so that they will observe and monitor the SBTP groups and document their observations every six months. This will require training on the part of the Coordinator to insure that the senior psychologist has sufficient knowledge of this specialized treatment to provide adequate assessment of its delivery.

There are only two standards which require the attention of the Program Coordinator at this time in the administrative area. Of course, she will be working with the five units to improve provision of direct services.

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Note: Items not rated are reserved for monitoring and rating at facilities.

Standard #	Action Item #	Action Item	Requirement	Compliance Method	Expert Ruling	Comments
1		Organizational Structure		Central Office Item		
		DJJ will produce an organizational chart for central office consistent with the principles outlined in this section.	1.1.1 DJJ will produce an organizational chart for central office consistent with the principles outlines in this section	SBTP Organizational Chart	PC	The SBTP Organizational Chart reflects the SBTP Coordinator's "functional" supervisory authority over psychologists in implementing the SBTP, however, the Central Office Organizational Chart approved on December 31, 2010 does not. The SBTP Expert recommends that the Coordinator's authority to implement the SBTP remedial plan is reflected in the Central Office organizational chart.
			1.1.2 Permanent Sexual Behavior Treatment Program Coordinator position will be established and housed in Central Office.	SBTP Organizational Chart	SC	
			1.1.3 DFF Research Specialist will oversee the collection of data.	SBTP Organizational Chart	SC	
			1.1.4 Office Technician will provide clerical support for the Sexual Behavior Treatment Program Coordinator.	SBTP Organizational Chart	PC	There are currently two Office Technicians assigned to assist all 19 of DJJ Central Office Health Care Services staff, including the CMO, the Chief Psychiatrist and Chief Psychologists, which raises concern about the Technicians' capacity to sufficiently meet to the administrative needs of the SBTP Coordinator.
			1.1.5 SBTP Administrative Task Force will provide oversight to the SBTP units under the supervision of the SBTP	SBTP Organizational Chart	SC	The Task Force is in place and providing oversight of the units under the Coordinator's supervision. The task force holds monthly conference calls (see standard 8 for discussion of task force meeting

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			Coordinator.			minutes).
	1.2	DJJ will produce an organizational chart for each DJJ facility consistent with the principles outlined in this section.	DJJ will produce an organizational chart for each DJJ facility consistent with the principles outlined in this section.	SBTP Organizational Chart	SC	Facility Organizational Charts are in place and facility staff and operations are functioning consistent with documented roles.
		DJJ will produce an organization chart for the Treatment Team outlines in this section.	1.3.1 Teams should be interdisciplinary and at a minimum consist of the youth case manager/casework specialist, youth correctional counselor, education representative, health care professional and re-entry specialist.	Program Guide SBPT Organizational Chart	SC	
			1.3.2 Senior Psychologist Supervisor will clinically supervise SBTP psychologist. supervision sessions will focus on reviewing cases and discussing vicarious trauma and counter-transference related to working with a SBTP population.	Meeting Minutes Sign-in sheets Interview Staff		
			1.3.3 Peer review of clinical notes and documentation.	Review of Peer Review Documentation		
			1.3.4 Case note review	Review of Unit Monthly		

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			conducted by TTS or SCWS.	Report		

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2		Staff Qualifications				
	2.1	DJJ will ensure that all staff employed on the Sexual Behavior Treatment Programs is qualified generally as mental health professionals, where applicable, and specifically to work with youth with SBTP needs.	2.1.1 Utilized psychiatrists and psychologists who meet the standards set forth by the Mental Health Remedial Plan.	Review of Personnel Job Specifications Annual voluntary staff qualification survey		
			2.1.2 Case Work Specialists assigned to the SBTP will be required to meet the minimum qualifications for their specific classification.	Review of Personnel Job Specifications Annual voluntary staff qualification survey		
			2.1.3 Non-Clinical staff assigned to the SBTP will be required to meet the minimum qualifications for their specific classification and be appropriately trained for the assignment.	Review of Personnel Job Specifications Annual voluntary staff qualification survey		

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3		Staff Training				
	3.1	DJJ will implement pertinent and appropriate training for all staff assigned or associated with the SBTP	3.1.1 Orientation Training Program as defined in the Guide.	Training curriculum and rosters of staff attended Expert's observations of the quality of training		
			3.1.2 Ancillary Staff training.	Training curriculum and rosters of staff attended Expert's observations of the quality of training		
			3.1.3 Curriculum Training including basic curriculum; clinical interpretation of curriculum; Training for Trainers on all curriculum components (for internal sustainability); internal in-service training.	Training curriculum and rosters of staff attended Expert's observation of the quality of training		
			3.1.4 Sexual Behavior Treatment Teams will be provided 8 hours of team building and training meetings.	Training curriculum and rosters of staff attended Expert's observation of the quality of training		

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	3.2	DJJ will enable staff to attend annual national/outside training opportunities	Training opportunities should include attendance at national conferences addressing sex offender treatment for selected staff that, in turn, will develop curriculum for in-service training and complete information-sharing sessions for SBTP staff.	Rosters of staff attended		
	3.3	DJJ will provide annual training at a minimum of 20 hours or more to the appropriate staff of SBTP	3.3.1 Staff will receive the New Staff SBTP Orientation Packet as a part of orientation training.	New Staff Orientation checklist	SC	As part of the training in April 2010, the orientation packet was provided to all staff.
			3.3.2 DJJ will develop a training plan and schedule for consistency across all SBTPs in the Sexual Behavior Treatment Program Guide.	Training Curriculum, Rosters of staff attended, administration memo, expert observation	SC	Completed
			3.3.3 Psychologist who provide consulting and coaching to direct care staff on SBTP will receive in-depth training in the program either through contract, or as developed by DJJ.	Meeting Minutes and Sign-In Sheets	BC	This item is awaiting completion of the curriculum so that the psychologists will be trained in the most recent therapeutic approaches. The contractor is beginning work on that project.

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4		Program Adequacy				
	4.1	DJJ will produce a written description and guide for it's Sexual Behavior Treatment Program.	The Sexual Behavior Treatment Program Guide will define and detail all components of the model.	Program Guide	SC	
	4.2	DJJ will develop and implements appropriate assessment procedures for SBTP youth.	4.2.1 DJJ will administer appropriate screening and assessment tools which follow all state and federal laws governing youth with sexually abusive behaviors.	Review of SBTP WIN documentation		
			4.2.2 Youth will participate in a series of assessments to identify the high/low risk level of the youth and other information such as past trauma, previous intervention efforts, family involvement, education and vocational history, peer associations, mental and medical issues and substance abuse history.	Clinical Summary Interviews with youth (10% of unit or at least 5 youth)		
			4.2.3 Youth will participate in a comprehensive SBTP assessment, which will be used to develop the youth's individualized treatment plan.	Review of youth's comprehensive assessment. Interviews with youth (10% of unit or at least 5 youth)		
	4.3	DJJ will develop SBTP specific units, programs and interventions.	4.3.1 SBTP will include the following components:	Program Guide	SC	
			4.3.1.1 SBTO Orientation and Transition			

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Standard #	Action Item #	Action Item	Requirement	Compliance Method	Expert Ruling	Comments
			4.3.1.2 Health Living Treatment		SC	
			4.3.1.3 Residential Sexual Behavior Treatment		SC	
			4.3.1.4 Individualized treatment for youth who do not reside on SBTP units		SC	
			4.3.1.5 Female Sexual Behavior Treatment		PC	The program description does not include the type of treatment to be provided.
	4.4	DJJ will implement SBTP Orientation and Transition Treatment	4.4.1 DJJ will establish an SBTP unit which will focus on the Orientation and Transition Phase of SBTP treatment.	Expert Site Visit		
			4.4.2 DJJ will provide a minimum weekly treatment hour expectation for SBTP Orientation and Transition Treatment			
			4.4.2.1 Two 90-minut groups (3 hours total) of Health Living or Transition Group	Documentation in unit and WIN Files or adherence to guide		
			4.4.2.2 1 hour resource group	Interviews with staff		
			4.2.2.3 1 hour individual counseling (½ hour clinical, ½ hour casework)	Interviews with youth (10% of unit or at least 5 youth)		
			4.2.2.4 1 hour homework on stage, individual or journal assignments that support therapy	Expert's observation		
			4.2.2.5 2 hours residential large group			

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			4.4.3 When the weekly minimum hours of treatment is not clinically indicated for a specific youth, this will be clearly defined in his or her Individual Treatment Plan.	Review of Unit File Treatment Override Form		
					Interview with staff Interview with youth (number will depend upon number of youth on unit who are not engaged in the weekly minimum hours of treatment)	
	4.5	DJJ will implement Healthy Living Treatment	DJJ will establish a psycho-educational treatment intervention to provide treatment for the lowest risk youth and provide the foundation of treatment for all SBTP youth.	Interview with staff Interviews with youth (10% of unit or at least 5 youth) Expert's observation		
	4.6	DJJ will implement SBTP Residential Treatment	4.6.1 DJJ will establish SBTP units which will focus on the Residential SBTP	Expert site visit		
			4.6.2 DJJ will provide a minimum weekly treatment hour expectation for SBTP Orientation and Transition Treatment			
			4.6.2.1 Two 90-minute groups (3 hours total) of Core SBTP Group	Documentation in unit and WIN File of adherence to guide Interview with staff Interviews with youth (10% of unit or at least		
			4.6.2.2 1 hour resource group			
			4.6.2.3 1 hour individual counseling (½ hour			

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			clinical, 1/2 hour casework)	5 youth)		
			4.6.2.4 1 hour homework on stage, individual or journal assignments that support therapy	Expert's observation		
			4.6.2.5 2 hours residential large group			
			4.6.3 When the weekly minimum hours of treatment is not clinically indicated for a specific youth, this will be clearly defined in his or her Individual Treatment Plan.	Review of Unit File Treatment Override Form Interview with staff		
				Interview with youth (number will depend upon number of youth on unit who are not engaged in the weekly minimum hours of treatment)		
	4.7	DJJ will implement individualized treatment for youth who do not reside on SBTP units.	Youth whose treatment needs hierarchy supersedes SBTP treatment, such as mental health, developmental disabilities and aggressive behavioral treatment needs, DJJ will provide SBTP treatment through an individualized treatment plan if determined will benefit from sexual behavior treatment	Expert's observation Interview with staff in non-residential units Interview with youth (number of youth depends upon youth currently assigned to individualized	BC	The plan has been developed but not implemented. It should be noted that this standard is basically the same as 4.3.1.4.

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				treatment)		
	4.8	DJJ will implement Female Sex Behavior Treatment	DJJ will provide individualized SBTP treatment for girls housed in DJJ	Expert's observation Interview with staff in non-residential units Interview with youth (number of youth depends upon youth currently assigned to individualized treatment)	BC	An initial plan has been developed but specific treatment models must be identified. The contract for the SBTP curriculum includes the development of the curriculum for young women.
	4.9	DJJ will implement a Family Counseling Component in the SBTP	4.9.1 DJJ will develop and implement a family counseling and reunification intervention. The SBTP will provide the opportunity to involve the youth's family/guardian, when appropriate, as prescribed in the treatment process.	Program Guide Family Assessment Form and Case Planning / Individual Change Plan WIN documentation Interview with staff Interview with youth (10% of unit or at least 5 youth)		

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			4.9.2 DJJ will develop and implement a system to document and track attempts to engage families in the youth's treatment program and participation in the youth's treatment.	Program Guide Family Assessment Form and Case Planning /Individual Change Plan Win documentation Interview with staff Interview with youth (10% of unit or at least 5 youth)		
	4.10	DJJ will develop and implement Entrance and Exit Criteria for the SBTP	4.10.1 DJJ will establish entrance criteria and youths identified in need of SBTP treatment will be transferred to an SBTP orientation unit to complete their assessment process and begin treatment.	Program Guide Documentation in unit file of adherence to Program Guide Interview with staff Interview with youth (10% of unit or at least 5 youth)		
			4.10.2 DJJ will establish exit criteria to include cases on appeal and youth who have successfully completed the SBTP as set forth in the Program Guide. Exit criteria will be competence based, determined by	Program Guide Documentation in unit file of adherence to Program Guide	NA	Language in this standard needs to be changed as the release or exit of youth participating in the SBTP is determined by their sentence structure rather than by the completion of the SBTP. Thus this standard should be amended to reflect

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			measurable objectives reflecting goal attainment.	Interview with staff		the reality of the situation.
			Youth will be assessed based on their accomplishment of specific changes in outcome measures and behavior and their ability to apply their knowledge to their daily functioning. This will be done via youths' individual treatment plans and will be monitored at each case conference.	Interview with youth (10% of unit or at least 5 youth)		
	4.11	DJJ will develop and implement Suspension / Refusal Criteria for the SBTP	DJJ will establish temporary suspension / refusal criteria which includes monitoring for replacement/placement into the SBTP and interventions used prior to suspension.	Program Guide Documentation in unit file of adherence to Program Guide Interview with staff Interview with youth (10% of unit or at least 5 youth)		
	4.12	DJJ will develop and implement a Case Planning procedure for the SBTP	4.12.1 DJJ will establish a comprehensive continuous assessment. The Case Planning and Review Process provide administrative oversight for each youth's movement through DJJ and ensure that staff involved in parole supervision and re-entry planning has the information they need to effectively identify the	Case Conference documents Individual Change Plan identifying and documenting the youths interventions and resources Interviews with staff Interview with youth		

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			youth's risk level and meet their needs as they are being released into the community.	(10% of unit or at least 5 youth)		
			4.12.2 Case Conferences are to be held at least every 60 days and should include the Interdisciplinary Treatment Team. The Case Conference team will identify and discuss progress on treatment, parole community re-entry planning, goal setting and develop a case management plan for the next case conference	Case Conference documents Individual Change Plan identifying and documenting the youth's interventions and resources Interview with staff Interview with youth (10% of unit or at least 5 youth)		
			4.12.3 DJJ will provide case planning which will include transition planning, pre-release/parole placements and re-entry services as described in the Program Guide.	Youth Parole Plans Interview with youth (number will depend upon number of youth close to parole at the time of the audit)		
	4.13	DJJ will develop and implement specific SBTP Program Components	4.13.1 Resource Groups will be offered to supplement the SBTP Core Curriculum. At minimum 4 Resource Groups will be offered by SBTP treatment teams, based on treatment needs and objectives identified in youths' Individualized	WIN tracking of SBTP Interview with staff Interview with youth (10% of unit or at least 5 youth)		

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			Treatment Plans.			
			DJJ will establish additional Resource Groups as youth needs arise. The number and type of resource groups to which a youth is assigned is an individualized determination.	Expert's observation of quality of group(s)		
			4.13.2 Youth will create and develop SBTP Community Committees related to the operation of the residential treatment program.	SBTP Committee meetings and activities should be documented and kept in a binder on each unit.		
			4.13.3 Every SBTP unit will have at a minimum 2 SBTP Community Committees activities at all times.	SBTP Committee meetings and activities should be documented and kept in a binder on each unit Interview staff Interview with youth (10% of unit or at least 5 youth)		
5		Curriculum				
	5.1		5.1.1 DJJ will develop or purchase and implement curriculum and programs based on national standards and best practices.	Review of SBTP curriculum	PC	The contract for the SBTP curriculum is in place, and the curriculum is being developed.
			5.1.2 Curriculum components will be culturally and gender sensitive and emphasize cognitive and behavioral skill acquisition.	Review of SBTP curriculum	PC	This has been written into the contract with the vendor.

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			5.1.3 The SBTP Coordinator will review and consider implementing any related and appropriate interventions in consultation with the SBTP Taskforce.	Review of SBTP Task force meeting minutes Interview with staff	NA	This issue has not come up.
6		Ethics				
	6.1		DJJ will ensure that treatment is offered in a way that respects the ethical principles of the involved professions as well as ensuring confidentiality, informed consent and due process. All participants will be adequately informed and sign documents reflecting an understanding of the limits of confidentiality, informed consent to treatment and their due process rights.	Treatment Confidentiality Policy Review of unit file for forms that are in adherence to Policy Interview with staff Interview with youth	SC	
7		Facilities and Resources				
	7.1		DJJ will ensure that adequate and suitable physical facilities and resources, including files, computers, printers, materials for experiential therapy, etc., are available for treatment programs/services and	SBTP Unit site visits		

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8		Quality Management				
	8.1	The SBTP will adhere to current best practices of Program Evaluation and Quality Management. The overall objective of the program monitoring and performance measurement is to track and monitor target population from identification through parole performance and measure the outcome of sex offender programming.	8.1.1 The Sexual Behavior Administrative Task force will monitor and ensure adherence to the Program Guide. This process will begin 90 days after implementation of the SBTP Program Guide. This will include:	Taskforce meeting minutes Audit Tool Interviews with staff Interviews with youth	SC	
	<ul style="list-style-type: none"> • internal program checks, including monitoring and assessment of treatment implementation • Review of youth files and risk/needs-oriented records that monitor treatment progress and correspond directly to youth risk and need assessment 					
	8.1.2 DJJ will conduct regular program assessment through an outcome evaluation to determine whether the program is effective in meeting its goals. This will begin 1 year after implementation of the SBTP Program Guide.		Evaluation Reports and actions taken as a result of the report Interviews with staff	NA	The program guide was implemented in April, so this evaluation will begin in April 2011.	
	8.1.3 DJJ, under the direction of the SBTP Coordinator, will make appropriate alterations to its program based on evaluations of the program's effectiveness. This will occur on an on-going basis.		Review of SBTP Taskforce meeting minutes Interviews with staff	SC		

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			8.1.4 Routine satisfaction surveys of youth and their families (if appropriate) while in the program regarding their satisfaction with the services being provided, with survey results being summarized and shared with staff from all sections of the facility and used to make facility modifications / improvements when appropriate. This will begin 90 days after implementation of the SBTP Program Guide.	Review of Survey Reports Interviews with staff Actions taken as a result of surveys Actions taken as a result of audit.	PC	Youth have completed satisfaction surveys, but DJJ awaiting review from DJJ Victim Services before providing the forms to families.
			8.1.5 Routine documented observation and monitoring of staff with regard to delivery of treatment groups and resource groups conducted by psychologists, YCCs and casework specialists on SBTP will be conducted by the Senior Psychologist assigned to provide clinical supervision to the SBTP. This will occur on an on-going basis and will be performed every 6 months.	Review of monitoring / evaluation reports Interviews with staff Actions taken as a result of surveys Actions taken as a result of audits	PC	Being completed at some facilities, but not all.

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			8.1.6 Results of all monitoring conducted on a local level will be sent to the SBTP Coordinator for tracking and review. The audit tool will include documentation of, but will not be limited to: file reviews, review of Proof-of-Practice binders and interviews with the staff and youth. This will occur on an ongoing basis and will be performed every 6 months.	Review of documentation sent to SBTP Coordinator	BC	Plan is in place and awaiting the results from the first audit round.

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Southern Youth Correctional Reception Center and Clinic, Round 4 Narrative
February 7, 2011

The Entrance Meeting was convened at 9:30 am with the following in attendance:

- SBTP Program Coordinator
- Two Casework Specialist
- Two Psychologists
- Senior Psychologist
- Program Administrator
- Training Manager
- Supervising Casework Specialist
- OSM Attorney
- Farrell SBTP Expert

The program is currently housed in the Gibbs Unit with 26 youth plus one who is in the hospital and will probably be transferred to O.H.Close. The unit can accommodate 36 youths. One of the reasons that the population of the Unit is beneath maximum capacity is that the staff has been working quite diligently to have as many youth as possible released on parole rather than on probation which was instituted at the beginning of the year. This change in the legislation means that instead of being able to work closely with a parole agent in preparing a transition plan which would include state funded services such as residence in a group home and mandated outpatient sex offense-specific treatment, the youth will be sent directly to a county jail where within 15 days a judge has an option of releasing the youth without follow-up condition or remanding the youth to probation with conditions. The probation officer will have much less contact with and information about the youth although the SBTP staff are attempting to provide recommendations. The youth will be under adult probation with access only to adult services such as adult group homes. This change has created a dangerous situation in which the crucial transition phase has been seriously compromised.

It was reported that all of the current staff participated in the April training which was intended to establish consistency among the three facilities currently offering the SBTP.

Currently the youth on Gibbs are primarily high school graduates (17) with the rest still in the educational program. They range in age from 14 (1 youth) with two being 16 years of age and two being 22 years of age, the rest are over 23. One has been retained under an 1800 commitment with two other 1800 cases in the process.

SYRCC is fortunate to have the services of a number of students who are in training for various degrees. Currently there are

- Three psychology practicum students
- Four MSW practicum students
- Two BSW practicum students
- Two Certified Drug Counselor practicum students

The use of these students will be discussed later in this report.

The SYRCC-SBTP Program staff reported that they are currently offering nine resource groups. These include:

- Relapse Prevention
- Individual Change Plans which utilize the Change Company's interactive journals
- What Got Me Here which is another Change Company journal
- Addictions
- Healthy Living
- Thinking Skills (This class is not actually about developing thinking skills. It is about cognitive distortions.)
- Anger Management (Which is an adaption of Anger Replacement Training.)
- Survivor's Group
- Stress Management

Other supplemental groups include:

- Poetry Group
- Impact
- Counterpoint
- Dress for Success

The youth are also participating in other enrichment activities including presenting a music program for Family Day and for Black History Month, participating in Parents' Night and in the M-2 with volunteer visitors and the Foster Grandparents Program, doing projects for

Victims' Awareness and sponsoring a volley ball tournament for the institution. On the first day of the audit several of the program participants were involved in a program with high school students studying the juvenile justice program. About half of the youth have families who participate in family therapy and other activities.

While most of the SBTP students who are not in school have at least one and up to three jobs, the staff have been able to set therapy as a priority. The work supervisors cooperate with this.

When asked about the youth who are being retained under the 1800 legislation, the staff reported that Youth 1 "... wasn't ready. He did not act sexually." Youth 2 was referred because he stated that he might reoffend and had originally stipulated to the 1800 but now has been convinced by his lawyer to take it to court. The third youth had reportedly told someone that he was in Stage 6 when he was not and had reported fantasizing about molesting a child. He also "lacked insight and had pictures from Maxim Magazine"

Group Observation---February 7, 2011

I observed the Relapse Prevention group conducted by a staff psychologist. There were four participants. Five members had recently been paroled. A senior group member wrote the cycle on a white board. His cycle was completely different from the one that was painted on the wall of the group room. It was also different from the cycle that I observed being presented at Chad-Mojave. This is a basic component of the program which should be consistent across institutions. The one presented in this group was easily understood and might be adapted for use throughout the SBTP but this should be a decision of the Sex Offender Task Force. The group was broken into two teams and assigned to list problem behaviors. They were quite enthusiastic about this. The psychologist is a very energetic and enthusiastic, and the group members interacted well and seemed to enjoy and benefit from the group.

Staff Interviews---February 7, 2011

Senior Psychologist

The senior psychologist has been employed by DJJ since 2004 and has been supervising SBTP for the past four years. She also supervises the mental health units as well as the SPAR process and does all of the SPAR training. She also does quality assurance for all of the psychologists and responds to crises. She has experience working with mentally ill adolescents who engaged in inappropriate sexual conduct in a state hospital but other than the assessment training, she had not had specialized training in working with this population.

The psychologist reported that the SBTP team works very well together. The YCC's are supportive of treatment and "go the extra mile." She reported that the psychologists work well together and both work extra hours every week. She feels that the administration is supportive as exemplified by the support for treatment over work assignments. Thus SYRCC does not have as serious problem with the Program Service Day as other institutions do. However, there are still issues with the PSD and those youth who are still in school. The staff tried offering treatment in the evening but the youth were too tired to concentrate. Some resource groups are still being done in the evening.

She feels that the 1800 process is being implemented as intended.

SBTP Psychologist

This psychologist has been with DJJ for three years and with SBTP for about 14 months. Her regular duties include running two core groups, teaching the Relapse Prevention resource group, doing some individual therapy, supervising students and doing some family therapy. She works a 10/4 day. She stated that the students do most of the individual therapy under her supervision and that she is quite comfortable with them as they are in a forensic program, which stresses caution in working with this population. She reported that were the population to increase to the capacity of 36 that there is "no way" they could provide the required treatment hours. She also mentioned the elaborate notes that are required for each mental health session. Overall she reported that the staff work well together.

SBTP Psychologist

This psychologist has been treating youth with sexual behavior problems in DJJ for ten years in three different institutions. Her duties include running two core groups, teaching Healthy Living and leading a Survivors' Group as well as handling crises and supervising students. She also works a 10/4 day. She did raise concerns about never knowing what schedule will be followed by the school on a given day. The doctor reported that because the facility is small, it can run like "a family." However, she is frustrated that "school always trumps treatment, whereas treatment use to trump school." There are also a number of facility programs that supersede treatment. She does see the increased emphasis on family involvement as a positive improvement. She also prefers the three-hour groups to two 90 minute groups.

Youth Interviews---February 7, 2011

Youth #1

This is a 19 year old youth who appears to be a very bright individual, He reports that he is on Stage 7. He goes to the Parole Board in April. He has been in the SBTP for two years. When he was 15, he was convicted of raping a drugged victim after he went to a party and had sex with a young female after she passed out from alcohol consumption. He stated that he works on a janitorial crew and that his treatment consists of attending core group twice a week for 90 minutes each from 3:30 to 5:00pm, the Relapse Prevention resource group, a Stress Management resource group and has individual treatment with a student. He was able to identify risky situations including the use of alcohol and drugs and entitlement. He stated that when he was in the community, he lived a double life as he was a good student and not a trouble maker at home or school but in his spare time he was associating with "the wild kids and objectifying females." His family visits every two weeks but his mother and brother had trouble with acknowledging his guilt. He is planning on returning to his mother's home. When asked what he had learned in the SBTP, he stated that he has learned to value the lives of everyone and not believe that he is better than some others. He has also learned about how to pick better friends. Additionally he now works for what he wants rather than manipulating others to get these things. He likes the SBTP staff and stated that, "They don't bring us down."

Youth #2

This is a bright, musically talented young man who brought a complex piano piece to show me what he is presenting at an upcoming music program. He is 15 and has been in the SBTP for one year. He is currently on Stage 3 and stated that he is moving slowly because he is appealing his case and his attorney has advised him not to discuss the details of the offense. He currently is participating in Stress Management, Healthy Living, the poetry group and core group, which he attends twice a week. He also works with a student. He indicated that he was convicted of Lewd and Lascivious Conduct and Oral Copulation by Force but could not discuss the details. He stated that he had never been in trouble before. He was raised by his grandmother and his father who have been involved in some family therapy. He plans to return to his grandmother's home and hopes to attend Juilliard. His plans may be unrealistic but his musical talent is being appropriately encouraged. He stated that he "has changed a lot and has insight into his crime" although since he is not discussing it, this may be questionable.

Youth #3

This is a 20 year old youth who has been in DJJ and SBTP for about 18 months. He is on Stage 5 and was convicted of Lewd and Lascivious Conduct when he was 16. He abused his sister and his cousin. Although convicted at 16, he actually perpetrated the abuse when he was 13 and his victims were about 12. He was initially sent to a group home but went AWOL. He was then sent to another group home in Sacramento from which he also ran. He is going to the Parole Board in April. He identified "running with the wrong crowd" as a risky situation although this was not involved in his crime. He also stated that he should not "bottle up his emotions." He also discussed his own sexual abuse by several different perpetrators. Several family therapy sessions have been conducted with his mother and sister. He does not know where he will go upon release but would like to attend a community college and study landscaping. According to him, while in the SBTP he has learned to connect with his feelings, relate to his victims' through his own victimization. He indicated that he would not change anything in the program and commented that "the staff are always there for us."

Youth #4

This is a 23 year old male who has been in DJJ for six years. His sentence has been extended twice through the 1800 process. He stated that the first extension resulted from his “bringing up issues at the last minute” and the second one was due to “not talking much.” He is on Stage 9 and at this point is due to be released in August, 2012. His family lives in Nevada but he does have phone contact with them. He was convicted of Lewd and Lascivious Conduct with a Child under 14. He was 14 when he molested a six year old female over a seven month period. He has apparently also been accused of molesting his sister but blames her. He identified his risky situations as “anomie,” using pornography, feeling rejected, and isolating. He feels that he can intervene by calling support members and learning to deal with the judgments of others. He feels that he has profited from treatment by learning to change his thoughts from negative to positive. His plans for the future include traveling the world studying different cultures. He had no plans for how he was going to arrange this. He stated that he thought the program would be improved if participants were given an overview of what to expect at the various stages.

Youth #5

This is an 18 year old male who has been in DJJ for two years. He was at SYRCC for the first three months, sent to Chad for six months and then sent back to this institution in 2009. He stated that he was transferred due to racial issues. He indicated that he talks to his mother everyday on the phone. When he was 13, he and his brother were convicted of Lewd and Lascivious Conduct with a two year old female. His brother has been released. His case is still under appeal. He is currently on Stage 3 and is participating in core group and anticipating entering Relapse Prevention soon. He stated that he meets with his psychologist “not regularly.” He has been involved with a gang and is concerned with being able to separate from these individuals when he is released. He was not able to identify interventions for his sexually inappropriate conduct. He stated that he has no plans for the future as he believes in “taking it day by day.” From treatment he has learned to filter his thoughts and understand the thoughts of others. He has also improved

his ability to avoid fights. His suggestion for changing the program would be to allow youths to choose whether they do the program or not.

Staff Interviews---February 8, 2011

Program Administrator

The P.A. stated that it is very difficult to motivate the staff due to financial crisis and the fact that survival has become the staff's foremost concern. Many are retiring or going to CDCR to become adult parole agents. She is concerned about the possibility of a rotation that is at the discretion of the superintendent. Currently the staff are all fully trained and the staff that would be affected have extensive experience with this population and rotation would disrupt this. She is concerned that the staff with the most seniority may be resistant to change that will come about with the adoption of the new curriculum. It is her opinion that there should be more of balance between treatment and all-facility events. As with every staff I have interviewed at all of the SBTP sites, the Program Service Day is a concern.

Psychologist (Second Interview)

This psychologist requested a second interview to discuss the Program Service Day. Reportedly up until this past summer, the school had had an hour and a half lunch period ,which perfectly blended with the needs of treatment. However, this was eliminated. Also she stated that when Schedule C is utilized that treatment is totally disrupted. She also voiced a concern about the Orientation Unit. She stated that frequently the youth who have committed sex offenses are placed directly on Gibbs rather than being held in Intake. They become familiar with the staff and participate in the program but are then taken out of the program and sent to the Orientation Unit at Chad. This also disrupts their relationship with their family at a time that they may need that connection the most. Apparently the youths do their autobiography at Mojave when this would most appropriately be done when they are returned to Gibbs as this is the group that they will primarily relate to.

Casework Specialist

This staff member has been on the unit since 2008. She formerly worked with adult sex offender in the mental health system. She is a fully qualified mental health professional with the hard-to-come-by experience with this population but she is not allowed to do direct treatment and is very frustrated by this. She agreed that casework specialists actually do a good deal of informal treatment as the youth seek them out to counsel with. DJJ is making a statement about the value of one type of staff over another by conferring "peace officer status" on staff that do not do therapy even though these individuals are required to be mental health professionals. She observes that there is a split between the psychologists and those with an MSW degree and she feels that this split is encouraged by the administration. It is rather confusing that a staff member in this position is supervising the MSW students who are providing treatment while he himself is not allowed to do this.

She also observed that students are providing direct services that, according to the SBTP plan, are to be provided by certain full time staff members. She does see instances where security interferes with treatment but was not specific on this.

She would like to see the curriculum more interactive. Additionally she would like to see it address various learning styles and cultures as well as challenging stereotypes. I was pleased to be able to tell her that these issues would be addressed in the new curriculum.

Casework Specialist

This staff member has worked part time in DJJ since 1981 and full time since 1995. He has worked on Gibbs for 18 months. He treated adolescent sex offenders when he worked in the mental health system and even wrote an entire curriculum for this population but, as mentioned above, is not allowed to provide treatment.

He mentioned that he is frustrated by a change in the way special events are being handled. At one time monies were allocated to each unit to do their own events including their Family Nights. This has changed so that special events are conducted for the whole facility. For example, there was a Super Bowl Party for Level A but none of the rest of the youths were able to celebrate although they were all very excited about the

game. The larger events are, according to him, more chaotic. Reportedly the most recent Family Night had to be postponed because the youth were not given enough time to notify their families.

This staff member voiced great concern about the Orientation Unit. He feels that all of the functions of the Orientation Unit at Chad could be accomplished on Gibbs. He also feels that the staff on Mojave pick and choose whom to keep in the North and whom to send back to SYRCC. He also feels that it is hypocritical to advocate family contact but to separate the youth from their families when they are under the stress of recent incarceration.

As a staff member who did clinical assessments, he is quite concerned about the use of the YASI. For example, an ITI was prepared for a youth committed for a sex offense that outlined specific sex offender recommendations. This ITI was replaced by the recommendations of the YASI, which only indicated that this youth had interpersonal relationship problems.

Group Observation---February 8, 2011

I observed a Core Group, which was led by one of the SBTP psychologist and a YCC with six members. The group initially discussed the participation of some of the youths in a program which brought in high school students from the community who are studying the juvenile justice system and had them interacting in a variety of activities. The SBTP youth were quite active in this program. The group primarily worked with a relatively new member who has trust issues with the group. So much time was spent focusing on encouraging this youth by the other group members that little other work was done. However, the leaders were very supportive and encouraging and the group seemed to work well together.

Exit Interview---February 8, 2011

An exit interview was held with the following in attendance:

- Asst Superintendent
- Head of Security

- Program Administrator
- Casework Specialists
- Psychologists
- YCC
- Training Manager
- SBTP Program Coordinator
- OSM Attorney
- Farrell SBTP Expert

Staff was complimented on the organization of the documents, which greatly facilitated the audit. The difficulty of maintaining the program in the face of grave insecurities was acknowledged. Nevertheless the staff seems to be enthusiastic and devoted to maintaining the integrity of the program. The youth appear to be benefitting from the program. I voiced concern about the use of the students who could greatly benefit the program but should not be used as substitutes for DJJ employees. One of the standards of primary concern is the one that mandates the quantity of treatment and that could not be evaluated until the calendar can be reviewed.

Conclusion

Some of the concerns expressed here are specific to the program as it is operating at SYRCC while others reflect system issues, which were brought up by the staff of the Gibbs Unit. Overall the SBTP at SYRCC have always been noteworthy for their development of the resource groups. The resource groups on Gibbs all have developed written curriculums. I am concerned that they are using an “adaptation” of the ART Program. DJJ have been trained to provide this program. In my most recent publication, *The Sex Offender Volume VII* (In press), one chapter deals with research on the use of ART with juveniles with sexually inappropriate behavior. When presented in a way totally faithful to the way it is meant to be presented, the youth showed statistically measureable improvement. When not presented in a totally consistent manner or when it is “adapted,” the youth actually did worse than the control group. This can easily be remedied by having staff trained by Dr. Glick teach this resource group. If no one who was trained by Dr. Glick currently works on Gibbs, Dr. Glick’s most recent

book, Aggression Replacement Training (2010) can be purchased for less than \$40.00, and the complete program is detailed therein.

I am quite concerned about the 1800 process and have reviewed three cases from Gibbs. One case was appropriately referred because there was a history of inappropriate behavior. However, this was not mentioned when the staff was asked about the 1800 referrals. One case was clearly questionable but the referral was pursued by the Parole Board. Another was questionable and was approved by the Director of Mental Health Services. The SBTP Program Coordinator is going to organize a training for the staff on the 1800 process.

The Program Service Day is an ongoing problem in every institution. At least at SYRCC the issue with youth who are not in school appears to be resolved. However, SYRCC has an issue with having three education schedules which impact treatment in different ways. Reportedly the staff never knows ahead of time when these schedules will be in place. This should continue to be negotiated.

I am concerned about the use of students especially those providing individual therapy. I believe that the remedial plan intends that at this time this very crucial component be provided by licensed psychologists. Students could sit in on sessions. Additionally I believe that the students could provide a totally structured resource group. The irony is that highly qualified MSW's with experience and training in treating this population cannot provide individual treatment or do groups but students who may not even have undergraduate degrees can. The staff member who is supervising the MSW students cannot himself provide the services that he is directing the students to perform. This issue will be discussed in the Administrative Audit.

I am also concerned about the inability of the program to provide the mandated hours of treatment even with the assistance of numerous students. The psychologists were adamant in insisting that it would be impossible for them to provide these hours without delegating individual treatment to students. Even given the use of the students, the mandated hours are not being provided. The number of treatment hours were significantly reduced in the new Program Guide. These

hours are based on those provided by similar programs. Therefore the problem needs to be closely examined.

Overall SYRCC complied with many of the standards and the staff and residents seem to be working well together. Most of my concerns are systemic.

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Standard #	Action Item #	Action Item	Requirement	Compliance Method	Expert Ruling	Comments
1		Organizational Structure		Central Office Item		
		DJJ will produce an organizational chart for central office consistent with the principles outlined in this section.	1.1.1 DJJ will produce an organizational chart for central office consistent with the principles outlined in this section	SBTP Organizational Chart		
			1.1.2 Permanent Sexual Behavior Treatment Program Coordinator position will be established and housed in Central Office.	SBTP Organizational Chart		
			1.1.3 DFF Research Specialist will oversee the collection of data.	SBTP Organizational Chart		
			1.1.4 Office Technician will provide clerical support for the Sexual Behavior Treatment Program Coordinator.	SBTP Organizational Chart		
			1.1.5 SBTP Administrative Task Force will provide oversight to the SBTP units under the supervision of the SBTP Coordinator.	SBTP Organizational Chart		
	1.2	DJJ will produce an organizational chart for each DJJ facility consistent	DJJ will produce an organizational chart for each DJJ facility consistent with the principles outlined in this section.	SBTP Organizational Chart		

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		with the principles outlined in this section.				
		DJJ will produce an organization chart for the Treatment Team outlines in this section.	1.3.1 Teams should be interdisciplinary and at a minimum consist of the youth case manager/casework specialist, youth correctional counselor, education representative, health care professional and re-entry specialist.	Program Guide SBPT Organizational Chart		
			1.3.2 Senior Psychologist Supervisor will clinically supervise SBTP psychologist. supervision sessions will focus on reviewing cases and discussing vicarious trauma and counter-transference related to working with a SBTP population.	Meeting Minutes Sign-in sheets Interview Staff	SC	Senior Psychologist provides weekly supervision with both SBTP psychologists. Notes document supervision from 11/1/2010 through 1/31/2011.
			1.3.3 Peer review of clinical notes and documentation.	Review of Peer Review Documentation	BC	Were trained in November, but is not yet implemented.
			1.3.4 Case note review conducted by TTS or SCWS.	Review of Unit Monthly Report	SC	Reviews conducted monthly by SCWS and/or the PAIII. Reviews were documented as required.

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2		Staff Qualifications				
	2.1	DJJ will ensure that all staff employed on the Sexual Behavior Treatment Programs is qualified generally as mental health professionals, where applicable, and specifically to work with youth with SBTP needs.	2.1.1 Utilized psychiatrists and psychologists who meet the standards set forth by the Mental Health Remedial Plan.	Review of Personnel Job Specifications Annual voluntary staff qualification survey	SC	
			2.1.2 Case Work Specialists assigned to the SBTP will be required to meet the minimum qualifications for their specific classification.	Review of Personnel Job Specifications Annual voluntary staff qualification survey	SC	Case Work Specialists meet the minimum requirements for their specific classification.
			2.1.3 Non-Clinical staff assigned to the SBTP will be required to meet the minimum qualifications for their specific classification and be appropriately trained for the assignment.	Review of Personnel Job Specifications Annual voluntary staff qualification survey	SC	Non-clinical staff meet qualifications and because at SYRCC they are presenting structured prepared curriculum, they are appropriately trained for their assignment.

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3		Staff Training				
	3.1	DJJ will implement pertinent and appropriate training for all staff assigned or associated with the SBTP	3.1.1 Orientation Training Program as defined in the Guide.	Training curriculum and rosters of staff attended Expert's observations of the quality of training	NA	There is no new staff. There is a process that will be implemented once new staff are assigned, but it is not applicable as yet.
			3.1.2 Ancillary Staff training.	Training curriculum and rosters of staff attended Expert's observations of the quality of training	BC	The training curriculum has been developed. Note: SC for central office
			3.1.3 Curriculum Training including basic curriculum; clinical interpretation of curriculum; Training for Trainers on all curriculum components (for internal sustainability); internal in-service training.	Training curriculum and rosters of staff attended Expert's observation of the quality of training	SC	All staff were trained in April 2010.
			3.1.4 Sexual Behavior Treatment Teams will be provided 8 hours of team building and training meetings.	Training curriculum and rosters of staff attended Expert's observation of the quality of training	NC	Training was not completed due to lack of funding.

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	3.2	DJJ will enable staff to attend annual national/outside training opportunities	Training opportunities should include attendance at national conferences addressing sex offender treatment for selected staff that, in turn, will develop curriculum for in-service training and complete information-sharing sessions for SBTP staff.	Rosters of staff attended	NA	This is not scheduled to begin until November 2011.
	3.3	DJJ will provide annual training at a minimum of 20 hours or more to the appropriate staff of SBTP	3.3.1 Staff will receive the New Staff SBTP Orientation Packet as a part of orientation training.	New Staff Orientation checklist	SC	As part of the training in April 2010, the orientation packet was provided to all staff. Note: Change Chad and OH to SC following the review of the orientation packet and training.
			3.3.2 DJJ will develop a training plan and schedule for consistency across all SBTPs in the Sexual Behavior Treatment Program Guide.	Training Curriculum, Rosters of staff attended, administration memo, expert observation		
			3.3.3 Psychologist who provide consulting and coaching to direct care staff on SBTP will receive in-depth training in the program either through contract, or as developed by DJJ.	Meeting Minutes and Sign-In Sheets	BC	This has been planned but has not yet been implemented.

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Standard #	Action Item #	Action Item	Requirement	Compliance Method	Expert Ruling	Comments
4		Program Adequacy				
	4.1	DJJ will produce a written description and guide for it's Sexual Behavior Treatment Program.	The Sexual Behavior Treatment Program Guide will define and detail all components of the model.	Program Guide		
	4.2	DJJ will develop and implements appropriate assessment procedures for SBTP youth.	4.2.1 DJJ will administer appropriate screening and assessment tools which follow all state and federal laws governing youth with sexually abusive behaviors.	Review of SBTP WIN documentation	SC	All files contained risk assessments where applicable (SORD, J-SORRAT or STATIC-99)
			4.2.2 Youth will participate in a series of assessments to identify the high/low risk level of the youth and other information such as past trauma, previous intervention efforts, family involvement, education and vocational history, peer associations, mental and medical issues and substance abuse history.	Clinical Summary Interviews with youth (10% of unit or at least 5 youth)	SC	All files reviewed contained clinic summaries
			4.2.3 Youth will participate in a comprehensive SBTP assessment, which will be used to develop the youth's individualized treatment plan.	Review of youth's comprehensive assessment. Interviews with youth (10% of unit or at least 5 youth)		
	4.3	DJJ will develop SBTP specific units, programs and	4.3.1 SBTP will include the following components: 4.3.1.1 SBTO Orientation and	Program Guide		

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		interventions.	Transition					
			4.3.1.2				Health Living Treatment	
			4.3.1.3				Residential Sexual Behavior Treatment	
			4.3.1.4				Individualized treatment for youth who do not reside on SBTP units	
			4.3.1.5				Female Sexual Behavior Treatment	
	4.4	DJJ will implement SBTP Orientation and Transition Treatment	4.4.1	DJJ will establish an SBTP unit which will focus on the Orientation and Transition Phase of SBTP treatment.	Expert Site Visit			
			4.4.2	DJJ will provide a minimum weekly treatment hour expectation for SBTP Orientation and Transition Treatment	Documentation in unit and WIN Files or adherence to guide			
			4.4.2.1	Two 90-minut groups (3 hours total) of Health Living or Transition Group				
			4.4.2.2	1 hour resource group				Interviews with staff
			4.2.2.3	1 hour individual counseling (½ hour clinical, ½ hour casework)				Interviews with youth (10% of unit or at least 5 youth)
			4.2.2.4	1 hour homework on stage, individual or journal assignments that support therapy				Expert's observation
			4.2.2.5	2 hours residential large				

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			group			
			4.4.3 When the weekly minimum hours of treatment is not clinically indicated for a specific youth, this will be clearly defined in his or her Individual Treatment Plan.	Review of Unit File Treatment Override Form Interview with staff Interview with youth (number will depend upon number of youth on unit who are not engaged in the weekly minimum hours of treatment)		
	4.5	DJJ will implement Healthy Living Treatment	DJJ will establish a psycho-educational treatment intervention to provide treatment for the lowest risk youth and provide the foundation of treatment for all SBTP youth.	Interview with staff Interviews with youth (10% of unit or at least 5 youth) Expert's observation	PC	The Healthy Living curriculum is not being utilized for youth in core treatment programs as it was designed for. Low risk youth with sex offense charges need to be identified and provided with Health Living Curriculum (in lieu of residential SBTP treatment).
	4.6	DJJ will implement SBTP Residential Treatment	4.6.1 DJJ will establish SBTP units which will focus on the Residential SBTP	Expert site visit	SC	
			4.6.2 DJJ will provide a minimum weekly treatment hour expectation for			

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Standard #	Action Item #	Action Item	Requirement	Compliance Method	Expert Ruling	Comments
			SBTP Orientation and Transition Treatment			
			4.6.2.1 Two 90-minute groups (3 hours total) of Core SBTP Group	Documentation in unit and WIN File of adherence to guide Interview with staff	PC	Youths received the required number of hours of core group therapy in 47% of the weeks audited. Youths received the required number of resource group hours in 60% of the weeks audited. Youths received the required number of casework in 19% of the weeks audited. They received individual therapy in 60% of the weeks audited. However, when only the therapy provided by DJJ psychologists were counted, this percentage went down to 27% of weeks audited.
		4.6.2.2 1 hour resource group			PC	
		4.6.2.3 1 hour individual counseling (½ hour clinical, ½ hour casework)	Interviews with youth (10% of unit or at least 5 youth)		PC	
			4.6.2.4 1 hour homework on stage, individual or journal assignments that support therapy	Expert's observation	PC	There was no documentation provided to evaluate this standard although the youth are required to complete written assignments in order to progress through the stages. One way to address this item would be to have youths keep a log of the number of hours they work on homework each week. Youths received the required number of large group in 54% of the weeks audited.
			4.6.2.5 2 hours residential large group		PC	
			4.6.3 When the weekly minimum hours of treatment is not clinically indicated for a specific youth, this will be clearly defined in his or her	Review of Unit File Treatment Override Form	NA	A system is in place to provide for treatment overrides, however, there has been no need to date.

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Standard #	Action Item #	Action Item	Requirement	Compliance Method	Expert Ruling	Comments
			Individual Treatment Plan.	Interview with staff		
				Interview with youth (number will depend upon number of youth on unit who are not engaged in the weekly minimum hours of treatment)		
	4.7	DJJ will implement individualized treatment for youth who do not reside on SBTP units.	Youth whose treatment needs hierarchy supersedes SBTP treatment, such as mental health, developmental disabilities and aggressive behavioral treatment needs, DJJ will provide SBTP treatment through an individualized treatment plan if determined will benefit from sexual behavior treatment	Expert's observation Interview with staff in non-residential units Interview with youth (number of youth depends upon youth currently assigned to individualized treatment)		

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Standard #	Action Item #	Action Item	Requirement	Compliance Method	Expert Ruling	Comments
	4.8	DJJ will implement Female Sex Behavior Treatment	DJJ will provide individualized SBTP treatment for girls housed in DJJ	Expert's observation Interview with staff in non-residential units Interview with youth (number of youth depends upon youth currently assigned to individualized treatment)		
	4.9	DJJ will implement a Family Counseling Component in the SBTP	4.9.1 DJJ will develop and implement a family counseling and reunification intervention. The SBTP will provide the opportunity to involve the youth's family/guardian, when appropriate, as prescribed in the treatment process.	Program Guide Family Assessment Form and Case Planning / Individual Change Plan WIN documentation Interview with staff Interview with youth (10% of unit or at least 5 youth)	SC	

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			4.9.2 DJJ will develop and implement a system to document and track attempts to engage families in the youth's treatment program and participation in the youth's treatment.	Program Guide Family Assessment Form and Case Planning /Individual Change Plan Win documentation Interview with staff Interview with youth (10% of unit or at least 5 youth)	SC	Forms are being used. Family therapy is being provided all youth identified for file review and youth and staff report that it is being conducted where appropriate.
	4.10	DJJ will develop and implement Entrance and Exit Criteria for the SBTP	4.10.1 DJJ will establish entrance criteria and youths identified in need of SBTP treatment will be transferred to an SBTP orientation unit to complete their assessment process and begin treatment.	Program Guide Documentation in unit file of adherence to Program Guide Interview with staff Interview with youth (10% of unit or at least 5 youth)	SC	
			4.10.2 DJJ will establish exit criteria to include cases on appeal and youth who have successfully completed the SBTP as set forth in the Program Guide. Exit criteria will be	Program Guide Documentation in unit file of adherence to Program Guide	NA	Language in the tool must be changed.

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Standard #	Action Item #	Action Item	Requirement	Compliance Method	Expert Ruling	Comments
			competence based, determined by measurable objectives reflecting goal attainment.	Interview with staff		
			Youth will be assessed based on their accomplishment of specific changes in outcome measures and behavior and their ability to apply their knowledge to their daily functioning. This will be done via youths' individual treatment plans and will be monitored at each case conference.	Interview with youth (10% of unit or at least 5 youth)		
	4.11	DJJ will develop and implement Suspension / Refusal Criteria for the SBTP	DJJ will establish temporary suspension / refusal criteria which includes monitoring for replacement/placement into the SBTP and interventions used prior to suspension.	Program Guide Documentation in unit file of adherence to Program Guide Interview with staff Interview with youth (10% of unit or at least 5 youth)	SC	SBTP Treatment Contracts present in youth files reviewed.
	4.12	DJJ will develop and implement a Case Planning procedure for the SBTP	4.12.1 DJJ will establish a comprehensive continuous assessment. The Case Planning and Review Process provide administrative oversight for each youth's movement through DJJ and ensure that staff involved in parole supervision and re-entry	Case Conference documents Individual Change Plan identifying and documenting the youths interventions	SC	Case conference documentation was provided for each youth for the selected document review period.

CDCR-DJJ SEXUAL BEHAVIOR TREATMENT PROGRAM
Southern Youth Correctional Reception Center and Clinic Audit, Round # 4
February 7, 2011

Note: Items not rated are reserved for monitoring and rating at Central Office or intake.

Standard #	Action Item #	Action Item	Requirement	Compliance Method	Expert Ruling	Comments
			planning has the information they need to effectively identify the youth's risk level and meet their needs as they are being released into the community.	and resources Interviews with staff Interview with youth (10% of unit or at least 5 youth)		
			4.12.2 Case Conferences are to be held at least every 60 days and should include the Interdisciplinary Treatment Team. The Case Conference team will identify and discuss progress on treatment, parole community re-entry planning, goal setting and develop a case management plan for the next case conference	Case Conference documents Individual Change Plan identifying and documenting the youth's interventions and resources Interview with staff Interview with youth (10% of unit or at least 5 youth)		
			4.12.3 DJJ will provide case planning which will include transition planning, pre-release/parole placements and re-entry services as described in the Program Guide.	Youth Parole Plans Interview with youth (number will depend upon number of youth close to parole at the time of the audit)		
	4.13	DJJ will develop and implement specific SBTP Program Components	4.13.1 Resource Groups will be offered to supplement the SBTP Core Curriculum. At minimum 4 Resource Groups will be offered by	WIN tracking of SBTP Interview with staff		

CDCR-DJJ SEXUAL BEHAVIOR TREATMENT PROGRAM
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Standard #	Action Item #	Action Item	Requirement	Compliance Method	Expert Ruling	Comments
			SBTP treatment teams, based on treatment needs and objectives identified in youths' Individualized Treatment Plans.	Interview with youth (10% of unit or at least 5 youth)		
			DJJ will establish additional Resource Groups as youth needs arise. The number and type of resource groups to which a youth is assigned is an individualized determination.	Expert's observation of quality of group(s)		
			4.13.2 Youth will create and develop SBTP Community Committees related to the operation of the residential treatment program.	SBTP Committee meetings and activities should be documented and kept in a binder on each unit.		
			4.13.3 Every SBTP unit will have at a minimum 2 SBTP Community Committees activities at all times.	SBTP Committee meetings and activities should be documented and kept in a binder on each unit Interview staff Interview with youth (10% of unit or at least 5 youth)		
5		Curriculum				
	5.1		5.1.1 DJJ will develop or purchase and implement curriculum and programs based on national standards and best practices.	Review of SBTP curriculum		

CDCR-DJJ SEXUAL BEHAVIOR TREATMENT PROGRAM
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Standard #	Action Item #	Action Item	Requirement	Compliance Method	Expert Ruling	Comments
			5.1.2 Curriculum components will be culturally and gender sensitive and emphasize cognitive and behavioral skill acquisition.	Review of SBTP curriculum		
			5.1.3 The SBTP Coordinator will review and consider implementing any related and appropriate interventions in consultation with the SBTP Taskforce.	Review of SBTP Task force meeting minutes Interview with staff		
6		Ethics				
	6.1		DJJ will ensure that treatment is offered in a way that respects the ethical principles of the involved professions as well as ensuring confidentiality, informed consent and due process. All participants will be adequately informed and sign documents reflecting an understanding of the limits of confidentiality, informed consent to treatment and their due process rights.	Treatment Confidentiality Policy Review of unit file for forms that are in adherence to Policy Interview with staff Interview with youth		
7		Facilities and Resources				
	7.1		DJJ will ensure that adequate and suitable physical facilities and resources, including files, computers, printers, materials for experiential therapy, etc., are available for treatment programs/services and	SBTP Unit site visits	SC	

CDCR-DJJ SEXUAL BEHAVIOR TREATMENT PROGRAM
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Standard #	Action Item #	Action Item	Requirement	Compliance Method	Expert Ruling	Comments
8		Quality Management				
	8.1	The SBTP will adhere to current best practices of Program Evaluation and Quality Management. The overall objective of the program monitoring and performance measurement is to track and monitor target population from identification through parole performance and measure the outcome of sex offender programming.	8.1.1 The Sexual Behavior Administrative Task force will monitor and ensure adherence to the Program Guide. This process will begin 90 days after implementation of the SBTP Program Guide. This will include:	Taskforce meeting minutes		
			<ul style="list-style-type: none"> • internal program checks, including monitoring and assessment of treatment implementation • Review of youth files and risk/needs-oriented records that monitor treatment progress and correspond directly to youth risk and need assessment 	Audit Tool		
			8.1.2 DJJ will conduct regular program assessment through an outcome evaluation to determine whether the program is effective in meeting its goals. This will begin 1 year after implementation of the SBTP Program Guide.	Evaluation Reports and actions taken as a result of the report		
			8.1.3 DJJ, under the direction of the SBTP Coordinator, will make appropriate alterations to its program based on evaluations of the program's effectiveness. This will occur on an	Interviews with staff		

CDCR-DJJ SEXUAL BEHAVIOR TREATMENT PROGRAM
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Standard #	Action Item #	Action Item	Requirement	Compliance Method	Expert Ruling	Comments
			on-going basis.			
			8.1.4 Routine satisfaction surveys of youth and their families (if appropriate) while in the program regarding their satisfaction with the services being provided, with survey results being summarized and shared with staff from all sections of the facility and used to make facility modifications / improvements when appropriate. This will begin 90 days after implementation of the SBTP Program Guide.	Review of Survey Reports Interviews with staff Actions taken as a result of surveys Actions taken as a result of audit.		
			8.1.5 Routine documented observation and monitoring of staff with regard to delivery of treatment groups and resource groups conducted by psychologists, YCCs and casework specialists on SBTP will be conducted by the Senior Psychologist assigned to provide clinical supervision to the SBTP. This will occur on an on-going basis and will be performed every 6 months.	Review of monitoring / evaluation reports Interviews with staff Actions taken as a result of surveys Actions taken as a result of audits		

CDCR-DJJ SEXUAL BEHAVIOR TREATMENT PROGRAM
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Standard #	Action Item #	Action Item	Requirement	Compliance Method	Expert Ruling	Comments
			8.1.6 Results of all monitoring conducted on a local level will be sent to the SBTP Coordinator for tracking and review. The audit tool will include documentation of, but will not be limited to: file reviews, review of Proof-of-Practice binders and interviews with the staff and youth. This will occur on an ongoing basis and will be performed every 6 months.	Review of documentation sent to SBTP Coordinator		

**Sexual Behavior Treatment Program
Fourth Round Comprehensive Report (DRAFT)
Barbara Schwartz, Ph. D.
March 31, 2011**

Introduction

This report is based on document review as well as site visits to the following Department of Corrections and Rehabilitation, Division of Juvenile Justice facilities: OHCYCF on September 20, 2010; NACYCF on September 21-22, 2010; and SYCRCC on February 7 - 8, 2011. Site visits included reviews of records and documents, staff interviews, interviews with youths and observation of treatment groups and psycho-educational classes. Pre-and post-audit meetings were also held with the SBTP staff and facility administrators at each site. I was accompanied and assisted by the Sexual Behavior Treatment Program (“SBTP”) Program Coordinator and Cathleen Beltz, Deputy Special Master. Attachments 1 through 4 are completed audit tools for each site visited and DJJ Central Office.

I. Organizational Structure

The Division of Juvenile Justice (DJJ) has appointed the SBTP Program Coordinator, and she has been working closely with the SBTP Administrative Task Force to provide oversight of the Program. Each facility has established an SBTP Treatment Team in accordance with the SBTP Program Guide. There has been a notable improvement in the way security and treatment staff are working together. This was particularly true at NACYCF where this had been a problem in the past but where the treatment staff now praise the improvement in communication with the rest of the unit staff.

DJJ has struggled to produce an organizational chart that reflects the oversight of the SBTP to incorporate security, classification and treatment, each of which has a different chain of command. Numerous draft charts have been submitted over the years. Though the current chart includes the position of SBTP Coordinator, it does not include her relationship to the SBTP Administrative Task Force, which is the instrument by which she oversees the program and coordinates the efforts of the multi-disciplinary teams which operate the SBTP at various sites. This relationship should be delineated on the organizational chart. However, while an organizational chart would formalize this relationship, the Task Force’s authority to oversee the SBTP must still become a reality.

Significant changes in the individual programs need to be submitted to and approved by this body. Problems need to be brought to the Task Force where resolutions can be discussed. Issues such as the inability to provide the required number of treatment hours, problems with supervision by senior psychologists and continuing inconsistencies in treatment need to be tackled by the task force. There has been some positive movement in this direction recently. Until the Task Force's authority is routinely recognized, the problems with the organizational structure will continue and the effective administration of the SBTP will rest on the personality of the Program Coordinator. The Coordinator is an effective leader but the ambiguous line of authority is a systemic issue.

Recommendations:

1. Add the Sexual Behavior Treatment Program Administrative Task Force to the organizational chart.
2. Train those who supervise the individual programs to refer significant issues to the Task Force for resolution.
3. Internal monitoring should identify problems which can be brought to the Task Force.

II. Staff Qualifications

DJJ has retained or assigned staff that meet the SBTP job qualifications. However, the financial crisis and right sizing have strained the staff's ability to comply with *Farrell* SBTP requirements as described in the SBTP Program Guide, including the required number of treatment hours. Some of the problems involve rigid adherence to Department of Personnel policies regarding job duties. For example, only licensed psychologists are to provide "treatment." The field of sex offense-specific therapy is a unique discipline which differs in many significant ways from traditional mental health treatment. This field more closely resembles the field of substance abuse treatment. Just as substance abuse counselors are recognized and in most states licensed as a separate mental health discipline, some states license sex offender therapists as a unique discipline. There is little if any training in working with this population in the traditional training of psychologists.

The international professional organization, the Association for the Treatment of Sexual Abusers, certifies specialists in this field, the vast majority of whom are social workers and mental health counselors. DJJ does not recognize

these professionals, regardless of their expertise in this specialized area, as capable of providing “treatment.” On the staff at each program site are Casework Specialists who are licensed mental health professionals, some of whom have very impressive backgrounds in treating juveniles with sexually inappropriate behavior in other settings. However, they are not permitted to provide direct clinical services, even though this means that youth are deprived of SBTP services altogether. For example, one youth whose family members speak Spanish cannot participate in family therapy because there are no Spanish-speaking clinicians on the SBTP staff, even though there is a Casework Specialist assigned to the program who is a licensed mental health professional and who is also bilingual.

The role of the Youth Correctional Counselor is another issue of concern at some facilities. YCC’s have a wide variety of backgrounds ranging from individuals who have high school diplomas with little specialized training to others with graduate degrees and years of experience and training. YCC’s typically teach psycho-educational classes. This is appropriate as long as they are not expected to develop their own curricula. In most cases, SYCRCC has gone to great lengths to develop or to utilize curricula that reflect best practices. However, in many cases, staff are using curriculum that they developed on their own and/or that has not been approved and is not uniform. If YCC’s are to function within their area of competence, they must be provided with evidence-based materials from which to teach. This issue should be addressed once the new curriculum, under development, is completed. However, until that time, all facilities should be using material that is approved by the SBTP Administrative Task Force.

YCC’s are directed in the SBTP Program Guide to provide “counseling” related to the functioning of youth on the unit. Because in the current Program Guide this counseling replaces time spent in “treatment,” this interaction should focus on progress in treatment for at least 30 minutes a week.

Student interns can be a valuable resource but are not to replace duties of professional staff. They should function under direct supervision and with highly structured activities.

Recommendations:

1. The fiscal crisis has reduced, and may continue to reduce, the number of staff without reducing the expectations outlined in the SBTP Program Guide. DJJ

should re-evaluate job descriptions in order to maximize the benefit of available staff or it should consider adding a job classification which allows for the hiring of other types of mental health professionals which could make the program more cost effective without compromising its quality.

2. The standardization of the curriculum, including the resource groups, should resolve the problems with YCC's having to create their own. Until that time, the Task Force should identify and authorize the use of a single set of resource group materials.

III. Staff Training

With very few exceptions all of the current staff of the SBTP were trained in the overall program approach and in the new Program Guide in 2010. This training was aimed at improving consistency among the facilities as well as acquainting the staff with the new program guide. Treatment staff, particularly at NACYCF, commented that this training was very beneficial in bringing together the different disciplines and furthering collaboration between custody, case work and treatment personnel. However, I observed that the staff are presenting the most basic and fundamental SBTP concepts in different ways. For example, I observed the "assault cycle" being presented at two facilities. In each facility, the information was presented in totally different ways. Additionally, in the room where one of the classes was being taught was an illustration of yet a third cycle was posted to the wall. Although every effort is being made to present treatment material in a uniform way, staff are still functioning independently. This is a local supervision issue as there are members of the SBTP Administrative Task Force overseeing each program. It is their responsibility to be well acquainted with what is going on in their programs and in consultation with Dr. Bowlds to strive for uniform presentations of crucial concepts. This does not exclude creative approaches but if an approach offers a new, innovative, and effective method, then it should be submitted to the Task Force and implemented throughout the program.

While most of the staff have been trained in the current model, the whole staff will need to be trained in the new curriculum. Additionally the plan requires that some staff be allowed to attend national conferences. It is my hope that this can be arranged.

Recommendations:

1. Most SBTP staff have been trained, however, SBTPs are having difficulty uniformly following the new Program Guide. Nonetheless, the clinical staff commented that other staff members seem to understand the basic idea of treatment as a result of the 2010 training. This has facilitated communication between the disciplines. All staff trainings should definitely be continued.
2. The training referred to in Standard 3.1.4 also needs to continue within treatment teams at each facility as mandated by the SBTP Remedial Plan but has not been done due to lack of resources.
3. It is also mandated that psychologists receive additional training so that they can monitor and serve as a resource for other staff. This needs to be implemented.

IV. Program Adequacy

The SBTP Program Guide has been completed, and the staff have received training in its implementation. Additionally, a modified remedial plan and audit tool were submitted and approved by the court. The screening and assessment tools are being used but the more extensive and in depth assessment is not in operation. The SBTP Orientation and Transition Unit has been established on the Mojave living unit at Chad but is not without controversy as staff at the SYCRCC have a number of concerns about it. The Healthy Living curriculum is being taught on the SBTP units but has not yet been offered to youth who are classified as “low risk.” This is the population for which Healthy Living was originally intended. There are logistical problems with offering services to youths who have committed sex offenses but who are residing in general population without inadvertently divulging their sex offenses. However, all DJJ youth could benefit from this program. A way to deliver this service needs to be devised.

The SBTP Residential Program is operating in three facilities on five units.

Individualized treatment for youth not residing in the SBTP Residential Units has yet to be implemented.

The program for females with inappropriate sexual behavior problems has not been established, primarily due to their low numbers. The new curriculum will include treatment material specifically designed for females with this problem.

The inability to provide the required number of hours of SBTP programming of all types is a matter of utmost importance. There are undoubtedly

a number of contributing factors. However, there has not been a systematic review of what those factors are or how this deficit can be addressed. The required number of treatment hours required in the original remedial plan has been significantly reduced, but even the reduced number of hours are not being provided. Staff have offered different explanations for this at different institutions. For example, at OHCYCF, staff stated that due to staff shortages, all available YCC's must remain on the floor rather than hold groups. Also, "the Annex" building is at times unavailable and thus there is no place for the staff to provide treatment. At Chad's intake unit, the psychologist explained that because of the high turnover on this unit and the need to provide crisis care to mentally ill youths, there is insufficient time to provide individual treatment. On NACYCF's other units, staff reported that the Program Service Day hinders access to youth for treatment, even though most of these residents are not in school, but are engaged in institutional jobs. They also reported that the physical plant does not allow privacy to do individual therapy. SBTP staff at SYCRCC have been able to overcome the problem with the Program Service Day as the institution has made treatment a priority over institutional jobs. Despite having overcome this problem, staff at SYCRCC report that were it not for student interns, the youth could not receive individual treatment. Despite having this additional resource, the requisite hours were still not provided.

The various types of treatment were not uniformly provided at the different institutions. For example, the definition of "large group" was misunderstood by the treatment teams and thus the majority of the units reduced the time from two hours a week to 15 to 20 minutes a day and used this time for announcements rather than as a therapeutic activity. There was a misunderstanding at Chad about when in the course of treatment family therapy could be offered. They did not understand that family therapy could be made available any time the family members and/or the youth requested it.

The SBTP staff mentioned that having to hold case conferences every 60 days was burdensome. When this issue was raised at the Chad exit interview, administration quickly agreed that these conferences could be conducted every 90 days. I appreciated the rapid response to this issue.

The SBTP has developed a group note which is much more appropriate for this population than the one used by Mental Health. However, despite the fact that it was developed by the SBTP Coordinator and the Task Force and approved by myself over a year ago, it has yet to be implemented.

SBTP Audit Item 4.10: Exit Criteria and Welfare and Institutions Code § 1800

Currently, the Welfare and Institutions Code § 1800 (WIC 1800) process is being used to extend the sentences of SBTP youth for reasons other than those outlined in DJJ policy and in the code itself. The purpose of WIC 1800 is to provide for the continued confinement of youths whose behavior is such that youth present an immediate danger to public safety. DJJ policy on criteria for referral on a WIC 1800 include:

- The release of the youth represents a physical danger to the public safety, and
- The youth has a currently diagnosed mental or physical deficiency, disorder, or abnormality, and
- The disorder causes the youth to have serious difficulty controlling his or her dangerous behavior.

The policy also states:

A youth who is currently diagnosed as having a mental or physical deficiency, disorder, or abnormality which causes him or her to have a serious difficulty in controlling his or her dangerous behavior shall be tracked by the Treatment Team. The Treatment Team shall document other behavior that is pertinent to a WIC 1800 Evaluation in the Living Unit File Counseling/Casework Notes, Interdisciplinary Chronological Progress Notes, Case Conference Notes, and Case Reports. Documentation information shall include program changes, the reasons for the program designation changes, details of any relevant behavior, and other information related to either the youth's ability to control his or her dangerous behavior or the youth's mental disorder.

The policy is written in the present tense (eg. "causes him or her to have serious difficulty in controlling, etc") and refers to *current* behavior secondary to the mental illness, not past behavior. Having been involved in the formulation of this policy, it was my understanding that WIC 1800 policy was designed to address behavior of youth who continue to/presently act out sexually secondary to a mental abnormality or a mentally ill youth who is presently physically aggressive as a result of his or her mental illness. Documentation must exist that

shows that a youth's current behavior poses a danger to the public if the youth is released.

An inherent problem with the WIC 1800 law in connection with youth with sexually inappropriate behavior is that if a youth is legitimately diagnosed with Pedophilia, this diagnosis can be interpreted to mean that the youth necessarily meets the other two criteria for a WIC 1800 referral. The definition of Pedophilia in the American Psychiatric Association's Diagnostic and Statistical Manual TR-4 (DSM-TR-4) makes no allowance for the condition going into remission or being successfully treated, nor does it address the unique characteristics of youthful offenders. Once a youth is diagnosed, it can be argued that, by definition, the youth is a danger to the public and that, based on past behavior, has difficulty controlling his or her dangerous behavior. A large percentage of the youth in the SBTP would meet the criteria for DSM-TR-4 diagnosis. The WIC 1800 should address youth who have demonstrated through current behavior they remain a danger. Furthermore DJJ cannot document that failure to complete the SBTP in and of itself predicts dangerous behavior. Therefore, whether a youth completes the SBTP should not be considered when determining whether WIC 1800 criteria are met.

I was supplied with three assessments of youth at SYCRCC. One youth met the criteria, which included current inappropriate behavior. A second youth was referred for WIC 1800 evaluation, was determined by DJJ not to meet the criteria, but was then referred for re-evaluation by the Parole Board and was approved. The third youth was referred to the Chief Psychiatrist who affirmed the referral. The latter two cases were based on failure to progress in the SBTP rather than on current sexually inappropriate conduct. When staff is concerned about a youth's failure to progress in treatment, then special attention should be paid to implementing a special treatment plan. For example, one of the above referenced youth reported deviant fantasies. However, treatment techniques including behavioral and psychopharmacological therapies should have been considered rather than a referral for extended confinement based on WIC 1800. In the cases I reviewed there was disagreement about whether the youth even had a diagnosis that would qualify, however, the WIC 1800 process nevertheless continued.

WIC 1800 extensions have a major impact on the lives of these youths, extending their sentences for years during a critical developmental period. It

SBTP Fourth Round Comprehensive Report (Draft) 8

should only be implemented in the most critical cases and should be avoided whenever possible by proactive therapeutic intervention. The SBTP Coordinator has informed me that she shares my concerns and is arranging a training on the issue.

Recommendations:

1. The inability to provide the required number of hours of treatment should be studied systematically and addressed accordingly. This includes consideration of the impact of the Program Service Day, physical facilities, staff being diverted for other duties, and the impact of right-sizing.
2. In order to continue to provide quality treatment to youth in the face of the current fiscal crisis, DJJ needs flexibility in job definitions and job assignments. For example, licensed social workers are available in the form of senior casework specialists. With modification of job titles or job descriptions, there mental health professionals could be functioning as primary therapists.
3. Staff who serve as co-therapists should be able to function independently in groups so that groups are not cancelled if the psychologist is absent.
4. Mental health staff who are working with mentally ill youth with sexually inappropriate behavior should be provided with and trained in the use of material appropriate to this population.
5. The SBTP group note referenced above which was developed by the SBTP Program Coordinator should be implemented.
6. SBTP Remedial Plan standard #4.10.2 needs to be amended to reflect the fact that once a youth's sentence is complete, the youth youth should be released, unless the youth qualifies for a WIC 1800 extension, irrespective of a youths' progress in the SBTP.
7. There are serious issues with the current use of the WIC 1800 policy. This should be analyzed, and staff should be trained and supervised in the policy's proper use and implementation.

V. Curriculum

DJJ has contracted with Nancy Calley Ph.D. of Spectrum Health Services to prepare and train the staff in the new curriculum which will also include a curriculum for female youth with sexually inappropriate behavior.

VI. Ethics

The SBTP Coordinator has developed a release form that outlines the confidentiality and informed consent policy of DJJ, and all youth in the SBTP will be informed of such.

VII. Facilities and Resources

Several new structures have been made available to the SBTP at Chad. These modular units have space for staff offices and for conducting groups. This is a significant improvement. The issue at OHCYCF has been discussed above. While the Annex building is suitable, staffing sometimes prevents the use of this space.

Recommendation:

1. The degree to which lack of custody supervision has resulted in cancellation of treatment should be evaluated and solutions generated.

VIII. Quality Management

Quality Management procedures are scheduled to begin shortly. This will include monitoring to ensure that the Program Guide is being followed. Senior psychologists will submit semi-annual reports on their observations of treatment and counseling provided by the SBTP. The above measures should significantly improve accountability.

Recommendations:

1. Senior psychologists should begin the monitoring process.
2. A plan should be developed so that relevant data can be collected.

Conclusion

Steady progress is being made toward compliance with the Sexual Behavior Treatment Program Remedial Plan. Many of the significant problems that plagued the program have improved significantly. For example, most of the administrative requirements in the plan have now been rated in Substantial Compliance and following the next audit round may be ready to be turned over to

DJJ for monitoring. This is thanks to the very competent leadership of the SBTP Coordinator. The communication between the various disciplines has improved. There is more stability among the staff since the “post and bid” was revised. A contract to develop a uniform curriculum has been signed and the curriculum is being written.

However, significant problems remain, particularly in the provision of the required amount and type of treatment being offered. A systematic analysis of the problems should be initiated with recommendations for remediation. The fact that this problems exists reflects in part problems with supervision at a local level. DJJ should be open to innovative solutions to these problems.

XIV. Fourth Round Facility and Central Office Audits

Northern California Youth Correctional Complex Site Visits, September 20-22, 2011

O.H. Close Youth Correctional Facility

Administrative Meeting

There was a general discussion of the process of the audit. Unit closures were discussed. SBTP Program Coordinator stated that she had provided the SBTP staff with 16 hours of training in April, 2010. She has also had meetings with the Sex Offender Task Force. OSM attorney discussed the process of self-monitoring. Challenges that the SBTP has faced recently included 1) there has been a loss of one staff member on the AM shift which has interfered with the ability to run groups. Staff has been working together to make the groups happen. However, the staff is inconsistent and it was acknowledged that this has impacted the quality of the treatment. Questions were raised about the WIN system and the organizational chart. There has been an exemption from the hiring freeze so that the current SBTP Coordinator’s former position at O.H. Close can be filled and the slot for the SBTP Coordinator which is currently vacant can be filled. Finally the schedules of case managers and case work specialists have been changed so that they work two nights to 8:00p.m. and two weekends.

Comments on Review of Documents

It was noted that the format for recording group notes ranged widely depending on the recorder. It was my understanding from a previous discussion with the SBTP Coordinator that a format for the group notes had been agreed upon and that the staff was no longer going to be required to do very redundant mental status exams and make a formal diagnosis each time a clinical note was done. A unit psychologist from O.H. Close was continuing to follow the old format and made minimal notes on the group process or the individual participant's behavior in the group. His notes were over a month late on several occasions. Resource groups were not identified in the notes by name, making it very difficult to tell what was being offered, whether was it appropriate to the individual youth and what the scheduling of the resource group was. Some resource group sessions were not recorded in the case notes, only on attendance sheets. Notes were incomplete due to a problem with the WIN system which only printed out the notes through 7/29/2010.

Observation of Group

A group conducted by a psychologist and a case manager was convened at 11:45. The youth were eating their lunches throughout the session. There were seven group members. A. is a young man who will be going through an 1800 process due to continued sexual acting out on the unit. He was open and participated readily. T is a young man who has been in the program for about 6 months. Thus far he has not taken any resource groups. He discussed his walk through and "red flags." J. will be going to the Parole Board on Thursdays and after three and a half years has completed the program. He appears to have learned a good deal, states that he has learned to deal with his feelings and shows good insight. Another youth is currently taking Anger Management and Addictive Behaviors. He stated that at the next sessions he is going to present his grooming behaviors. F stated that he is doing well in school and is currently working on defining the components of his assault cycle. He also stated that he is enrolled in the Anger Management Class but that it has not been meeting despite the presence of the teacher.¹ This youth is a mentor and is very proud of this. He was visibly moved when the group complimented him on his improved behavior. M stated that he is working on his narrative and N stated that he is going to present his victim letter. Although all of the youth spoke of what they are currently

¹ I requested that this be investigated. It was reported back to me that the YCC who was accused of not conducting her resource group had stated that she had been conducting the course. There appears to be a miscommunication between F and the leader of this resource group.

working on, there was little peer interaction, some subgrouping and several members appeared to be bored. Group was dismissed at 12:25pm.

Staff Interviews

Unit Psychologist

Currently there is an open psychologist position because SBTP Coordinator is continuing to work from her O.H. Close psychologist position although the interviews for the SBTP Coordinator will be conducted shortly, thus freeing up this position. One of the unit psychologists has been out on extended sick leave.

A unit psychologist was interviewed. He has been at Close for three years, having transferred from CDCR. Currently his schedule consists of providing individual therapy to the youth and conducting groups on Mondays 11:30-12:30pm and 3-5pm. Tuesdays 10:30-11:30am and 4-5:30pm Thursdays 10:30-11:30am and 4-5:30pm and Fridays 11:30-12:30pm and 3-5pm. He does four groups with each meeting twice in one day. I have questions about the effectiveness of having groups meet on this schedule rather than staggering them throughout the week which would seem to be less tiring for the youth and would allow them to meet twice a week with their group and therapists, allowing for the processing of issues that might arise in the interval.

The unit psychologist stated that he is not always able to meet with the youths on his caseload as custody staff is not always available to supervise the building. When asked about the Program Service Day, he stated that “It is terrible.” He is not opposed to working extended hours but does believe that youth should be allowed to leave school for scheduled therapy appointments. He did mention that there is a Spanish-speaking youth who must rely on another youth to translate.

Case Manager

A case manager told me that she does not have a regular schedule of activities in which she is involved. She stated that she “pitches in” and “does a lot of paperwork.” She “tracks groups” and monitors the staff. She also fills in for floor staff so that others can do groups. She reported that the resource groups which are now being conducted include:

- Anger Management---she stated that this group does have a curriculum but it does not appear to be Aggression Replacement Treatment.
- Counterpoint---she stated that this group is focused on gang issues and is taught by a YCC who offers it throughout the institution. I would not consider this to be an SBTP group.
- Addictive Behaviors----she stated that this group deals with a variety of addictive behaviors.
- Criminal Thinking Errors---she stated that this is an SBTP resource group.

She also reported that there is a Special Needs group for youth with AD/HD youths which primarily focuses on behavior problems. Several youths on the unit have participated in Impact which is taught by ex-offenders and is offered to the whole institution.

She strongly recommended that case conference schedule should be revised so that they are not held every two months. The schedule as is presents numerous logistical problems including having to work around the teachers' schedule. Often staff who do not even know the youth are filling in and often only the case worker and the youth are present. This appears to be a very legitimate concern which will be discussed later in this report.

Case Work Specialist

I spoke with a case work specialist who has an MSW and speaks fluent Spanish. He also stated that he does not have a regular schedule and that his main job is "making sure the YCC's are doing their jobs." Additionally he must meet with the youth every 60 days. He is not able to do treatment and cannot even provide Spanish-speaking youths with therapy or do family therapy with their families. Case notes indicate that there is currently a family that is not able to do family therapy as they are Spanish-speaking.

I have been repeatedly assured that case work specialists would be able to provide therapy as they hold CWSs which defines them as mental health professionals. I was also told during this audit that indeed they cannot provide treatment services according to their job descriptions.

Youth Interviews

Youth #1

Youth #1, aged 16, told me that he has been at Close for 19 months, currently on charges of Robbery and False Imprisonment. Previous to this in 2007, he was convicted of Forcible Rape and sent to two group homes but did not adjust well to either. He stated, "I was not ready to change." He admitted that earlier this year he was involved with gang-related fights and has not given up his gang connections.

He stated that he is currently on Stage 5 and is working on the assignment, "Victim's Shoes." He described his crime as having gotten angry when a 13 year old female refused to have sex with him. He bribed her and then physically attacked and raped her. He was able to describe some of the possible consequences to her. He also discussed some of his issues which contributed to the sex offense. His current offense involved a car jacking during which he assaulted the female driver.

Youth #1 stated that since being in the program, he has taken three resource groups including Anger Management, Addictive Behaviors and Criminal Thinking Errors. He participates in group three hours a week. Additionally he has done some family therapy with his grandmother with whom he hopes to live and with his mother who was abusive to him. He would like to go to a junior college, play football and study plumbing. He will be going to the Parole Board in November.

When asked what he would like to change about the program, he responded that he resents it when the whole group or unit is punished because a few are acting-out or when something is stolen, all of the youths suffer consequences. He was not able to be very specific about these allegations.

I was only able to interview two of the youths who were chosen for this audit as one was transferred to CDCR and another was sent to Chad.

Youth #2

Youth #2 was interviewed with a case work specialist acting as an interpreter. He is a 17 year old youth who was smuggled into the United States from Guatemala when he was 14 by a human trafficker. When he had been in this country for three months, he molested a preschool age cousin and was discovered by another family member. He was confronted by the family, one member of

whom recorded his confession of his guilt. He was also attacked at that meeting. Despite firm evidence of his guilt, he was convinced by his lawyer to take this to trial where he was convicted of Child Molestation.

Currently Youth #2 is on Stage 5, which the case work specialist remarked is a significant accomplishment considering that he is just learning English. C.M. stated that he realizes the harm his actions have caused his victim and his family. C.M. was quite talkative and is very enthusiastic about the program and the institution and could not think of any changes that he would recommend. However, next year he will be transferred to CDCR where he will have to complete a 13 year old sentence. This young man appears to be at minimal risk to reoffend and will be at an even low risk when he completes treatment. He could have been deported back to Guatemala but instead will have to complete a lengthy adult sentence with no follow up treatment.

Conclusion

As in previous audits SBTP at O.H. Close is characterized by a dedicated staff that conscientiously tries to comply with the audit standards. There are, however, some problems. The most significant is the inability to provide the required amount of treatment including core groups, resource groups, case work and psychological treatment. A variety of issues seem to at least partially explain this including a shortage of security staff which can prevent psychologists from being able to provide therapy in their offices in the annex, the Program Service Day which limit the hours available for group, psycho-ed and counseling as well as a variety of other issues. Of the staff that I interviewed, two stated that it is their job to supervise YCC's despite the fact that one of these individuals is a mental health professional who could be leading groups and providing family therapy to Spanish-speaking families.

N.A. Chaderjian Youth Correctional Facility

Mojave Unit

Mojave is the Orientation Unit for the SBTP. The youth who reside here are either newly admitted to the program or are parole violators. Eventually the participants will be undergoing extensive psychological assessment in keeping with the new program direction which will increase the focus on individualizing

the program. Currently the youth are offered Healthy Living and/or Transition group.

Review of Casenotes

In reviewing the group notes, it was noted that they were much more elaborate than on other units but it was hard to determine what the individuals were doing. For example, why was A.L. on the verge of dropping out of treatment on 7/5? This needed more explanation. There were no notes for the mandatory large group.

Staff Interview

Unit Psychologist

This psychologist stated that she came to DJJ in February, 2008.. She initially worked at O.H. Close but was out on Workmen's Compensation for several months. She is now on Mojave but feels overwhelmed as she is the only psychologist on the unit. Because she is in charge of doing the Intakes on a unit that is constant flux, she has no time to meet with the youth individually. Additionally there are many youth with serious mental health issues on this unit including some who are "actively psychotic." She also indicated that there is much "inversing" going on among the custody staff in which staff can be forced to work double shifts. This results in inexperienced staff doing groups or staff being exhausted to the point of falling asleep in group. She did comment that staff attempts to help out whenever they can. Her recommendations were 1.) more consistently trained custody staff and 2.) a half time psychologist.

Group Observation

I observed one clinician's group which was conducted in a modular unit. Her office and at least one group room are housed in this unit. The space is very appropriate. Dr. Huber was teaching Healthy Living to a group of 10 young men who are new to treatment. She was presenting Unit 6 on Trauma and Development with the use of a Power Point projector. There was nice group interaction. A YCC was present in the room but was largely silent.

Youth Interviews

Youth #1

Youth #1, 19, has been in DJJ for two years and has been on Mojave since April, 2010. He was most recently convicted of Assault with a Deadly Weapon, Vandalism, Manufacturing and Selling Dangerous Weapons and Possession of Stolen Weapons. In 2002 he was convicted of Child Molestation and was placed on House Arrest, which he violated 11 to 12 times. He reports that his sex crime consisted of touching his cousin's leg. He may well be denying or minimizing his offense but he is currently only in the Orientation Phase to treatment and is not expected to be disclosing fully at this point. He reported that he is currently taking Healthy Living which meets for 90 minutes twice a week and Transition which meets for three hours once a week. He also reports that he meets with his psychologist at least once a week for 30 minutes. In Healthy Living he has learned about venereal diseases, the way the brain works and dating. In Transition he has learned about budgeting money and paying bills. His brother has promised to give him a job when he is released and this will help Youth #1 to support his young son. His recommendation for improving the program would be for the staff to decrease locking youth in their rooms so often. He was not too clear by what he meant by that.

Youth #2

Youth #2, 19, was transferred to Chad on August 10, 2010 after being housed at Preston from 2/10/2010. He was convicted of Child Molestation, having three victims ages 6,7, and 8 whom he had molested over a period of two years. He was initially sent to a group home where he had some sex offense-specific treatment. He himself was sexually victimized when he was seven and has been diagnosed with PTSD, ODD and AD/HD. Currently he is taking Healthy Living but stated that he is having a hard time understanding what is going on. He also stated that he has been given a packet of materials entitled "Understanding Addictive Thinking" but apparently the resource group has not yet started. He stated that he has not met with his psychologist since he arrived. His family does visit occasionally.

Since his arrival he stated that he has been assaulted by other peers and thus is not going to school. He indicated that he has been out of school for 3-4 weeks but has been told that he will be sent to school in "Hall 2." Additionally he stated that he is kept locked in his room most of the time. However, shortly after the interview he was observed working with a teacher.

Youth #3

Youth #3,17, has been in DJJ for seven and a half months. He was convicted of Rape and Kidnapping on 1/24/2009. He stated that he was at a party and sexually assaulted a 15 year old girl. He was driving with her in a car and she leapt out of the vehicle. He was given a 15 to Life sentence and will be transferred to CDCR in December of this year. Currently he is taking Healthy Living and is in a Stress Management class on Sundays. He indicated that he has learned how to handle stress, about trauma, victimization and about coping with his situation. He does see Dr. Huber several times a month. His family does visit every weekend. He indicated that he had no recommendations for change.

Youth #4

Youth #4, 22, originally came into DJJ in 2005 for Rape in Concert with a Minor under 14. He was paroled this past March but was only out for 82 days when he was violated for Aiding and Abetting another parole violator. His victim was a 13 year old girl whom he was in the act of robbing. Currently he is enrolled in Transition which meets 45 minutes to an hour on Mondays, He is also taking Social Thinking Skills for an hour on Saturdays and meets with Dr. Cox once a week for 30 minutes to an hour. He stated that he is getting out in December or January, 2011 and plans to study cosmetology. His chief recommendation is to stop sending youth as young as 16 to this unit.

Conclusion

Mojave is the new Orientation and Transition Unit. Newly committed youth convicted of a sex offense are housed with parole violators with a history of sex offenses. This can be a less than ideal combination. Reportedly Dr. Huber stated that she is the only psychologist assigned to this unit. There is conflicting information about another psychologist's role. One staff stated that she works half time on this unit while the psychologist that I interviewed insisted that she works alone. This is particularly stressful as there is much more turn-over on this unit as residents are coming and going. The unit psychologist must do intake interviews and do crisis care for mentally ill youths who may come into this unit before being transferred to a Mental Health Unit. This individual readily admits that she has no time to provide individual treatment.

Mojave Unit

Review of Casenotes

The large group which is suppose to run for two hours once a week and to be therapeutic in nature has become a 19-20 minute period of announcements. Many of the notes did not include times. It would appear from the notes that no psychologist was assigned to at least one of the core groups from 6/3/2010-7/7/2010. It would also appear that one psychologist was the assigned therapist for B.S. but only met with him one time in June and for 15 minutes in August. However, it is not clear whether this psychologist was actually assigned to this unit.

Staff Interview

Unit Psychologist

The principle concern of this unit psychologist is that she is the only psychologist for 35 youths. Another psychologist was temporarily helping out during August. The psychologist that I interviewed did commend two case managers for helping out. She stated that she does spend much time consulting with staff.

Youth Interviews

Youth #5

Youth #5, 19, has been at DJJ for seven months and on this unit for three months. He was convicted of molesting his 14 year old sister on four occasions. He is currently on Stage 3 and has one core group which meets for 90 minutes once a week. He does not participate in any resource groups but does meet with his psychologist about every ten days. He stated that he has learned that his offense “was all about me.” He added that he is “taking everything out of the box and study(ing) it.” His family did visit him once. He had contact with them until DJJ cut off the phone privilege. He stated that when released, he plans to be a guitarist and do computer graphics. His suggestion for the program was to have more groups in which t he could participate.

Youth #6

Youth #6, 19, has been in DJJ for seven months. He stated that he was convicted of molesting his 11 year old sister. He was also addicted to heroin. His family is very supportive and would like to participate in Family Therapy but have been told that they cannot do until he reaches Stage 6 and he is currently only on Stage 3. On Tuesdays and Thursdays he participates in core group for 90 minutes. He is currently working on a letter to his victim. On Saturday he has Anger Management and on Sundays he has Addictive Behavior. He stated that he has been able to open up to his psychologist, especially about his own sexual abuse which happened when he was six and was perpetrated by a stranger. When released, he plans to go to a group home. He suggests that there be more homogeneous groups and more time in individual therapy.

Youth #7

Youth #7,17, was initially interviewed by the attorney from the OSM who called me into the interview. This young man is deaf and was placed at Chad rather than at Close because there is another young man who is deaf on the unit. It was felt that they might be able to be befriended each other. Both have interpreters who accompany them for most of their waking hours. Mr. P.C. appears to have difficulty with language over and above his deafness. He has been in DJJ since 5/2010. He reported that he has five victims and was initially placed in a group home but refused to follow the rules. The first incident occurred when he was 13 or 14, riding his bike around the neighborhood and saw an open garage with little girls playing in it. He convinced one of the girls to come around to the side of the house and he put his fingers in her vagina. He says he did not get caught that time. Another time he was on the bus with a 17 year female and felt her breasts. Another time, at church with family, he took a 4 year old girl (family friend) into the kitchen, against her will and touched her vagina. They did not call police. Also he says that he was raped by a stranger when he was 12 years old. He is angry about being in DJJ and kept repeating that he just wants to go back to the group home. He does not understand anything about his crimes at this time, He did report that he was “sprayed” this past Thursday when there was a “riot” and while running away, he failed to lie down. This was confirmed by staff and is not the first time that this has happened. He also reported that last week he was “running to jump another youth” and got sprayed “many times. Staff on the unit confirmed that the youth was sprayed twice in three months. One question is whether his interpreter was by his side translating for him to get down at the time of the spraying.

Staff feel that the other deaf individual who is much older and more sophisticated is a negative influence on M.P.C. The attorney and I spoke with administration about moving M.P.C. to Close and apparently this is already being considered. M.P.C. has only been on Tuolumne for a short time as he was initially placed there and then began reporting that he was hearing voices and having suicidal ideation. He was transferred to a mental health unit. However, he reported different symptoms to different psychologists and to the psychiatrist and was transferred back and forth between units. He does not like this program and wants to change. He wishes he behaved better while in his group home. He stated repeatedly that if he were sent back, he would behave and follow all directions and do his program. "This is really jail." He does not understand why DJJ cannot just release him. He wants to talk to the judge and be returned to the community.

Youth #8

Youth #8, 21, was interviewed by the OSM attorney according to an interview format which I provided to her. He has been in DJJ since 2007 and on a SBTP Unit since the beginning of 2008. He is currently on Stage 5. He was convicted of molesting his 5 year old sister when he was 13. He recognizes that he resented his sister as he felt that his mother favored her and abused him. He does recognize the harm that he has done to his victim. He was also able to identify triggers and interventions. He is currently in a core group for 90 minutes on Wednesdays and Thursdays, a resource group on criminal thought processes and was previously receiving individual therapy on Mondays but that stopped when he started school. He enjoyed working with his psychologist and stated that he has come to like his YCC.

Observation of Group

I observed the psychologist's group. A YCC and two interpreters were present. One participant presented a letter to victim. The psychologist then presented a behavior chain as a young man in the group had recently been involved in a fight with another individual. This helped him to understand how he had acted on the belief that the youth he assaulted had been "horse playing" with him and "needed to learn a lesson." There was little group interaction. The interpreters stayed behind to clarify that the comments which they made during

the group were literal translations of what the youth were saying and not their own comments.

Conclusion

On Tuolumne there is a staff shortage which has impacted the provision of therapy. This is illustrated in the accompanying chart. An issue with a disabled youth was raised and discussed with the administration. It will benefit the program when the group can be held in a modular unit. Other conclusions are noted below.

San Joaquin

Review of Casenotes

Numerous notes did not have dates. The large group which is supposed to last two hours and to be therapeutic in nature lasts about 10 minutes and consists of announcements, Some of the group notes consisted of one sentence which is insufficient.

Staff Interviews

Unit Psychologists

Two unit psychologists were interviewed together. As opposed to when they were interviewed in the past and they had been very discouraged especially about the relations between the mental health and security staff, these two were very enthusiastic about the improved relationship between the two groups. They stated that they had noted “a real paradigm shift.” They feel that they have much better communication with the administration. This is primarily attributed to 1.) a shift in attitudes when the Orientation Unit was established and there was a different attitude towards the youths (“More of a kid glove approach.”) 2.) the training that was provided by SBTP Coordinator around the new Program Guide which included all of the unit staff, 3.) another training that was offered about a month ago,4.) much more communication among the unit staff. One example which they pointed to is the presence on the unit of a young man with autism whose special needs have been respected by the staff. He has made a dramatic improvement and especially enjoys a drumming group which is run by one of the

psychologists. The staff seems to have acquired many more useful tools including Motivational Interviewing and Interactive Journaling. They also brought up the issue that senior case managers are not able to act as therapists despite their clinical training. They praised SBTP Coordinator, saying. "Can we ever say enough about -----.. She walks on water. We adore her!"

They did talk at length about their frustration with the Program Service Day especially since most of the young men on this unit have finished high school (30 out of 36) who now have jobs such as mowing lawns or working in the kitchen. Nevertheless the jobs have priority over treatment. Another frustration is that if there are two YCC's on the unit, groups cannot be conducted because one YCC would be needed in group, leaving only one on the unit which is against security dictates. The "inversing" policy means that staff are often held over for an additional shift and often fall asleep in group. Due to the lack of adequate space, individual therapy must often be conducted in the caseworker's office which has windows into the day room.

One psychologist stated that she is still responsible for five to six youths on Tuolumne and additionally must do the 1800 assessments which entails traveling all over the state for trials. They also commented on having to document every minute of their day. Not only is this time consuming but they perceive this as "an unspoken threat". Furthermore they are required to attend weekly meetings of the psychology staff which rarely, if ever, are related to their work. They stated that they feel like they are the "bad stepchildren."

Youth Interviews

Youth #9

Youth #9, 19, has been in DJJ since December, 2009 and on the SBTP unit since July 2010. Currently he is on Stage 3. He stated that his crime involved the molestation of a boy who was four to six years old and was in his mother's daycare center. He does recognize the consequences to his victim. He described his triggers which include pornography, alcohol and drugs. Additionally he could name a few interventions. Currently he is participating in a core group which runs from 11:30 to 1:00 p.m. on Tuesdays and Thursdays, Anger Management, Criminal Thinking and Addictive Behavior. His psychologist sees him once a month for about 30 minutes.

Youth #10

Youth #10,17, has been in DJJ since 11/09 and has been on the SBTP unit for 3 months. He is currently on Stage 2 or 3. He was convicted of molesting his 12 year old cousin when he was 16 on six or seven occasions. He does not understand the impact that the sexual assault had on his victim. However, at this point in his treatment he does not understand his triggers or interventions. Currently he attends core group on Tuesdays and Wednesdays from 11:30- 1:30 pm and a resource group, Anger Management. He has had two individual therapy sessions in three months.

Youth #11

Youth #11, 21, has been in DJJ since February of 2007. He was originally at Preston, transferred to DeWitt and then to Southern Reception Center. Finally in November of 2011 he was sent to Chad and then in January of this year to San Joaquin. He was convicted of Lewd and Lascivious Conduct against his cousin who was 11 or 12 at the time. He will be released in February of 2011 with plans to live either with his mother or in a group home. Currently he is about to be promoted to Stage 10, He stated that he attends a core group on Mondays and Wednesdays from 2:30 to 4:00pm. On Tuesdays he participates in music therapy with one of the unit psychologists. He is not taking any resource groups. He indicated that he has learned about himself and how to defuse his anger. He feels that his offense was the product of his rage at being rejected by his victim whom he believed was sexually active, Although he stated that he wants to live with his mother, he also stated that he has been shunned by his family and that his mother has only visited him twice. He was able to identify his risky situations. He indicated that he feels that the program is “good” and that while “staff used to throw things in your face,” they have modified that behavior.

Youth #12

Youth #12, 21, has been in DJJ for about 4 ½ years. Last year he was retained under an 1800 petition. He is currently incarcerated for Child Molestation against his aunt’s foster son who was 11. He admitted that he actually has 11 victims, half boys and half girls. He stated that he used to be bisexual but now has a girl friend. He was unable to explain this relationship further. He attends core group twice a week but does not participate in any resource groups. He reported that he was rarely seen by his assigned psychologist.

One of the unit psychologists has been assigned to him but he has not seen her yet. He feels that he needs individual therapy because he has been retained on an 1800 as he was diagnosed as a pedophile. His comments on the program included “Some staff are not trained” and “They move around often.” He also feels that many are judgmental, and that this hinders his progress.

Observation of Group

During the observation of a group run by a unit psychologist, I was aware that the old curriculum is being followed much more closely. One youth presented an analysis of his behavior necessary to move into Stage 7. Another youth did a “victim’s shoes” assignment during which he became very emotional. Yet another youth spoke of learning to cope with issues growing up and how he learned to “put on a happy face.” A young man presented on how he could not invite friends over to home because he afraid someone would have been killed there and how when he was seven, a cousin took him to the park and was shot and killed in front of him. An offense cycle was presented by another youth. The psychologist actively facilitated group interaction. The group is apparently being conducted with the assumption that all sexually inappropriate behavior is rooted in some original trauma, which is not necessarily the case.

Conclusion

The morale among the SBTP, especially the psychologists, has improved remarkably. They no longer perceive conflicts between the mental health, YCC, casework and security staff which is quite remarkable. The amount of treatment being provided falls short of the standard requirements. This is related to several issues discussed below.

Exit Interview

I raised the following issues:

1. Morale of the staff has improved tremendously. Psychologists feel much more supported by the Unit staff. They attribute this in part to the training which they received in April. They praised the SBTP Coordinator’s leadership.
2. They are not particularly comfortable working with Mental Health as: 1) they have to attend weekly meetings which focus on mentally ill youths and rarely address the SBTP population and 2.) they feel that it is demeaning and

unprofessional to have to chart what they are doing every minute. It was explained that this is mandated by another auditing body.

3. The staff feel that having case work conferences every 60 days is unproductive. I agree as the SBTP youth are considered to be in general population. Their progress proceeds at a slower, more predictable pace than acutely emotionally disturbed youth.
4. The Program Service Day is being mandated for youth who are not in school. I feel that this sends the message that working for the institution is more valued than their therapy. Given the shortage of staff and the limited space on two units, this is causing major disruptions in the program.
5. YCC staff are being made to work extra shifts and are often unable to function in groups as they are exhausted. CDCR-DJJ's Director was himself unaware that there were multiple staff vacancies (over 50) which exist at Chad. Whether facilities truly need so many staff is another question, however, one would assume the Director would be aware of the problem.
6. The psychology staff is also concerned about the amount of time it takes to prepare, travel to and testify in 1800 hearings. I was told that a position is being established that will be devoted to that task.

Conclusion, Northern California Youth Correctional Complex

Quantity of Treatment

Quality and quantity of treatment are the two overriding issues in judging the SBTP. A review of the hours of treatment show that the amount being currently provided does not begin to approach the standard. This appears to be related to staff shortages, other job requirements, and the Program Service Day among other reasons. This needs to be addressed immediately.

Quality of Treatment

The consistency of treatment has significantly improved since SBTP Coordinator trained the staff in April. However, much of the treatment that is now being offered would not be considered state-of-the-art. It is hoped that the new curriculum will remedy this. Whole areas of the comprehensive treatment model such as the large community group are not being conducted. Areas such as family therapy have been hindered by the inability of the youth to call their families and a misunderstanding about when family therapy can be provided as well as a

failure to use Spanish-speaking staff who are available and trained to perform this function but are being prevented from doing so by Personnel Department regulations.

Morale

The morale among the staff has improved significantly at Chad although the psychologists feel estranged from the rest of the mental health staff. Rather than having all of the psychologists meet together, it would be more useful if the Senior Psychologist who provides clinical consultation could become familiar with the unique field of treating adolescents with sexually inappropriate behavior and would meet with the SBTP staff separately. Providing more appropriate space for Tuolumne and San Joaquin would improve morale as well as provide the space for therapy to take place.

Casework Schedule

SBTP staff have been required to do case conferences every 60 days. This was the standard for youth in the mental health units where changes in psychiatric condition and as the result of medication happen much quicker. I recommended that this timeframe was unrealistic for the SBTP population which progresses at a much slower rate. DJJ administration agreed with me and have changed the requirement to every 90 days.

Program Service Day

The Program Service Day was implemented to make sure that youth in school have their required number of educational hours and that youth are kept actively involved throughout the day. However, the majority of youth at Chad are no longer in school. They are in vocational training or are working institutional jobs. Yet they cannot come back to the units for therapy. Thus working in the kitchen or mowing the lawn has higher priority than being treated for their sexually inappropriate conduct. Even those in vocational training are often in on-the-job trainings rather than formal classrooms. Being released several hours a week would probably not interfere with their training. Allowing more flexibility in the schedule of those youth not in school would allow for the accommodation of those who are in education as far as their treatment is concerned.

Psycho-educational Classes

I am concerned about the quality of the psycho-educational classes which may or may not be based on evidence-based approaches. For example, a number of DJJ have been trained in Aggression Replacement Training which is recognized at the highest level of evidence-based approaches. Yet this is not being utilized to deal with youths with anger management problems.

Staffing

The SBTP Coordinator was on maternity leave since April, 2010. She has only returned in late September. Her leadership has been sorely missed. In the interim the staff has made a significant number of changes which were directly against the Program Guide such as changing the format of the large groups.

I have reviewed the voluntary staffing surveys which I received on November 10, 2010.. Most of the staff have the minimal educational requirements as well as job experience. However, while I feel that YCC's are able to deliver a prepared psycho-educational curriculum, they do not have the expertise to write one. Recent research on Aggression Replacement Therapy shows that this therapy, when correctly presented, makes a statistically significant difference in reducing recidivism rates. It also shows that when presented incorrectly, it has the opposite effect. Every psycho-educational group should follow an approved curriculum which dictates exactly how it is to be presented. (See Dr. Glick's new edition of ART for an example.)

Additionally I was assured that casework specialists who hold an MSW would be able to provided clinical services. This is apparently not true. As I have repeated consistently since I began working with DJJ, psychologists need not be the only professionals providing clinical work to this population. Internationally the vast majority of those providing services to this population are Masters level staff. In my opinion YCC's are being given job duties beyond their expertise if they are not following evidence-based curriculums while the skills of MSW's are being overlooked and under-utilized.

The SBTP has shown significant improvement in some areas such as the establishment of the Orientation Unit, acquisition of a modular unit, improved morale and uniform training, there still needs to be improvement in the provision of services.

Southern Youth Correctional Reception Center and Clinic--February 7, 2011

Administrative Meeting

The Entrance Meeting was convened at 9:30 am with the following in attendance:

- SBTP Program Coordinator
- Two Casework Specialist
- Two Psychologists
- Senior Psychologist
- Program Administrator
- Training Manager
- Supervising Casework Specialist
- OSM Attorney
- Farrell SBTP Expert

The program is currently housed in the Gibbs Unit with 26 youth plus one who is in the hospital and will probably be transferred to O.H.Close. The unit can accommodate 36 youths. One of the reasons that the population of the Unit is beneath maximum capacity is that the staff has been working quite diligently to have as many youth as possible released on parole rather than on probation which was instituted at the beginning of the year. This change in the legislation means that instead of being able to work closely with a parole agent in preparing a transition plan which would include state funded services such as residence in a group home and mandated outpatient sex offense-specific treatment, the youth will be sent directly to a county jail where within 15 days a judge has an option of releasing the youth without follow-up condition or remanding the youth to probation with conditions. The probation officer will have much less contact with and information about the youth although the SBTP staff are attempting to provide recommendations. The youth will be under adult probation with access only to adult services such as adult group homes. This change has created a dangerous situation in which the crucial transition phase has been seriously compromised.

It was reported that all of the current staff participated in the April training which was intended to establish consistency among the three facilities currently offering the SBTP.

Currently the youth on Gibbs are primarily high school graduates (17) with the rest still in the educational program. They range in age from 14 (1 youth) with two being 16 years of age and two being 22 years of age, the rest are over 23. One has been retained under an 1800 commitment with two other 1800 cases in the process.

SYRCC is fortunate to have the services of a number of students who are in training for various degrees. Currently there are:

- Three psychology practicum students
- Four MSW practicum students
- Two BSW practicum students
- Two Certified Drug Counselor practicum students

The use of these students will be discussed later in this report.

The SYRCC-SBTP Program staff reported that they are currently offering nine resource groups. These include:

- Relapse Prevention
- Individual Change Plans which utilize the Change Company's interactive journals
- What Got Me Here which is another Change Company journal
- Addictions
- Healthy Living
- Thinking Skills (This class is not actually about developing thinking skills. It is about cognitive distortions.)
- Anger Management (Which is an adaption of Anger Replacement Training.)
- Survivor's Group
- Stress Management

Other supplemental groups include:

- Poetry Group
- Impact
- Counterpoint
- Dress for Success

The youth are also participating in other enrichment activities including presenting a music program for Family Day and for Black History Month, participating in Parents' Night and in the M-2 with volunteer visitors and the Foster Grandparents Program, doing projects for Victims' Awareness and sponsoring a volley ball tournament for the institution. On the first day of the audit several of the program participants were involved in a program with high school students studying the juvenile justice program. About half of the youth have families who participate in family therapy and other activities.

While most of the SBTP students who are not in school have at least one and up to three jobs, the staff have been able to set therapy as a priority. The work supervisors cooperate with this.

When asked about the youth who are being retained under the 1800 legislation, the staff reported that Youth 1 ". . . wasn't ready. He did not act sexually." Youth 2 was referred because he stated that he might reoffend and had originally stipulated to the 1800 but now has been convinced by his lawyer to take it to court. The third youth had reportedly told someone that he was in Stage 6 when he was not and had reported fantasizing about molesting a child. He also "lacked insight and had pictures from Maxim Magazine"

Group Observation

I observed the Relapse Prevention group conducted by a staff psychologist. There were four participants. Five members had recently been paroled. A senior group member wrote the cycle on a white board. His cycle was completely different from the one that was painted on the wall of the group room. It was also different from the cycle that I observed being presented at Chad-Mojave. This is a basic component of the program which should be consistent across institutions. The one presented in this group was easily understood and might be adapted for use throughout the SBTP but this should be a decision of the Sex Offender Task Force. The group was broken into two teams and assigned to list problem behaviors. They were quite enthusiastic about this. The psychologist is a very energetic and enthusiastic, and the group members interacted well and seemed to enjoy and benefit from the group.

Staff Interviews

Senior Psychologist

The senior psychologist has been employed by DJJ since 2004 and has been supervising SBTP for the past four years. She also supervises the mental health units as well as the SPAR process and does all of the SPAR training. She also does quality assurance for all of the psychologists and responds to crises. She has experience working with mentally ill adolescents who engaged in inappropriate sexual conduct in a state hospital but other than the assessment training, she had not had specialized training in working with this population.

The psychologist reported that the SBTP team works very well together. The YCC's are supportive of treatment and "go the extra mile." She reported that the psychologists work well together and both work extra hours every week. She feels that the administration is supportive as exemplified by the support for treatment over work assignments. Thus SYRCC does not have as serious problem with the Program Service Day as other institutions do. However, there are still issues with the PSD and those youth who are still in school. The staff tried offering treatment in the evening but the youth were too tired to concentrate. Some resource groups are still being done in the evening.

She feels that the 1800 process is being implemented as intended.

Unit Psychologist

This psychologist has been with DJJ for three years and with SBTP for about 14 months. Her regular duties include running two core groups, teaching the Relapse Prevention resource group, doing some individual therapy, supervising students and doing some family therapy. She works a 10/4 day. She stated that the students do most of the individual therapy under her supervision and that she is quite comfortable with them as they are in a forensic program, which stresses caution in working with this population. She reported that were the population to increase to the capacity of 36 that there is "no way" they could provide the required treatment hours. She also mentioned the elaborate notes that are required for each mental health session. Overall she reported that the staff work well together.

Unit Psychologist

This psychologist has been treating youth with sexual behavior problems in DJJ for ten years in three different institutions. Her duties include running two

core groups, teaching Healthy Living and leading a Survivors' Group as well as handling crises and supervising students. She also works a 10/4 day. She did raise concerns about never knowing what schedule will be followed by the school on a given day. The doctor reported that because the facility is small, it can run like "a family." However, she is frustrated that "school always trumps treatment, whereas treatment use to trump school." There are also a number of facility programs that supersede treatment. She does see the increased emphasis on family involvement as a positive improvement. She also prefers the three hour groups to two 90 minute groups.

Youth Interviews

Youth #1

This is a 19 year old youth who appears to be a very bright individual, He reports that he is on Stage 7. He goes to the Parole Board in April. He has been in the SBTP for two years. When he was 15, he was convicted of raping a drugged victim after he went to a party and had sex with a young female after she passed out from alcohol consumption. He stated that he works on a janitorial crew and that his treatment consists of attending core group twice a week for 90 minutes each from 3:30 to 5:00pm, the Relapse Prevention resource group, a Stress Management resource group and has individual treatment with a student. He was able to identify risky situations including the use of alcohol and drugs and entitlement. He stated that when he was in the community, he lived a double life as he was a good student and not a trouble maker at home or school but in his spare time he was associating with "the wild kids and objectifying females." His family visits every two weeks but his mother and brother had trouble with acknowledging his guilt. He is planning on returning to his mother's home. When asked what he had learned in the SBTP, he stated that he has learned to value the lives of everyone and not believe that he is better than some others. He has also learned about how to pick better friends. Additionally he now works for what he wants rather than manipulating others to get these things. He likes the SBTP staff and stated that, "They don't bring us down."

Youth #2

This is a bright, musically talented young man who brought a complex piano piece to show me what he is presenting at an upcoming music program. He is 15 and has been in the SBTP for one year. He is currently on Stage 3 and stated

that he is moving slowly because he is appealing his case and his attorney has advised him not to discuss the details of the offense. He currently is participating in Stress Management, Healthy Living, the poetry group and core group, which he attends twice a week. He also works with a student. He indicated that he was convicted of Lewd and Lascivious Conduct and Oral Copulation by Force but could not discuss the details. He stated that he had never been in trouble before. He was raised by his grandmother and his father who have been involved in some family therapy. He plans to return to his grandmother's home and hopes to attend Juilliard. His plans may be unrealistic but his musical talent is being appropriately encouraged. He stated that he "has changed a lot and has insight into his crime" although since he is not discussing it, this may be questionable.

Youth #3

This is a 20 year old youth who has been in DJJ and SBTP for about 18 months. He is on Stage 5 and was convicted of Lewd and Lascivious Conduct when he was 16. He abused his sister and his cousin. Although convicted at 16, he actually perpetrated the abuse when he was 13 and his victims were about 12. He was initially sent to a group home but went AWOL. He was then sent to another group home in Sacramento from which he also ran. He is going to the Parole Board in April. He identified "running with the wrong crowd" as a risky situation although this was not involved in his crime. He also stated that he should not "bottle up his emotions." He also discussed his own sexual abuse by several different perpetrators. Several family therapy sessions have been conducted with his mother and sister. He does not know where he will go upon release but would like to attend a community college and study landscaping. According to him, while in the SBTP he has learned to connect with his feelings, relate to his victims' through his own victimization. He indicated that he would not change anything in the program and commented that "the staff are always there for us."

Youth #4

This is a 23 year old male who has been in DJJ for six years. His sentence has been extended twice through the 1800 process. He stated that the first extension resulted from his "bringing up issues at the last minute" and the second one was due to "not talking much." He is on Stage 9 and at this point is due to be released in August, 2012. His family lives in Nevada but he does have phone contact with them. He was convicted of Lewd and Lascivious Conduct with a Child under 14. He was 14 when he molested a six year old female over a seven

month period. He has apparently also been accused of molesting his sister but blames her. He identified his risky situations as “anomie,” using pornography, feeling rejected, and isolating. He feels that he can intervene by calling support members and learning to deal with the judgments of others. He feels that he has profited from treatment by learning to change his thoughts from negative to positive. His plans for the future include traveling the world studying different cultures. He had no plans for how he was going to arrange this. He stated that he thought the program would be improved if participants were given an overview of what to expect at the various stages.

Youth #5

This is an 18 year old male who has been in DJJ for two years. He was at SYRCC for the first three months, sent to Chad for six months and then sent back to this institution in 2009. He stated that he was transferred due to racial issues. He indicated that he talks to his mother everyday on the phone. When he was 13, he and his brother were convicted of Lewd and Lascivious Conduct with a two year old female. His brother has been released. His case is still under appeal. He is currently on Stage 3 and is participating in core group and anticipating entering Relapse Prevention soon. He stated that he meets with his psychologist “not regularly.” He has been involved with a gang and is concerned with being able to separate from these individuals when he is released. He was not able to identify interventions for his sexually inappropriate conduct. He stated that he has no plans for the future as he believes in “taking it day by day.” From treatment he has learned to filter his thoughts and understand the thoughts of others. He has also improved his ability to avoid fights. His suggestion for changing the program would be to allow youths to choose whether they do the program or not.

Staff Interviews

Program Administrator

The P.A. stated that it is very difficult to motivate the staff due to financial crisis and the fact that survival has become the staff’s foremost concern. Many are retiring or going to CDCR to become adult parole agents. She is concerned about the possibility of a rotation that is at the discretion of the superintendent. Currently the staff are all fully trained and the staff that would be affected have extensive experience with this population and rotation would disrupt this. She is concerned that the staff with the most seniority may be resistant to change that

will come about with the adoption of the new curriculum. It is her opinion that there should be more of balance between treatment and all-facility events. As with every staff I have interviewed at all of the SBTP sites, the Program Service Day is a concern.

Psychologist (Second Interview)

This psychologist requested a second interview to discuss the Program Service Day. Reportedly up until this past summer, the school had had an hour and a half lunch period ,which perfectly blended with the needs of treatment. However, this was eliminated. Also she stated that when Schedule C is utilized that treatment is totally disrupted. She also voiced a concern about the Orientation Unit. She stated that frequently the youth who have committed sex offenses are placed directly on Gibbs rather than being held in Intake. They become familiar with the staff and participate in the program but are then taken out of the program and sent to the Orientation Unit at Chad. This also disrupts their relationship with their family at a time that they may need that connection the most. Apparently the youths do their autobiography at Mojave when this would most appropriately be done when they are returned to Gibbs as this is the group that they will primarily relate to.

Casework Specialist

This staff member has been on the unit since 2008. She formerly worked with adult sex offender in the mental health system. She is a fully qualified mental health professional with the hard-to-come-by experience with this population but she is not allowed to do direct treatment and is very frustrated by this. She agreed that casework specialists actually do a good deal of informal treatment as the youth seek them out to counsel with. DJJ is making a statement about the value of one type of staff over another by conferring “peace officer status” on staff that do not do therapy even though these individuals are required to be mental health professionals. She observes that there is a split between the psychologists and those with an MSW degree and she feels that this split is encouraged by the administration. It is rather confusing that a staff member in this position is supervising the MSW students who are providing treatment while he himself is not allowed to do this.

She also observed that students are providing direct services that, according to the SBTP plan, are to be provided by certain full time staff members. She does see instances where security interferes with treatment but was not specific on this.

She would like to see the curriculum more interactive. Additionally she would like to see it address various learning styles and cultures as well as challenging stereotypes. I was pleased to be able to tell her that these issues would be addressed in the new curriculum.

Casework Specialist

This staff member has worked part time in DJJ since 1981 and full time since 1995. He has worked on Gibbs for 18 months. He treated adolescent sex offenders when he worked in the mental health system and even wrote an entire curriculum for this population but, as mentioned above, is not allowed to provide treatment.

He mentioned that he is frustrated by a change in the way special events are being handled. At one time monies were allocated to each unit to do their own events including their Family Nights. This has changed so that special events are conducted for the whole facility. For example, there was a Super Bowl Party for Level A but none of the rest of the youths were able to celebrate although they were all very excited about the game. The larger events are, according to him, more chaotic. Reportedly the most recent Family Night had to be postponed because the youth were not given enough time to notify their families.

This staff member voiced great concern about the Orientation Unit. He feels that all of the functions of the Orientation Unit at Chad could be accomplished on Gibbs. He also feels that the staff on Mojave pick and choose whom to keep in the North and whom to send back to SYRCC. He also feels that it is hypocritical to advocate family contact but to separate the youth from their families when they are under the stress of recent incarceration.

As a staff member who did clinical assessments, he is quite concerned about the use of the YASI. For example, an ITI was prepared for a youth committed for a sex offense that outlined specific sex offender recommendations. This ITI was replaced by the recommendations of the YASI, which only indicated that this youth had interpersonal relationship problems.

Group Observation

I observed a Core Group, which was led by one of the SBTP psychologist and a YCC with six members. The group initially discussed the participation of some of the youths in a program which brought in high school students from the community who are studying the juvenile justice system and had them interacting in a variety of activities. The SBTP youth were quite active in this program. The group primarily worked with a relatively new member who has trust issues with the group. So much time was spent focusing on encouraging this youth by the other group members that little other work was done. However, the leaders were very supportive and encouraging and the group seemed to work well together.

Exit Interview

An exit interview was held with the following in attendance:

- Asst Superintendent
- Head of Security
- Program Administrator
- Casework Specialists
- Psychologists
- YCC
- Training Manager
- SBTP Program Coordinator
- OSM Attorney
- Farrell SBTP Expert

Staff was complimented on the organization of the documents, which greatly facilitated the audit. The difficulty of maintaining the program in the face of grave insecurities was acknowledged. Nevertheless the staff seems to be enthusiastic and devoted to maintaining the integrity of the program. The youth appear to be benefitting from the program. I voiced concern about the use of the students who could greatly benefit the program but should not be used as substitutes for DJJ employees. One of the standards of primary concern is the one that mandates the quantity of treatment and that could not be evaluated until the calendar can be reviewed.

Conclusion

Some of the concerns expressed here are specific to the program as it is operating at SYRCC while others reflect system issues, which were brought up by the staff of the Gibbs Unit. Overall the SBTP at SYRCC have always been noteworthy for their development of the resource groups. The resource groups on Gibbs all have developed written curriculums. I am concerned that they are using an “adaptation” of the ART Program. DJJ have been trained to provide this program. In my most recent publication, *The Sex Offender Volume VII* (In press), one chapter deals with research on the use of ART with juveniles with sexually inappropriate behavior. When presented in a way totally faithful to the way it is meant to be presented, the youth showed statistically measureable improvement. When not presented in a totally consistent manner or when it is “adapted,” the youth actually did worse than the control group. This can easily be remedied by having staff trained by Dr. Glick teach this resource group. If no one who was trained by Dr. Glick currently works on Gibbs, Dr. Glick’s most recent book, *Aggression Replacement Training* (2010) can be purchased for less than \$40.00, and the complete program is detailed therein.

I am quite concerned about the 1800 process and have reviewed three cases from Gibbs. One case was appropriately referred because there was a history of inappropriate behavior. However, this was not mentioned when the staff was asked about the 1800 referrals. One case was clearly questionable but the referral was pursued by the Parole Board. Another was questionable and was approved by the Director of Mental Health Services. The SBTP Program Coordinator is going to organize a training for the staff on the 1800 process.

The Program Service Day is an ongoing problem in every institution. At least at SYRCC the issue with youth who are not in school appears to be resolved. However, SYRCC has an issue with having three education schedules which impact treatment in different ways. Reportedly the staff never knows ahead of time when these schedules will be in place. This should continue to be negotiated.

I am concerned about the use of students especially those providing individual therapy. I believe that the remedial plan intends that at this time this very crucial component be provided by licensed psychologists. Students could sit in on sessions. Additionally I believe that the students could provide a totally structured resource group. The irony is that highly qualified MSW’s with experience and training in treating this population cannot provide individual treatment or do groups but students who may not even have undergraduate

degrees can. The staff member who is supervising the MSW students cannot himself provide the services that he is directing the students to perform. This issue will be discussed in the Administrative Audit.

I am also concerned about the inability of the program to provide the mandated hours of treatment even with the assistance of numerous students. The psychologists were adamant in insisting that it would impossible for them to provide these hours without delegating individual treatment to students. Even given the use of the students, the mandated hours are not being provided. The number of treatment hours were significantly reduced in the new Program Guide. These hours are based on those provided by similar programs. Therefore the problem needs to be closely examined.

Overall SYRCC complied with many of the standards and the staff and residents seem to be working well together. Most of my concerns are systemic.

Central Office Audit: February 8, 2011

The Central Office audit was conducted in Norwalk, California on February 7, 2011 with the SBTP Program Coordinator and with the assistance of staff from the OSM office in connection with the audit of SYCRCC. The standards could all be evaluated by a review of relevant documents which were supplied by the Program Coordinator. Sixty-four percent of the standards were in Substantial Compliance which is a significant improvement over past audits. Some of the items are dependent upon completion of the curriculum package which is now being developed by the vendor. Discussion here will be limited to those items that received a Partial or Beginning Compliance rating.

Standard 1.1.1 Organizational chart---I was supplied with the latest organizational chart which lists the SBTP Coordinator but does not list her relation to the staff of the SBTP. I feel that this could be easily addressed through the addition of the Task Force to the organizational chart as this body is the mechanism through which the Coordinator exercises authority over both the mental health and the security staff in matters related to the SBTP.

Standard 1.1.4 The remedial plan calls for the SBTP Coordinator to have the services of an Office Technician for clerical support. She shares two Office Technicians with 19 other Health Services professionals. I am concerned about whether this is sufficient.

Standard 4.3.1.3 The individualized treatment for youth who do not reside in the SBTP Units has been referenced in the Program Guide. Staff on the Mental Health units could be provided with introductory materials related to the treatment of inappropriate sexual behavior with which to work individually with youth while awaiting the implementation of the new curriculum. These staff members could also be included in relevant trainings offered by the SBTP.

Standard 4.3.1.5 This standard is awaiting the implementation of the new curriculum.

Standard 4.7 See standard 4.3.1.3. DJJ might consider eliminating this standard as it is basically the same as the above referenced standard.

Standard 4.10.2 This standard should be amended to reflect the fact that with the exception of youth undergoing the 1800 process, youth are released when their sentence expires--- not when they finish the SBTP.

Standards 5.1.1 and 5.1.2 These standards are related to the curriculum contract which is now being developed.

Standard 8.1.4 The youth satisfaction surveys were reviewed. The family satisfaction surveys are currently being reviewed by the DJJ Victim Services Unit and will be sent out upon approval by that office.

Standard 8.1.5 The SBTP Coordinator should work with the senior psychologists so that they will observe and monitor the SBTP groups and document their observations every six months. This will require training on the part of the Coordinator to insure that the senior psychologist has sufficient knowledge of this specialized treatment to provide adequate assessment of its delivery.

There are only two standards which require the attention of the Program Coordinator at this time in the administrative area. Of course, she will be working with the five units to improve provision of direct services.

SEXUAL BEHAVIOR TREATMENT PROGRAM
Site: Chaderjian – Audit Round # 4 September 22, 2010

Standard #	Action Item #	Action Item	Requirement	Compliance Method	Expert Ruling	Comments
1		Organizational Structure		Central Office Item		
		DJJ will produce an organizational chart for central office consistent with the principles outlined in this section.	1.1.1 DJJ will produce an organizational chart for central office consistent with the principles outlines in this section	SBTP Organizational Chart	NA	Item to be monitored at Central Office
			1.1.2 Permanent Sexual Behavior Treatment Program Coordinator position will be established and housed in Central Office.	SBTP Organizational Chart	NA	Item to be monitored at Central Office
			1.1.3 DFF Research Specialist will oversee the collection of data.	SBTP Organizational Chart	NA	Item to be monitored at Central Office
			1.1.4 Office Technician will provide clerical support for the Sexual Behavior Treatment Program Coordinator.	SBTP Organizational Chart	NA	Item to be monitored at Central Office
			1.1.5 SBTP Administrative Task Force will provide oversight to the SBTP units under the supervision of the SBTP Coordinator.	SBTP Organizational Chart	NA	Item to be monitored at Central Office
	1.2	DJJ will produce an organizational chart for each DJJ facility consistent with the principles outlined in this section.	DJJ will produce an organizational chart for each DJJ facility consistent with the principles outlined in this section.	SBTP Organizational Chart	NA	Item to be monitored at Central Office

SEXUAL BEHAVIOR TREATMENT PROGRAM
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Standard #	Action Item #	Action Item	Requirement	Compliance Method	Expert Ruling	Comments
		DJJ will produce an organization chart for the Treatment Team outlines in this section.	1.3.1 Teams should be interdisciplinary and at a minimum consist of the youth case manager/casework specialist, youth correctional counselor, education representative, health care professional and re-entry specialist.	Program Guide SBPT Organizational Chart	NA	Item to be monitored at Central Office
			1.3.2 Senior Psychologist Supervisor will clinically supervise SBTP psychologist. supervision sessions will focus on reviewing cases and discussing vicarious trauma and counter-transference related to working with a SBTP population.	Meeting Minutes Sign-in sheets Interview Staff	PC	The facility supervising senior psychologist has supervisory meetings with all psychologists or addressed the issues outlined in this standard. In order to achieve substantial compliance, the supervising senior psychologist needs to provide SBTP specific supervision and address vicarious trauma and counter-transference. Documentation needs to be provided.
			1.3.3 Peer review of clinical notes and documentation.	Review of Peer Review Documentation	NC	Documentation of peer review was not provided during the site visit. An appropriate peer review policy will require DJJ provide documentation that peer review occurred in order to achieve substantial compliance for this item.
			1.3.4 Case note review conducted by TTS or SCWS.	Review of Unit Monthly Report	SC	Supervisory review of case notes was documented in file reviews. Case reviews appear to be reviewed by TTS or SCWS. Each month, one youth's file per YCC "caseload" is audited. Review is also done at case conference every 60 days.

SEXUAL BEHAVIOR TREATMENT PROGRAM
Site: Chaderjian – Audit Round # 4 September 22, 2010

Standard #	Action Item #	Action Item	Requirement	Compliance Method	Expert Ruling	Comments
2		Staff Qualifications				
	2.1	DJJ will ensure that all staff employed on the Sexual Behavior Treatment Programs is qualified generally as mental health professionals, where applicable, and specifically to work with youth with SBTP needs.	2.1.1 Utilized psychiatrists and psychologists who meet the standards set forth by the Mental Health Remedial Plan.	Review of Personnel Job Specifications Annual voluntary staff qualification survey	SC	Psychologist/s assigned to the SBTP meet required standards.
			2.1.2 Case Work Specialists assigned to the SBTP will be required to meet the minimum qualifications for their specific classification.	Review of Personnel Job Specifications Annual voluntary staff qualification survey	SC	Case Work Specialists meet the minimum requirements for their specific classification.
			2.1.3 Non-Clinical staff assigned to the SBTP will be required to meet the minimum qualifications for their specific classification and be appropriately trained for the assignment.	Review of Personnel Job Specifications	PC	The role of the YCCs on SBTP units is both clinical and custody oriented. Currently, YCCs are facilitating resource groups. If they are using a clearly prepared curriculum and they are adequately trained, leading resource groups would be appropriate. However, where YCCs preparing their own curriculum, it likely exceeds their skill levels, I do not wish to minimize the accomplishment, but several resource groups facilitators hold only high school diplomas and in any case, all non clinical staff would be required extensive training in order to prepare appropriate curriculum for resource groups. Additional training required for staff to be "appropriately trained for the assignment" of leading SBTP resource groups.
				Annual voluntary staff qualification survey		Surveys were provided.

SEXUAL BEHAVIOR TREATMENT PROGRAM
Site: Chaderjian – Audit Round # 4 September 22, 2010

Standard #	Action Item #	Action Item	Requirement	Compliance Method	Expert Ruling	Comments
3		Staff Training				
	3.1	DJJ will implement pertinent and appropriate training for all staff assigned or associated with the SBTP	3.1.1 Orientation Training Program as defined in the Guide.	Training curriculum and rosters of staff attended Expert's observations of the quality of training	NA	Item to be monitored at Central Office
			3.1.2 Ancillary Staff training.	Training curriculum and rosters of staff attended Expert's observations of the quality of training	BC	This training has not begun, however, has at least been scheduled, warranting a "BC" rating.
			3.1.3 Curriculum Training including basic curriculum; clinical interpretation of curriculum; Training for Trainers on all curriculum components (for internal sustainability); internal in-service training.	Training curriculum and rosters of staff attended Expert's observation of the quality of training	SC	This was accomplished by training all the SBTP staff in April 2010. This could be considered an Administrative standard, but is being credited here as staff on the unit have been trained.
			3.1.4 Sexual Behavior Treatment Teams will be provided 8 hours of team building and training meetings.	Training curriculum and rosters of staff attended Expert's observation of the quality of training	NC	The team has been instructed to pursue completion of these requirements; they indicate that there are no funds available for implementation.

SEXUAL BEHAVIOR TREATMENT PROGRAM
Site: Chaderjian – Audit Round # 4 September 22, 2010

Standard #	Action Item #	Action Item	Requirement	Compliance Method	Expert Ruling	Comments
	3.2	DJJ will enable staff to attend annual national/outside training opportunities	Training opportunities should include attendance at national conferences addressing sex offender treatment for selected staff that, in turn, will develop curriculum for in-service training and complete information-sharing sessions for SBTP staff.	Rosters of staff attended	NA	Not required until 2011
	3.3	DJJ will provide annual training at a minimum of 20 hours or more to the appropriate staff of SBTP	3.3.1 Staff will receive the New Staff SBTP Orientation Packet as a part of orientation training.	New Staff Orientation checklist	SC	As part of the training in April 2010, the orientation packet was provided to all staff.
			3.3.2 DJJ will develop a training plan and schedule for consistency across all SBTPs in the Sexual Behavior Treatment Program Guide.	Training Curriculum, Rosters of staff attended, administration memo, expert observation	SC	The expert reviewed training documentation and the curriculum. All staff received 16 hours of training in April designed to improve consistency, sufficient to meet this requirement.
			3.3.3 Psychologist who provide consulting and coaching to direct care staff on SBTP will receive in-depth training in the program either through contract, or as developed by DJJ.	Meeting Minutes and Sign-In Sheets	BC	Staff report that DJJ at one time had a plan in place, but that plan was not implemented.

SEXUAL BEHAVIOR TREATMENT PROGRAM
Site: Chaderjian – Audit Round # 4 September 22, 2010

Standard #	Action Item #	Action Item	Requirement	Compliance Method	Expert Ruling	Comments
4		Program Adequacy				
	4.1	DJJ will produce a written description and guide for its Sexual Behavior Treatment Program.	The Sexual Behavior Treatment Program Guide will define and detail all components of the model.	Program Guide	NA	Item to be monitored at Central Office
	4.2	DJJ will develop and implements appropriate assessment procedures for SBTP youth.	4.2.1 DJJ will administer appropriate screening and assessment tools which follow all state and federal laws governing youth with sexually abusive behaviors.	Review of SBTP WIN documentation	SC	All files reviewed contained documentation of a J-SORAT, Static 99 or SORD.
			4.2.2 Youth will participate in a series of assessments to identify the high/low risk level of the youth and other information such as past trauma, previous intervention efforts, family involvement, education and vocational history, peer associations, mental and medical issues and substance abuse history.	Clinical Summary Interviews with youth (10% of unit or at least 5 youth)	SC	Clinical Summaries present in all files reviewed.
			4.2.3 Youth will participate in a comprehensive SBTP assessment, which will be used to develop the youth's individualized treatment plan.	Review of youth's comprehensive assessment. Interviews with youth (10% of unit or at least 5 youth)	BC	The tools to be used have been identified but the assessment has not been implemented.
	4.3	DJJ will develop SBTP specific units, programs and interventions.	4.3.1 SBTP will include the following components:	Program Guide	NA	Item to be monitored at Central Office
			4.3.1.1 SBTO Orientation and Transition			
			4.3.1.2 Health Living Treatment			

SEXUAL BEHAVIOR TREATMENT PROGRAM
Site: Chaderjian – Audit Round # 4 September 22, 2010

Standard #	Action Item #	Action Item	Requirement	Compliance Method	Expert Ruling	Comments
			4.3.1.3 Residential Sexual Behavior Treatment			Item to be monitored at Central Office
			4.3.1.4 Individualized treatment for youth who do not reside on SBTP units			
			4.3.1.5 Female Sexual Behavior Treatment			
	4.4	DJJ will implement SBTP Orientation and Transition Treatment	4.4.1 DJJ will establish an SBTP unit which will focus on the Orientation and Transition Phase of SBTP treatment.	Expert Site Visit	SC	This unit has been established for Mojave
			4.4.2 DJJ will provide a minimum weekly treatment hour expectation for SBTP Orientation and Transition Treatment	Documentation in unit and WIN Files or adherence to guide Interviews with staff Interviews with youth (10% of unit or at least 5 youth) Expert's observation	PC	Youth received the requisite number of minutes in Healthy Living or Transition Groups which are the equivalent of the core groups in the rest of the program 42% of the 36 sessions monitored. While most of this reflects a failure of the staff to provide the required number, some of many may reflect absence of the youth from sessions. In some cases more than the required number of hours of a specific therapy might have been provided. DJJ must make every effort to provide the requisite number of hours. Unit all required treatments are being provided, additional time should not be added to any one modality.
			4.4.2.1 Two 90-minut groups (3 hours total) of Health Living or Transition Group			
			4.4.2.2 1 hour resource group			

SEXUAL BEHAVIOR TREATMENT PROGRAM
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Standard #	Action Item #	Action Item	Requirement	Compliance Method	Expert Ruling	Comments
			4.2.2.3 1 hour individual counseling (½ hour clinical, ½ hour casework)		PC	Youth received the requisite number of minutes in casework 44% of the time. For 73% of these cases, more casework time was provided with some session lasting two hours. This was particularly true for one specific youth. This raises concerns about the use of time by some caseworkers as there is a significant deficit in time spent in other required activities such as Resource groups. Youth received the requisite number of minutes of clinical session with psychologists 28% of the time. Again in some cases youth were provided longer sessions in individual weeks but provision of services was quite inconsistent.
			4.2.2.4 1 hour homework on stage, individual or journal assignments that support therapy		PC	There was no documentation provided to support a substantial compliance rating, this although some youth did report doing homework and some youth presented assignments in group.
			4.2.2.5 2 hours residential large group		NC	There were a negligible number of large group sessions. When these sessions were held, there were no times or topics listed.
			4.4.3 When the weekly minimum hours of treatment is not clinically indicated for a specific youth, this will be clearly defined in his or her Individual Treatment Plan.	Review of Unit File Treatment Override Form Interview with staff	NA	This standard specifically applies to youth who cannot benefit from or have completed the requisite hours of treatment. Currently, on Mojave there are no youth who met these criteria.

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				Interview with youth (number will depend upon number of youth on unit who are not engaged in the weekly minimum hours of treatment)		
	4.5	DJJ will implement Healthy Living Treatment	DJJ will establish a psycho-educational treatment intervention to provide treatment for the lowest risk youth and provide the foundation of treatment for all SBTP youth.	Interview with staff Interviews with youth (10% of unit or at least 5 youth) Expert's observation	PC	Healthy Living curriculum was originally designed and developed to serve this group. These youth were not meant to be housed in an SBTP unit. Currently is only being offered in the SBTP units. Low risk youth with sex offenses charges need to be identified and provided with Healthy Living Curriculum.
	4.6	DJJ will implement SBTP Residential Treatment	4.6.1 DJJ will establish SBTP units which will focus on the Residential SBTP	Expert site visit	SC	
4.6.2 DJJ will provide a minimum weekly treatment hour expectation for SBTP Orientation and Transition Treatment				PC	See discussion below	
4.6.2.1 Two 90-minute groups (3 hours total) of Core SBTP Group			Documentation in unit and WIN File of adherence to guide	PC	San Joaquin: None of the youth selected for file review were consistently receiving any of these therapies. Out of 57 sessions evaluated, only 11 were 180 minutes or longer. Three were prorated due to being in shorter weeks.	

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			4.6.2.2	1 hour resource group	Interview with staff	PC	On the audited charts, there were 11 resource groups out of 57h sessions that met or exceeded 60 minutes. There were 24 casework sessions that met or exceeded the required 30 minutes. However, the charts indicated these sessions sometimes lasted as long as three hours. There were 12 individual sessions which met or exceeded the required 30 minutes.
			4.6.2.3	1 hour individual counseling (½ hour clinical, ½ hour casework)	Interviews with youth (10% of unit or at least 5 youth)	PC	
			4.6.2.4	1 hour homework on stage, individual or journal assignments that support therapy	Expert's observation	PC	From observations of youth presenting homework in their groups, it appears although youth are being assigned an hour of homework. However, because homework is so closely linked with resource and core groups, and inconsistencies in those areas negative impacts the homework requirements as well.
			4.6.2.5	2 hours residential large group		NC	Large groups were not provided but were replaced by brief announcement periods that were conducted without consultation of the program director. When YCC's sometimes spend as much as three hours talking with a youth while failing to provide requisite number of resource group hours, there is a significant problem. It may be some staff meet all the requirements and still find time to provide extended casework.

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							<p>However, this is a supervisory issue. The required number of hours was significantly decreased with my approval. The inability to provide the required number of hours is a serious issue that needs to be analyzed.</p> <p>NOTE: Due to the staffing shortage, one psychologist explained that he/she is responsible for two units. Two psychologists when asked gave different reports as to who was responsible for providing individual therapy on the unit.</p> <p>Tuolumne: None of the youth selected for file review were consistently receiving any of these therapies.</p> <p>Out of 58 sessions evaluated, only 19 were 180 minutes or longer. Three were prorated due to being in shorter weeks.</p> <p>On the audited charts, there were 8 resource group sessions that met or exceeded 60 minutes.</p> <p>There were 8 casework sessions that met or exceeded the required 30 minutes. However, the charts indicated these sessions sometimes lasted as long as three hours. There were 8 individual sessions which met or exceeded the required 30 minutes.</p>

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						<p>From observations of youth presenting homework in their groups, it appears although youth are being assigned an hour of homework. However, because homework is so closely linked with resource groups and core groups and inconsistencies in those areas negative impacts the homework requirements as well.</p> <p>Large groups were not provided but were replaced by brief announcement periods that were conducted without consultation of the program director.</p>
			4.6.3 When the weekly minimum hours of treatment is not clinically indicated for a specific youth, this will be clearly defined in his or her Individual Treatment Plan.	Review of Unit File Treatment Override Form Interview with staff	NA	This standard specifically applies to youth who cannot benefit from or have completed the requisite hours of treatment. Currently, on San Joaquin there are no youth who met these criteria.
				Interview with youth (number will depend upon number of youth on unit who are not engaged in the weekly minimum hours of treatment)		
	4.7	DJJ will implement individualized treatment for youth who do not reside on SBTP units.	Youth whose treatment needs hierarchy supersedes SBTP treatment, such as mental health, developmental disabilities and aggressive behavioral treatment needs, DJJ will provide SBTP treatment through an	Expert's observation Interview with staff in non-residential units	NA	Item to be monitored at Central Office

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			individualized treatment plan if determined will benefit from sexual behavior treatment	Interview with youth (number of youth depends upon youth currently assigned to individualized treatment)		
	4.8	DJJ will implement Female Sex Behavior Treatment	DJJ will provide individualized SBTP treatment for girls housed in DJJ	Expert's observation Interview with staff in non-residential units Interview with youth (number of youth depends upon youth currently assigned to individualized treatment)	NA	Item to be monitored at Central Office
	4.9	DJJ will implement a Family Counseling Component in the SBTP	4.9.1 DJJ will develop and implement a family counseling and reunification intervention. The SBTP will provide the opportunity to involve the youth's family/guardian, when appropriate, as prescribed in the treatment process.	Program Guide Family Assessment Form and Case Planning / Individual Change Plan WIN documentation Interview with staff Interview with youth (10% of unit or at least 5 youth)	BC	Mojave: Because Mojave is an intake unit, clinicians were under the impression that this item was not applicable to the unit. The SBTP Central Office Coordinator reported that these particular clinicians were not present for the training component on temporary family reunification intervention to be

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						<p>implemented at intake. She reported that by next monitoring cycle, this requirement will be implemented on this unit and all unit files will contain required documents.</p> <p>San Joaquin: The Family Assessment Form has not been implemented. Unit staff on this unit are aware of this requirement, but are documenting contacts regularly and do not have a consistent system. Of the four youth interviewed, three of them were assigned to the same psychologist and none were receiving family therapy. One youth assigned to another psychologist reported receiving family therapy. Administrative staff could not determine reasons for the discrepancies in therapy provision because there was no documentation explaining. The SBTP must develop and implement proper and sufficient documented "family counseling and reunification intervention" in order to achieve a substantial compliance.</p> <p>Tuolumne: This is not being done consistently and the appropriate form is not being used. To gain substantial compliance, there must be documentation using the Family Assessment Form which shows that families have been contacted and the results of that contact or that family contact is inappropriate.</p>

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			4.9.2 DJJ will develop and implement a system to document and track attempts to engage families in the youth's treatment program and participation in the youth's treatment.	Program Guide Family Assessment Form and Case Planning /Individual Change Plan Win documentation Interview with staff Interview with youth (10% of unit or at least 5 youth)	BC	A form has been developed but is not being consistently used. Some attempts noted in WIN, but not consistent internally or with other units or facilities. A staff psychologist assess whether family engagement is appropriate. She says most of the youth are not interested. Only one youth was interested but the appropriate form was not in the records. To achieve substantial compliance, there needs to be evidence that proper evaluations are taking place and that the appropriate form is being used as part of an overall system to attempt to engage families.
	4.10	DJJ will develop and implement Entrance and Exit Criteria for the SBTP	4.10.1 DJJ will establish entrance criteria and youths identified in need of SBTP treatment will be transferred to an SBTP orientation unit to complete their assessment process and begin treatment.	Program Guide Documentation in unit file of adherence to Program Guide Interview with staff	NA	Item to be monitored at Central Office
Interview with youth (10% of unit or at least 5 youth)						
4.10.2 DJJ will establish exit criteria to include cases on appeal and youth			Program Guide	NA	Item to be monitored at Central Office	

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			who have successfully completed the SBTP as set forth in the Program Guide. Exit criteria will be competence based, determined by measurable objectives reflecting goal attainment.	Documentation in unit file of adherence to Program Guide Interview with staff		
			Youth will be assessed based on their accomplishment of specific changes in outcome measures and behavior and their ability to apply their knowledge to their daily functioning. This will be done via youths' individual treatment plans and will be monitored at each case conference.	Interview with youth (10% of unit or at least 5 youth)		
	4.11	DJJ will develop and implement Suspension / Refusal Criteria for the SBTP	DJJ will establish temporary suspension / refusal criteria which includes monitoring for replacement/placement into the SBTP and interventions used prior to suspension.	Program Guide Documentation in unit file of adherence to Program Guide Interview with staff Interview with youth (10% of unit or at least 5 youth)	SC	All youth files contained treatment contract.
	4.12	DJJ will develop and implement a Case Planning procedure for the SBTP	4.12.1 DJJ will establish a comprehensive continuous assessment. The Case Planning and Review Process provide administrative oversight for each youth's movement through DJJ and ensure that staff involved in parole supervision and re-entry	Case Conference documents Individual Change Plan identifying and documenting the youths interventions and resources	SC	Notes and ICP's were present in every file reviewed.

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			planning has the information they need to effectively identify the youth's risk level and meet their needs as they are being released into the community.	Interviews with staff Interview with youth (10% of unit or at least 5 youth)		
			4.12.2 Case Conferences are to be held at least every 60 days and should include the Interdisciplinary Treatment Team. The Case Conference team will identify and discuss progress on treatment, parole community re-entry planning, goal setting and develop a case management plan for the next case conference	Case Conference documents Individual Change Plan identifying and documenting the youth's interventions and resources Interview with staff Interview with youth (10% of unit or at least 5 youth)	PC	All youth files reviewed indicate case conferences were held every 60 days for at least the last six months. However, conference notes did not consistently reflect specific treatment issues or relate to Treatment Matrix. Treatment Plans should be specific and relevant to treatments which are accessible and assigned to specific staff members. I have recommended that DJJ hold case conference less frequently, from every 60 to every 90 days. Less frequent case conferences will allow for SBTP youth to make substantial progress between conferences and more importantly will give unit staff responsible for coordinating case conferences more time to complete other assigned tasks which are neglected during extensive preparation for the case conference.
			4.12.3 DJJ will provide case planning which will include transition planning, pre-release/parole placements and re-entry services as	Youth Parole Plans Interview with youth (number will depend	SC	Parole Plan Binder reviewed

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			described in the Program Guide.	upon number of youth close to parole at the time of the audit)		
	4.13	DJJ will develop and implement specific SBTP Program Components	<p>4.13.1 Resource Groups will be offered to supplement the SBTP Core Curriculum. At minimum 4 Resource Groups will be offered by SBTP treatment teams, based on treatment needs and objectives identified in youths' Individualized Treatment Plans.</p> <p>DJJ will establish additional Resource Groups as youth needs arise. The number and type of resource groups to which a youth is assigned is an individualized determination.</p>	<p>WIN tracking of SBTP</p> <p>Interview with staff</p> <p>Interview with youth (10% of unit or at least 5 youth)</p> <p>Expert's Observation of quality of group(s)</p>	PC	<p>Four Resource Group are being offered at Youth are assigned to groups at initial case conferences. However, as noted above resource groups were not consistently held. Groups include:</p> <ul style="list-style-type: none"> • Victims Awareness • Interpersonal skills • Stress Management • Addictive Behavior <p>Evidence that the resource groups were established based on assessment of individual needs was not provided. This could be accomplished by a survey of needs or by identification of a group of youths who would profit from the establishment of a particular group. For example, there may be a group of youth who are being faced with deportation and when this need is identified, a group is established to deal with that issue.</p>
			4.13.2 Youth will create and develop SBTP Community Committees related to the operation of the residential treatment program.	SBTP Committee meetings and activities should be documented and kept in a binder on each unit.	NC	Community Committees were not a part of the SBTP program at the time of the site visit.
			4.13.3 Every SBTP unit will have at a minimum 2 SBTP Community	SBTP Committee meetings and activities		Community Committees were not a part of the SBTP program at the time of the

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			Committees activities at all times.	should be documented and kept in a binder on each unit Interview staff Interview with youth (10% of unit or at least 5 youth)	NC	site visit.
5		Curriculum				
	5.1		5.1.1 DJJ will develop or purchase and implement curriculum and programs based on national standards and best practices.	Review of SBTP curriculum	NA	Central Office Item
			5.1.2 Curriculum components will be culturally and gender sensitive and emphasize cognitive and behavioral skill acquisition.	Review of SBTP curriculum	NA	Central Office Item
			5.1.3 The SBTP Coordinator will review and consider implementing any related and appropriate interventions in consultation with the SBTP Taskforce.	Review of SBTP Task force meeting minutes Interview with staff	NA	Central Office Item
6		Ethics				
	6.1		DJJ will ensure that treatment is offered in a way that respects the ethical principles of the involved professions a well as ensuring confidentiality, informed consent and due process. All participants will be adequately informed and sign documents reflecting an understanding of the limits of confidentiality, informed consent to treatment and their due process rights.	Treatment Confidentiality Policy Review of unit file for forms that are in adherence to Policy Interview with staff Interview with youth	NA	Central Office and site
7		Facilities and				

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		Resources				
	7.1		DJJ will ensure that adequate and suitable physical facilities and resources, including files, computers, printers, materials for experiential therapy, etc., are available for treatment programs/services and	SBTP Unit site visits	PC	<p>Mojave has a new modular unit which provides appropriate space.</p> <p>The biggest problem area is the unit's physical plant. Groups are still being held in a unit thoroughfare, used by staff to enter and exit the unit without notice. Groups should be held in a private space where youth and staff have a comfortable expectation of total privacy. A second issue is the lack of individual treatment space because facility psychologists share offices; they must juggle individual treatment schedules with their office mate as well as with the casework specialist. As previously noted, youth are not receiving sufficient hours of individual therapy. Also, the unit casework specialist's office has a large window facing the dayroom that makes impossible private, quality communication between psychologists and youth. In addition to the SBTP Remedial Plan, the Mental Health Remedial Plan, item 11.1 also requires that "sufficient office space exists so that all MH staff requiring offices have space and where appropriate, that space is in, adjacent to, the living unit. Sufficient space exists so that no regular MH programs have to be canceled due to lack of space. Treatment space is appropriate for treatment, providing therapeutic milieu and areas for</p>

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						confidential conversations. DJJ must provide proper therapy space to achieve substantial compliance with this item.

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8		Quality Management				
	8.1	The SBTP will adhere to current best practices of Program Evaluation and Quality Management. The overall objective of the program monitoring and performance measurement is to track and monitor target population from identification through parole performance and measure the outcome of sex offender programming.	8.1.1 The Sexual Behavior Administrative Task force will monitor and ensure adherence to the Program Guide. This process will begin 90 days after implementation of the SBTP Program Guide. This will include: <ul style="list-style-type: none"> • internal program checks, including monitoring and assessment of treatment implementation • Review of youth files and risk/needs-oriented records that monitor treatment progress and correspond directly to youth risk and need assessment 	Taskforce meeting minutes Audit Tool Interviews with staff Interviews with youth		Central Office Item
			8.1.2 DJJ will conduct regular program assessment through an outcome evaluation to determine whether the program is effective in meeting its goals. This will begin 1 year after implementation of the SBTP Program Guide.	Evaluation Reports and actions taken as a result of the report Interviews with staff		Central Office Item
			8.1.3 DJJ, under the direction of the SBTP Coordinator, will make appropriate alterations to its program based on evaluations of the program's effectiveness. This will occur on an on-going basis.	Review of SBTP Taskforce meeting minutes Interviews with staff		Central Office Item

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			8.1.4 Routine satisfaction surveys of youth and their families (if appropriate) while in the program regarding their satisfaction with the services being provided, with survey results being summarized and shared with staff from all sections of the facility and used to make facility modifications / improvements when appropriate. This will begin 90 days after implementation of the SBTP Program Guide.	<p>Review of Survey Reports</p> <p>Interviews with staff</p> <p>Actions taken as a result of surveys</p> <p>Actions taken as a result of audit.</p>		Central Office Item
			8.1.5 Routine documented observation and monitoring of staff with regard to delivery of treatment groups and resource groups conducted by psychologists, YCCs and casework specialists on SBTP will be conducted by the Senior Psychologist assigned to provide clinical supervision to the SBTP. This will occur on an on-going basis and will be performed every 6 months.	<p>Review of monitoring / evaluation reports</p> <p>Interviews with staff</p> <p>Actions taken as a result of surveys</p> <p>Actions taken as a result of audits</p>		Central Office Item

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			8.1.6 Results of all monitoring conducted on a local level will be sent to the SBTP Coordinator for tracking and review. The audit tool will include documentation of, but will not be limited to: file reviews, review of Proof-of-Practice binders and interviews with the staff and youth. This will occur on an ongoing basis and will be performed every 6 months.	Review of documentation sent to SBTP Coordinator		Central Office Item

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1		Organizational Structure		Central Office Item		
		DJJ will produce an organizational chart for central office consistent with the principles outlined in this section.	1.1.1 DJJ will produce an organizational chart for central office consistent with the principles outlines in this section	SBTP Organizational Chart	NA	Item to be monitored at Central Office
			1.1.2 Permanent Sexual Behavior Treatment Program Coordinator position will be established and housed in Central Office.	SBTP Organizational Chart	NA	Item to be monitored at Central Office
			1.1.3 DFF Research Specialist will oversee the collection of data.	SBTP Organizational Chart	NA	Item to be monitored at Central Office
			1.1.4 Office Technician will provide clerical support for the Sexual Behavior Treatment Program Coordinator.	SBTP Organizational Chart	NA	Item to be monitored at Central Office
			1.1.5 SBTP Administrative Task Force will provide oversight to the SBTP units under the supervision of the SBTP Coordinator.	SBTP Organizational Chart	NA	Item to be monitored at Central Office
	1.2	DJJ will produce an organizational chart for each DJJ facility consistent with the principles outlined in this section.	DJJ will produce an organizational chart for each DJJ facility consistent with the principles outlined in this section.	SBTP Organizational Chart	NA	Item to be monitored at Central Office

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		DJJ will produce an organization chart for the Treatment Team outlines in this section.	1.3.1 Teams should be interdisciplinary and at a minimum consist of the youth case manager/casework specialist, youth correctional counselor, education representative, health care professional and re-entry specialist.	Program Guide SBPT Organizational Chart	NA	Item to be monitored at Central Office
			1.3.2 Senior Psychologist Supervisor will clinically supervise SBTP psychologist. supervision sessions will focus on reviewing cases and discussing vicarious trauma and counter-transference related to working with a SBTP population.	Meeting Minutes Sign-in sheets Interview Staff	NC	There were no meeting minutes or notes from supervisory meetings provided during the site visit.
			1.3.3 Peer review of clinical notes and documentation.	Review of Peer Review Documentation	NC	Documentation of peer review was not provided during the site visit.
			1.3.4 Case note review conducted by TTS or SCWS.	Review of Unit Monthly Report	SC	Each month, one youth's file per YCC "caseload" is audited. Review is also done at case conference every 60 days.

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2		Staff Qualifications				
	2.1	DJJ will ensure that all staff employed on the Sexual Behavior Treatment Programs is qualified generally as mental health professionals, where applicable, and specifically to work with youth with SBTP needs.	2.1.1 Utilized psychiatrists and psychologists who meet the standards set forth by the Mental Health Remedial Plan.	Review of Personnel Job Specifications Annual voluntary staff qualification survey	SC	Psychologist/s assigned to the SBTP meet required standards.
			2.1.2 Case Work Specialists assigned to the SBTP will be required to meet the minimum qualifications for their specific classification.	Review of Personnel Job Specifications Annual voluntary staff qualification survey	SC	Case Work Specialists meet the minimum requirements for their specific classification.
			2.1.3 Non-Clinical staff assigned to the SBTP will be required to meet the minimum qualifications for their specific classification and be appropriately trained for the assignment.	Review of Personnel Job Specifications	PC	The role of the YCCs on SBTP units is both clinical and custody oriented. Currently, YCCs are facilitating resource groups. If they are using a clearly prepared curriculum and they are adequately trained, leading resource groups would be appropriate. However, where YCCs preparing their own curriculum, it likely exceeds their skill levels, I do not wish to minimize the accomplishment, but several resource groups facilitators hold only high school diplomas and in any case, all non clinical staff would be required extensive training in order to prepare appropriate curriculum for resource groups. Additional training required for staff to be "appropriately trained for the assignment" of leading SBTP resource groups.
				Annual voluntary staff qualification survey		

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3		Staff Training				
	3.1	DJJ will implement pertinent and appropriate training for all staff assigned or associated with the SBTP	3.1.1 Orientation Training Program as defined in the Guide.	Training curriculum and rosters of staff attended Expert's observations of the quality of training	NA	Item to be monitored at Central Office
			3.1.2 Ancillary Staff training.	Training curriculum and rosters of staff attended Expert's observations of the quality of training	BC	This training has not begun, however, has at least been scheduled, warranting a "BC" rating.
			3.1.3 Curriculum Training including basic curriculum; clinical interpretation of curriculum; Training for Trainers on all curriculum components (for internal sustainability); internal in-service training.	Training curriculum and rosters of staff attended Expert's observation of the quality of training	SC	This was accomplished by training all the SBTP staff in April 2010. This could be considered an Administrative standard, but is being credited here as staff on the unit have been trained.
			3.1.4 Sexual Behavior Treatment Teams will be provided 8 hours of team building and training meetings.	Training curriculum and rosters of staff attended Expert's observation of the quality of training	NC	The team has been instructed to pursue completion of these requirements; they indicate that there are no funds available for implementation.

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	3.2	DJJ will enable staff to attend annual national/outside training opportunities	Training opportunities should include attendance at national conferences addressing sex offender treatment for selected staff that, in turn, will develop curriculum for in-service training and complete information-sharing sessions for SBTP staff.	Rosters of staff attended	NA	Not required until 2011
	3.3	DJJ will provide annual training at a minimum of 20 hours or more to the appropriate staff of SBTP	3.3.1 Staff will receive the New Staff SBTP Orientation Packet as a part of orientation training.	New Staff Orientation checklist	SC	As part of the training in April 2010, the orientation packet was provided to all staff.
			3.3.2 DJJ will develop a training plan and schedule for consistency across all SBTPs in the Sexual Behavior Treatment Program Guide.	Training Curriculum, Rosters of staff attended, administration memo, expert observation	SC	All staff received a 16 hour training in April designed to improve consistency.
			3.3.3 Psychologist who provide consulting and coaching to direct care staff on SBTP will receive in-depth training in the program either through contract, or as developed by DJJ.	Meeting Minutes and Sign-In Sheets	BC	Staff report that DJJ at one time had a plan in place, but that plan was not implemented.

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4		Program Adequacy				
	4.1	DJJ will produce a written description and guide for its Sexual Behavior Treatment Program.	The Sexual Behavior Treatment Program Guide will define and detail all components of the model.	Program Guide	NA	Item to be monitored at Central Office
	4.2	DJJ will develop and implements appropriate assessment procedures for SBTP youth.	4.2.1 DJJ will administer appropriate screening and assessment tools which follow all state and federal laws governing youth with sexually abusive behaviors.	Review of SBTP WIN documentation	SC	All files reviewed contained documentation of a J-SORAT, Static 99 or SORD.
			4.2.2 Youth will participate in a series of assessments to identify the high/low risk level of the youth and other information such as past trauma, previous intervention efforts, family involvement, education and vocational history, peer associations, mental and medical issues and substance abuse history.	Clinical Summary Interviews with youth (10% of unit or at least 5 youth)	SC	Clinical Summaries present in all files reviewed.
			4.2.3 Youth will participate in a comprehensive SBTP assessment, which will be used to develop the youth's individualized treatment plan.	Review of youth's comprehensive assessment. Interviews with youth (10% of unit or at least 5 youth)	NA	See Mojave's report as it is an item specific to that unit.
	4.3	DJJ will develop SBTP specific units, programs and interventions.	4.3.1 SBTP will include the following components:	Program Guide	NA	Item to be monitored at Central Office
			4.3.1.1 SBTO Orientation and Transition			
			4.3.1.2 Health Living Treatment			

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			4.3.1.3 Residential Sexual Behavior Treatment			Item to be monitored at Central Office
			4.3.1.4 Individualized treatment for youth who do not reside on SBTP units			
			4.3.1.5 Female Sexual Behavior Treatment			
	4.4	DJJ will implement SBTP Orientation and Transition Treatment	4.4.1 DJJ will establish an SBTP unit which will focus on the Orientation and Transition Phase of SBTP treatment.	Expert Site Visit	NA	See Mojave Orientation Unit
			4.4.2 DJJ will provide a minimum weekly treatment hour expectation for SBTP Orientation and Transition Treatment		NA	See Mojave Orientation Unit
			4.4.2.1 Two 90-minut groups (3 hours total) of Health Living or Transition Group	Documentation in unit and WIN Files or adherence to guide	NA	
			4.4.2.2 1 hour resource group	Interviews with staff	NA	
			4.4.2.3 1 hour individual counseling (½ hour clinical, ½ hour casework)		NA	
			4.4.2.4 1 hour homework on stage, individual or journal assignments that support therapy	Interviews with youth (10% of unit or at least 5 youth)	NA	
			4.4.2.5 2 hours residential large group	Expert's observation	NA	

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Standard #	Action Item #	Action Item	Requirement	Compliance Method	Expert Ruling	Comments
			4.4.3 When the weekly minimum hours of treatment is not clinically indicated for a specific youth, this will be clearly defined in his or her Individual Treatment Plan.	Review of Unit File Treatment Override Form	NA	
				Interview with staff Interview with youth (number will depend upon number of youth on unit who are not engaged in the weekly minimum hours of treatment)		
	4.5	DJJ will implement Healthy Living Treatment	DJJ will establish a psycho-educational treatment intervention to provide treatment for the lowest risk youth and provide the foundation of treatment for all SBTP youth.	Interview with staff Interviews with youth (10% of unit or at least 5 youth) Expert's observation	PC	Healthy Living curriculum was originally designed and developed to serve this group. These youth were not meant to be housed in an SBTP unit. Currently is only being offered in the SBTP units. Low risk youth with sex offenses charges need to be identified and provided with Healthy Living Curriculum.
	4.6	DJJ will implement SBTP Residential Treatment	4.6.1 DJJ will establish SBTP units which will focus on the Residential SBTP	Expert site visit	SC	
			4.6.2 DJJ will provide a minimum weekly treatment hour expectation for SBTP Orientation and Transition Treatment		SC	This is a typographical error as the SBTP Orientation and Transition Unit was previously addressed in Standard 4.4 This section deals with the other residential components of the SBTP.

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Standard #	Action Item #	Action Item	Requirement	Compliance Method	Expert Ruling	Comments
			4.6.2.1 Two 90-minute groups (3 hours total) of Core SBTP Group	Documentation in unit and WIN File of adherence to guide	PC	According to the files that were audited, youth were receiving the requisite number minutes 56% of the time. In many cases the groups ran significantly longer than the time required. In one case during the week of 7/3/2010 the group was reported as running 450 minutes, which may have been a mistake. More quantity does not necessarily mean better quality especially where other forms of therapy are not being completed in the required amount.
			4.6.2.2 1 hour resource group	Interview with staff	PC	According to the files that were audited, youth were receiving the requisite number of minutes in resource groups 19% of the time.
			4.6.2.3 1 hour individual counseling (½ hour clinical, ½ hour casework)	Interviews with youth (10% of unit or at least 5 youth)	PC	According the files audited, youth were receiving the requisite number of minutes of clinical therapy 52% of the time. According to the files that were audited, youth were receiving the requisite number minutes of casework 40% of the time.
			4.6.2.4 1 hour homework on stage, individual or journal assignments that support therapy	Expert's observation	PC	Specific documentation was not provided although youth in groups I observed appeared to be presenting homework assignments.
			4.6.2.5 2 hours residential large group		PC	According to the files that were audited, youth were receiving the requisite number of minutes of large group therapy 19% of the time.
			4.6.3 When the weekly minimum hours of	Review of Unit File		

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			treatment is not clinically indicated for a specific youth, this will be clearly defined in his or her Individual Treatment Plan.	Treatment Override Form Interview with staff Interview with youth (number will depend upon number of youth on unit who are not engaged in the weekly minimum hours of treatment)	NA	This standard specifically applies to youth who cannot benefit from or have completed the requisite hours of treatment. Currently, on OHC there are no youth who met these criteria.
	4.7	DJJ will implement individualized treatment for youth who do not reside on SBTP units.	Youth whose treatment needs hierarchy supersedes SBTP treatment, such as mental health, developmental disabilities and aggressive behavioral treatment needs, DJJ will provide SBTP treatment through an individualized treatment plan if determined will benefit from sexual behavior treatment	Expert's observation Interview with staff in non-residential units Interview with youth (number of youth depends upon youth currently assigned to individualized treatment)	NA	Item to be monitored at Central Office

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	4.8	DJJ will implement Female Sex Behavior Treatment	DJJ will provide individualized SBTP treatment for girls housed in DJJ	Expert's observation Interview with staff in non-residential units Interview with youth (number of youth depends upon youth currently assigned to individualized treatment)	NA	Item to be monitored at Central Office
	4.9	DJJ will implement a Family Counseling Component in the SBTP	4.9.1 DJJ will develop and implement a family counseling and reunification intervention. The SBTP will provide the opportunity to involve the youth's family/guardian, when appropriate, as prescribed in the treatment process.	Program Guide Family Assessment Form and Case Planning / Individual Change Plan WIN documentation Interview with staff Interview with youth (10% of unit or at least 5 youth)	 PC	Documented in case conference notes and chronos. Youth Files reviewed OT: Receiving family counseling JR: No "because they are Spanish Speaking." CM: No family in US DC: Receiving family counseling Six sessions of family therapy documented among the audited youth.

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Standard #	Action Item #	Action Item	Requirement	Compliance Method	Expert Ruling	Comments
			4.9.2 DJJ will develop and implement a system to document and track attempts to engage families in the youth's treatment program and participation in the youth's treatment.	Program Guide Family Assessment Form and Case Planning /Individual Change Plan Win documentation Interview with staff Interview with youth (10% of unit or at least 5 youth)	BC	A form has been developed but is not being consistently used. Some attempts noted in WIN, but not consistent internally or with other units or facilities.
	4.10	DJJ will develop and implement Entrance and Exit Criteria for the SBTP	4.10.1 DJJ will establish entrance criteria and youths identified in need of SBTP treatment will be transferred to an SBTP orientation unit to complete their assessment process and begin treatment.	Program Guide Documentation in unit file of adherence to Program Guide Interview with staff Interview with youth (10% of unit or at least 5 youth)	NA	Item to be monitored at Central Office
			4.10.2 DJJ will establish exit criteria to include cases on appeal and youth who have successfully completed the SBTP as set forth in the Program Guide. Exit criteria will be competence based, determined by measurable objectives reflecting goal attainment.	Program Guide Documentation in unit file of adherence to Program Guide Interview with staff	NA	Item to be monitored at Central Office

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			Youth will be assessed based on their accomplishment of specific changes in outcome measures and behavior and their ability to apply their knowledge to their daily functioning. This will be done via youths' individual treatment plans and will be monitored at each case conference.	Interview with youth (10% of unit or at least 5 youth)		
	4.11	DJJ will develop and implement Suspension / Refusal Criteria for the SBTP	DJJ will establish temporary suspension / refusal criteria which includes monitoring for replacement/placement into the SBTP and interventions used prior to suspension.	Program Guide Documentation in unit file of adherence to Program Guide Interview with staff Interview with youth (10% of unit or at least 5 youth)	SC	All youth files contained treatment contract.
	4.12	DJJ will develop and implement a Case Planning procedure for the SBTP	4.12.1 DJJ will establish a comprehensive continuous assessment. The Case Planning and Review Process provide administrative oversight for each youth's movement through DJJ and ensure that staff involved in parole supervision and re-entry planning has the information they need to effectively identify the youth's risk level and meet their needs as they are being released into the community.	Case Conference documents Individual Change Plan identifying and documenting the youths interventions and resources Interviews with staff Interview with youth (10% of unit or at least 5 youth)	SC	Notes and ICP's were present in every file reviewed.

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			4.12.2 Case Conferences are to be held at least every 60 days and should include the Interdisciplinary Treatment Team. The Case Conference team will identify and discuss progress on treatment, parole community re-entry planning, goal setting and develop a case management plan for the next case conference	Case Conference documents Individual Change Plan identifying and documenting the youth's interventions and resources Interview with staff Interview with youth (10% of unit or at least 5 youth)	PC	All youth files reviewed indicate case conferences were held every 60 days for at least the last six months. However, conference notes did not consistently reflect specific treatment issues or relate to Treatment Matrix. Treatment Plans should be specific and relevant to treatments which are accessible and assigned to specific staff members. I have recommended that DJJ hold case conference less frequently, from every 60 to every 90 days. Less frequent case conferences will allow for SBTP youth to make substantial progress between conferences and more importantly will give unit staff responsible for coordinating case conferences more time to complete other assigned tasks which are neglected during extensive preparation for the case conference.
			4.12.3 DJJ will provide case planning which will include transition planning, pre-release/parole placements and re-entry services as described in the Program Guide.	Youth Parole Plans Interview with youth (number will depend upon number of youth close to parole at the time of the audit)	SC	Parole Plan Binder reviewed
	4.13	DJJ will develop and implement specific SBTP Program	4.13.1 Resource Groups will be offered to supplement the SBTP Core Curriculum. At minimum 4	WIN tracking of SBTP Interview with staff	SC	Four Resource Group are being offered at OH Close. They are tracked in a "Resource Group" binder. Youth names

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Standard #	Action Item #	Action Item	Requirement	Compliance Method	Expert Ruling	Comments
		Components	<p>Resource Groups will be offered by SBTP treatment teams, based on treatment needs and objectives identified in youths' Individualized Treatment Plans.</p> <p>DJJ will establish additional Resource Groups as youth needs arise. The number and type of resource groups to which a youth is assigned is an individualized determination.</p>	<p>Interview with youth (10% of unit or at least 5 youth)</p> <p>Expert's Observation of quality of group(s)</p>		<p>that are marked with "X" indicated where youth enrollment is based on their YASI/treatment needs. However, the resource groups are not offered on a consistent basis.</p> <p>Evidence that the resource groups were established based on assessment of individual needs was not provided. This could be accomplished by a survey of needs or by identification of a group of youths who would profit from the establishment of a particular group. For example, there may be a group of youth who are being faced with deportation and when this need is identified, a group is established to deal with that issue.</p>
			4.13.2 Youth will create and develop SBTP Community Committees related to the operation of the residential treatment program.	SBTP Committee meetings and activities should be documented and kept in a binder on each unit.	SC	<p>OH Close has 4 Community Groups including:</p> <ol style="list-style-type: none"> 1) "Therapeutic Community" 2) "Restorative Justice" 3) "Peer Mentoring" 4) "Recreation"
			4.13.3 Every SBTP unit will have at a minimum 2 SBTP Community Committees activities at all times.	<p>SBTP Committee meetings and activities should be documented and kept in a binder on each unit</p> <p>Interview staff</p> <p>Interview with youth (10% of unit or at least 5 youth)</p>	PC	Some Community Committees meet daily in the am and pm. Staff were not certain about the others. Documentation is lacking.

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5		Curriculum				
	5.1		5.1.1 DJJ will develop or purchase and implement curriculum and programs based on national standards and best practices.	Review of SBTP curriculum	NA	Central Office Item
			5.1.2 Curriculum components will be culturally and gender sensitive and emphasize cognitive and behavioral skill acquisition.	Review of SBTP curriculum	NA	Central Office Item
			5.1.3 The SBTP Coordinator will review and consider implementing any related and appropriate interventions in consultation with the SBTP Taskforce.	Review of SBTP Task force meeting minutes Interview with staff	NA	Central Office Item
6		Ethics				
	6.1		DJJ will ensure that treatment is offered in a way that respects the ethical principles of the involved professions as well as ensuring confidentiality, informed consent and due process. All participants will be adequately informed and sign documents reflecting an understanding of the limits of confidentiality, informed consent to treatment and their due process rights.	Treatment Confidentiality Policy Review of unit file for forms that are in adherence to Policy Interview with staff Interview with youth	NA	Central Office and site
7		Facilities and Resources				
	7.1		DJJ will ensure that adequate and suitable physical facilities and resources, including files, computers, printers, materials for experiential therapy, etc., are available for treatment programs/services and	SBTP Unit site visits	SC	OH appears to have sufficient space but some of the rooms cannot yet be used. Additionally the frequent lack of staff means that space cannot always be utilized. However, the space itself is adequate.

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8		Quality Management				
	8.1	The SBTP will adhere to current best practices of Program Evaluation and Quality Management. The overall objective of the program monitoring and performance measurement is to track and monitor target population from identification through parole performance and measure the outcome of sex offender programming.	8.1.1 The Sexual Behavior Administrative Task force will monitor and ensure adherence to the Program Guide. This process will begin 90 days after implementation of the SBTP Program Guide. This will include:	Taskforce meeting minutes Audit Tool Interviews with staff Interviews with youth		Central Office Item
	<ul style="list-style-type: none"> • internal program checks, including monitoring and assessment of treatment implementation • Review of youth files and risk/needs-oriented records that monitor treatment progress and correspond directly to youth risk and need assessment 					
	8.1.2		DJJ will conduct regular program assessment through an outcome evaluation to determine whether the program is effective in meeting its goals. This will begin 1 year after implementation of the SBTP Program Guide.	Evaluation Reports and actions taken as a result of the report Interviews with staff		Central Office Item
	8.1.3		DJJ, under the direction of the SBTP Coordinator, will make appropriate alterations to its program based on evaluations of the program's effectiveness. This will occur on an on-going basis.	Review of SBTP Taskforce meeting minutes Interviews with staff		Central Office Item

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			8.1.4 Routine satisfaction surveys of youth and their families (if appropriate) while in the program regarding their satisfaction with the services being provided, with survey results being summarized and shared with staff from all sections of the facility and used to make facility modifications / improvements when appropriate. This will begin 90 days after implementation of the SBTP Program Guide.	Review of Survey Reports Interviews with staff Actions taken as a result of surveys Actions taken as a result of audit.		Central Office Item
			8.1.5 Routine documented observation and monitoring of staff with regard to delivery of treatment groups and resource groups conducted by psychologists, YCCs and casework specialists on SBTP will be conducted by the Senior Psychologist assigned to provide clinical supervision to the SBTP. This will occur on an on-going basis and will be performed every 6 months.	Review of monitoring / evaluation reports Interviews with staff Actions taken as a result of surveys Actions taken as a result of audits		Central Office Item

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			8.1.6 Results of all monitoring conducted on a local level will be sent to the SBTP Coordinator for tracking and review. The audit tool will include documentation of, but will not be limited to: file reviews, review of Proof-of-Practice binders and interviews with the staff and youth. This will occur on an ongoing basis and will be performed every 6 months.	Review of documentation sent to SBTP Coordinator		Central Office Item