SUPERIOR COURT OF CALIFORNIA

CITY AND COUNTY OF ALAMEDA

MARGARET FARRELL, Plaintiff, vs. JEFFREY A. BEARD, PH.D. Defendant.	)	CASE NO. RG03079344

TWENTY-EIGHTH REPORT OF THE SPECIAL MASTER

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TABLE OF CONTENTS

APPENDICES

I. INTRODUCTION

The Special Master submits for filing the Twenty-Eighth Report of the Special Master. This report reviews the *Farrell* Mental Health Expert Dr. Bruce Gage's first Integrated Behavioral Treatment Program (IBTM) comprehensive report for his 2013-2014 round of audits (site visits, June 2013, November 2013 and January 2014) and summarizes and analyzes the status of the California Department of Corrections and Rehabilitation, Division of Juvenile Justiceôs (DJJ) compliance with the *Farrell* remedial plans. The IBTM comprehensive report is attached to this report as Appendix A. Consistent with an agreement by the parties, the Special Masterôs report limits the summarization of the expert's report and instead identifies the major areas of improvement as well as areas of concern.

The report begins with an update on the implementation of the IBTM followed by an analysis of progress in revising the mental health program. The report concludes with a review of education and safety and welfare issues where monitoring was transferred or is proposed to be transferred to either the Special Master or the Mental Health Expert. The Special Master recommends transfer of monitoring of the Safety and Welfare Remedial Plan to Defendant on June 30, 2014.

II. INTEGRATED BEHAVORAL TREATMENT MODEL

A. Current Progress

The Mental Health Expert, Dr. Bruce Gage, conducted a round of site audits between June 2013 and January 2014.[1] The scope of Dr. Gageôs audits at the N. A. Chaderjian Youth Correctional Facility (NACYCF) and the Ventura Youth Correctional

[1] On-site audits of NACYCF and VYCF were delayed for several months to accommodate implementation progress at the facilities.

Facility (VYCF) was limited to the IBTM implementation units as not all units at these two facilities had reached the implementation stage at the time of the audits. Dr. Gage completed a draft of his comprehensive report and submitted it to the parties and the Office of the Special Master for feedback on February 16, 2014.

Dr. Gage used both objective and subjective measures to assess Defendantôs progress in implementing the IBTM at facilities and the Central Office. He used an audit instrument (audit tool), which he developed in consultation with Defendant as the primary measure of progress. For each site audited, he presented the audit results in accordance with the reporting format specified in the audit tool. He made qualitative assessments through youth and staff interviews, onsite inspections and case file reviews as well as quantitative analysis of data. He provides a summary report of his observations to assist management with their implementation efforts.

Consistent with the rating system of other *Farrell* remedial plans, Dr. Gage assigned ratings of substantial compliance, partial compliance, and non-compliance to each of the audited items. The following table provides a summary of the ratings at each of the facilities and at the Central Office. While, in general, the overall percentage of audited items found to be in substantial compliance is low at each audit site, Dr. Gage opined that implementation is progressing at a reasonable pace and at about the level expected at this juncture.

Summary of Compliance Rating Percentages[2]

	OHCYCF	NACYCF	VYCF	Central Office	Cumulative
Substantial Compliance	34%	11%	22%	13%	21%
Partial Compliance	56%	78%	68%	87%	69%
Non-Compliant	10%	11%	11%	0%	9%

Dr. Gage found that the IBTM is gathering momentum as implementation proceeds. Staff buy-in is generally strong and understanding of the IBTM is growing. However, he identified a number of barriers to full implementation for consideration by Defendant. In general, Dr. Gageôs assessments of the overall progress and barriers are consistent with the observations of the Special Master, which have been disclosed in her previous reports to the Court. The barriers include shortcomings in the assessment process, case management and records management, behavior management system, training, the staffing model, environment, quality assurance, and the transfer process.

While Dr. Gage is positive and encouraging in his comments and observations, the Special Master shares more detail to provide clarity, perspective, and to assist Defendant in its implementation efforts. The Special Master sees continued progress and is concerned that at this stage of the change process, some additional focus and support must be provided. The following is her assessment of Defendantôs current implementation status.

The most positive description of the IBTM implementation this reporting period is uneven. The good news is that most staff members are engaged in the IBTM implementation process and they are able to demonstrate a rudimentary understanding of

[2] Source: ñIBTM Tracking Sheetò compiled by Doug Ugarkovich of DJJ.

some elements of the model. The Mental Health Expert indicates that fidelity to the model components is fair and ñimplementation is proceeding at a reasonable rate.ò[3]

The implementation of the cognitive behavioral resource groups, Anger Interruption Training (AIT) and Counterpoint (CP) at VYCF and NACYCF has gone according to schedule in some units but in most, there is a history of delays and group cancellations that undermine fidelity to the model. Some units appear to be consistent in the delivery of groups while others demonstrate a pattern of group cancellations. O.H. Close Youth Correctional Facility (OHCYCF) continues to demonstrate the best use of quality assurance systems and the most consistent group delivery. While there are many challenges, the early stages of implementation of the revised Reinforcement System (RS) appear to be progressing well and there is some improvement in case planning.

The Special Master and the University of Cincinnati Corrections Institute (UCCI) consultant agree that the greatest challenge with implementation appears to be the lack of clarity regarding who owns the oversight and review of implementation progress as well as the need for a centralized entity to develop and support quality assurance efforts.[4] The Special Master believes the Central Office IBTM Team has done an excellent job of working with facility IBTM committees to develop uniform quality assurance tools for group attendance and completion, group observation and coaching and completion of the RS. Thus, she concludes the lack of role clarity regarding quality assurance and what appears to be a lack of ownership by operations management for this function seems to be the central challenge for Defendant in achieving fidelity to the implementation of all elements of the IBTM. Evidence that supports this assumption can be found by watching

[3] IBTM Audit Comprehensive Summary, p. 3
[4] Final4Quarter2013UCCI.pdf, p.7.

the managers who do take ownership of the IBTM implementation. Where they are, the IBTM is being implemented more quickly and with greater fidelity. This is a typical challenge in large-scale change efforts.

The lack of progress in Cognitive-based Behavioral Treatment (CBT) implementation during this reporting period is disappointing. The failure of operations management (Superintendents and their senior subordinates) to fully own the IBTM as ñthe way we do business at DJJò is a critical challenge for Defendant. Implementation of the IBTM will be more difficult until all operations managers understand that the IBTM is not a program but is a set of principles that guide all activities. Operations managers must have a depth of knowledge of the IBTM that is great enough to help their staff with implementation challenges such as why CBT groups must be held consistently.[5]

The IBTM is not a program. It is a philosophy and a set of principles that guides every operation of a facility, including all treatment and security functions. It is in short an organizational identity. There is notable variation across senior and mid-level managers in terms of both an understanding of what the principles of the IBTM are and commitment to implementing them. Most concerning is the apparent lack of support (positive reinforcement) for those managers who demonstrate commitment to quality assurance and a lack of adverse consequences for those who do not.[6] The reasons for the failure of facility managers to effectively reinforce desired staff behavior will be discussed later in this section.

[5] The IBTM Central Office Team continues to serve as a valuable teaching, coaching and mentoring tool for DJJ staff. The team cannot implement the IBTM alone. Implementation is the job of the facility operations staff. The Central Office IBTM Team can only support implementation.

[6] The same principles used to shape behavior in youth are used to shape behavior in staff. The language here is deliberate and is an attempt to demonstrate that the skills the IBTM attempts to teach youth must be role modeled by staff and that includes how managers shape the behavior of their subordinates.

Understanding the Model

Staff members including many senior managers do not understand nor can they explain the model. The most common answer, when asked to explain the IBTM, is a recitation of the CBT groups. Staff members are beginning to understand elements of the model but without a sense of the overall model, it is difficult at best for staff to understand why they are being asked to change their current practices. It also makes it difficult for staff to recognize how the historical model of ñmoral accountabilityò model differs from a behavioral health model.[7] This is critical because staff as well as youth is being asked to question and change their beliefs, thoughts and behaviors. As the Mental Health Expert opines in his IBTM comprehensive report, staff members are being asked ñto [make] the value and intellectual changes required to make the cultural shift from a moral to a behavioral model.ò[8]

Helping staff members understand what the ñmoral accountabilityò model is and why it has not been proven to reduce recidivism is a critical step to effective implementation of the IBTM. The Mental Health Expert notes:

> The correctional model is essentially a moral model based on the presumption that those committing antisocial acts freely choose their behavior in all instances, punishing them for these moral transgressions. In terms of the specific deterrence of an individual criminal, the principle of behavioral change is choice based on self-interest. In short, people will abstain from further antisocial acts to avoid punishment.
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> But we know from research that a focus on abstention using punishment as the chief tool only weakly promotes behavioral change. We also know that the most effective approaches utilize reinforcement much more often than punishment. And in a system where there is strong reinforcement of antisocial conduct in the form of (amongst other

[7] Defendant is in the middle of a change process that requires staff to change some of their beliefs and values. As in any process of this nature, some staff are early adopters and are completely on board with proposed changes to practice. Others are slower in believing proposed changes are either necessary and/or are of value. It appears there is roughly an almost even split right now between staff members who have shifted to a behavioral health model and those who are still largely rooted in the ñmoral accountabilityò model. This estimate is based on interviews done by Nancy Calleja. In the Special Masterôs experience, this would be typical of this stage in the change process.

[8] IBTM Audit Comprehensive Summary, p.1.

> things) peer interactions, it is necessary to have powerful behavioral change tools. Put differently, the benefits of behaving in a pro-social manner must outweigh the benefits of antisocial behavior. And because behavior is not entirely freely chosen, it is necessary to overcome what amount to poor habits of thinking, feeling, and behaving that are often well entrenched when the youth arrive at DJJ. This requires a system that sustains the behavioral interventions across time, promoting new and progressively more pro-social habits.

The past model of ñmoral accountabilityò is not a treatment model but a punitive model typical of many correctional systems of the 1980s or earlier. The model assumes youth just need to make better choices and will do so to avoid punishment. When the staff members believe that good behavior is only a matter of choice, they believe that youth could, if they wished, choose not just to resist criminal behavior but also to be good citizens. This results in unreasonable expectations (set up for failure) and a lack of focus on behaviors that are more likely to reduce criminal and violent behavior. And given the relatively short length of stay of most youth, it is critical to focus on the things that are most likely to achieve the fundamental goal of crime reduction.

The behaviors that reduce recidivism in juveniles have been well documented in research, including meta-analyses that encompass many studies and programs over an extended period of time. There is a relatively limited body of knowledge but it is well documented and the criminogenic factors have been well studied.[9] While attempting to make youth good citizens is a desirable goal, it is unrealistic given the brief length of stay, the complexity and acuity of the problems of most youth. A more reasonable outcome is to reduce the risk of re-offense, not produce model citizens.

[9] Criminogenic factors that have been shown to reduce recidivism include: anti-social thinking, values and beliefs, low self control, criminal peers, substance abuse and dysfunctional family. The confusion for DJJ seems to be in the areas of anti-social thinking and values and beliefs.

The past model is also premised on the belief that youth must learn to develop empathy for their victims and demonstrate remorse for their crimes; hence, the repeated and continual requirement that a youth demonstrate his or her understanding of ñvictim impactò and regret about their offense behavior. While empathy is an attribute that is desirable, getting youth to recite how they have harmed their victim is not shown to reduce recidivism, thus the extensive amount of time and focus on it in Defendantôs programs is not a wise use of resources if the goal is stop and/or reduce future criminal behavior.[10]

In Defendantôs past model, youth are not punished if they do not engage in problematic behavior and receive relatively weak and erratic rewards for their lack of disciplinary problems. Progress is measured not in terms of skills learned but in lack of disciplinary problems and demonstration of concern for victim impact. The belief system that youth must be held accountable for their behavior and that they simply need to choose to be better is still deeply rooted in Defendantôs policies, procedures and activities. Despite the fact that there is not only no research showing that ñvictim awarenessò reduces recidivism, in fact, there is research showing the negative effect of victim awareness training on recidivism, staff members vigorously assert the importance of victim impact training as does the Parole Board.[11] Without a better understanding of why the past model has failed to reduce recidivism and what has proven to be more

[10] This is not to say the issue of empathy for victims should not be addressed and it is addressed in the CBT and SBTP groups.

[11] The Special Master, Mental Health Expert and UCCI of Criminal Justice have all shared information and data to this effect. The most recent example is the e-mail from Eva Kishimoto, KishimotoJan282014. To see the negative effective of victim awareness programs on recidivism see pp. 464 and 468 of the meta analysis, Ladenberger and Lipsey, 2005.

effective, staff will not change their beliefs and actions sufficiently to create an integrated behavioral health model. And of course this understanding must start with leadership.

As the Mental Health Expert noted above, what has been shown to reduce adolescent criminal recidivism is reshaping patterns and habits of feeling, thinking and behaving that while deeply entrenched can change over time. And as the UCCI consultant pointed out, the focus of reshaping must be on criminogenic needs. The most effective change strategies rely on positive reinforcers that are more powerful than those that bond young people to anti-social actions. (This is why Defendant has implemented the RS system and is modifying the level system.) This fundamental difference in understanding and perspective is lacking. Without additional change in these ñbeliefsò of staff, the IBTM cannot succeed in its goal of reducing recidivism.

There is also a lack of understanding about the reason the Defendantôs behavioral health model is called ñintegrated.ò Staff members typically explain that integrated means cross-discipline and in practice this means all disciplines work together. While true, a critical lack of understanding of the broader context of integration is making implementation more arduous than necessary.

In addition to assuming all disciplines are actively engaged in shaping the behavior of youth through a shared and unified case plan, is the recognition that all the elements of the model work together to effect the desired change. The elements of the model include:

- Evidence-based not belief or opinion-based assessment,
- Case planning, the process by which targets for change are recorded and progress is evaluated,
- CBT resource groups, the approach used to teach skills,
- The behavioral management system (BMS) which includes the RS, level system and the Disciplinary Decision-Making System (DDMS) is the system

through which youth are encouraged to practice skills and receive feedback and

- Quality assurance systems (QA) provide data to assess if the system is maintaining fidelity to the model and where more support or change might be needed.

The Assessment Process

In a behavioral health model such as the IBTM, the basic goal of the program is to help youth extinguish behaviors that are known to increase the risk of criminal behavior and to develop skills and behaviors that will reduce the risk of criminal behavior. Given the short length of time that most youth are in residence with Defendantôs programs, the focus for treatment (goals for change) should only be those behaviors demonstrated through research that are most highly correlated with recidivism. A validated risk and needs assessment tool is an essential first step in identifying a youthôs behaviors that should be targeted for change. This is a critical step to eliminate the use of staff beliefs that currently underpin the ñmoral modelò that remains the dominant culture.[12]

Defendant has appropriately moved to a risk and needs assessment process that is considered to be evidence-based.[13] The assessment tool, The California Youth Assessment Screening Instrument (CA-YASI) is a modification of a tool known as the Youth Assessment Screening Instrument (YASI). This tool has been known to show efficacy in other juvenile correctional systems.[14] The CA-YASI, as evidenced by a

[12] The moral model, unlike the behavioral health model, is not research based and is not defined in policy. Rather, it is based upon belief that has come to be the culture of the agency. For example, a deeply embedded belief is that youth must feel remorse for their crime and empathy for their victims. Despite attempts by many consultants and experts to explain there is no research that supports either of these behaviors results in recidivism reduction, these behaviors remain a central focus of staff attention, elements of case plans and are the critical factors used in decision making regarding readiness for release.

[13] This means the assessment tool uses the static and dynamic risk and need factors known to predict recidivism in a juvenile population. Prior to this, Defendant largely relied on a psychosocial model of assessment that is not evidence based.

[14] *See*, *A Comparison of Risk Assessments in Juvenile Justice*, Baird, et. al, National Council on Crime and Delinquency, August 2013. The YASI used in Virginia has been shown to be effective at separating cases

validation study commissioned by Defendant, has produced mixed results in the three areas evaluated.[15] The study evaluated: the extent to which DJJ staff can reliably score the tool, how well the tool assesses the risk factors it incorporates and how well the tool predicts future infractions and re-arrest.

The validation study showed that reliability among staff (do staff members understand how to complete the tool accurately?) and between staff (do staff members complete the tool similarly) needs improvement.[16] Reliability is 60% for risk to reoffend which impacts decisions like unit placement and 50% for subscales that determines treatment interventions. The Special Master has encouraged Defendant to undertake a program to retrain all case managers and to expand training to all unit staff.[17] At present, the low level of skill as demonstrated through poor reliability jeopardizes the usefulness of the assessment process. As an accurate assessment is the first step in developing an accurate case plan for change, the reliability of the assessment process must be improved. Implementing any assessment tool requires not just initial training but monitoring of fidelity and re-training where necessary. This is a common and critical step to increase individual and inter-rater reliability.

For the most part, only the case managers, Parole Agents (PA) and Case Work Specialists CWS), were trained in the CA-YASI as they are the staff members that

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into low, moderate and high-risk levels that demonstrate progressively higher recidivism at each level. The instrument is used for community and facility programs.

[15] Defendant is to be congratulated for undertaking a validation study. This is a critical step that should always be done when an assessment tool developed for another jurisdiction is modified to serve a new or different population. The study was completed by Dr. Jennifer Skeem, a notable expert in the field of juvenile risk and needs assessment, at the University of California at Irvine. *See* Phase I, II and III UCI Studies.

[16] Reliability is determined in the study by comparing the staff results for gross reliability (informs placement and risk decisions) and for subscale reliability (informs decisions about interventions and risk reduction) to those of an expert trained in the tool.

[17] *See*, CAYASI Letter.doc.

administer the tool. An exception to this is OHCYCF where all managers have undergone the full CA-YASI training.[18]

The results of the assessment are now being used regularly to describe the areas (called domains) that the tool indicates are risk factors for recidivism. Not only do case managers need to understand how to complete an assessment but all unit staff and managers need to understand how to interpret assessment results. Staff members must be able to explain these results to youth and to use them to inform treatment intervention goals and dosage. Youth Correctional Counselors (YCCs), Senior Youth Correctional Counselors (SYCCs), Treatment Team Specialists (TTS) and Program Administrators should all undergo the complete assessment training process.

The other issue that must be addressed over time is the construct validity (does the tool measure what it sets out to measure) of the assessment tool. The validation study indicates that the tool is doing a reasonable job of measuring risk as well as some subscales such as health and substance abuse. It is less clear if other subscales such as violence-aggression, social influences and social cognitive skills actually serve as valid proxies for the items they are attempting to measure. Defendant is encouraged to work with Orbis Partners, Incorporated, the tool creator, to address this issue.

Finally there is the issue of the toolôs predictive ability. The validation study indicates that the tool seems to measure institutional behavior well as well as re-arrest generally but fails to predict serious and violent arrests. This again is an issue that should be discussed with the tool developer.

Of equal importance to the reliability and validity of the tool is the assessment process itself. The Mental Health Expert has opined that there does not appear to be an

[18] Also SYCC and managers at VYCF are trained in an overview of the CA-YASI.

integration of the psychological testing done during the intake period with the CA-YASI results to fully conceptualize the needs of a youth.[19] In other words, while the CA-YASI is the tool chosen to become the common language for assessment, the testing done during the intake process should also be a part of the initial case conceptualization.

Similarly, the initial case review (ICR) is a document that was originally developed to report to the court and counties and it does not appear to be integrated into the case conceptualization process. The ICR sometimes appears in case files and other times does not. It is not clear if staff members understand its purpose or use it in any way in case conceptualization. It is largely a psychosocial description of the youth.

At a minimum, having two largely different approaches to assessment seems to create confusion, is potentially redundant work and the two assessment processes do not seem to intersect. Discussions with senior managers appear to indicate that while a report to the court is required, nothing dictates that it cannot be based on the CA-YASI assessment data and that the process can be better integrated into the case conceptualization process.

The solution is to use the CA-YASI to assess risk and general domains of difficulty and then to use the historical information, psychological and mental status testing, and diagnoses to understand the nature of the problems within the domain in order to make a plan that targets specific youth problems rather than general CA-YASI domains.

[19] This issue was discussed at length at a meeting of the Mental Health Expert, the UCCI consultant, the Sexual Behavior Treatment Program consultant, the Special Master and Defendant at a meeting on case management issues on November 21, 2013. A cursory review of the topics discussed can be found in the notes taken by the Special Master. *See* CaseManagementMeeting1212013.

Case Management Process

The challenges with the case management process have been documented in the Mental Health Expertôs audit and comprehensive reports, the UCCI's most recent quarterly report that is attached as Appendix B, as well as in many conversations with Defendant.[20] IBTM audits of all facilities indicate that there are structural as well as content issues with case planning. The process reflects the historical emphasis on moral accountability (as evidenced by the excellent documentation of DDMS but not positive behavioral change targets) and not behavioral shaping. While the list of problems with the case management process is extensive, both the Special Master and the Mental Health Expert are seeing positive changes in the process.

Structural issues include a lack of clarity regarding basic issues such as what document is used to manage and execute the case plan, where it is stored, what are the expectations regarding who and how progress is input into the case plan and how and when is the plan updated. Content issues include: is the plan based upon risk and needs data, are behavioral targets individualized for each youth and what are the standards for input for progress into the case plan by various unit staff members. In addition, there are structural and content problems with the nature and quality of case file audits.

One issue that significantly continues to hinder Defendant is the antiquated electronic platform. The Ward Information Network (WIN) is a cumbersome system that requires flipping back and forth between pallets and is not able to integrate with current technology. For example, the YASI and its case plan should be generated directly from the Internet but are not able to do so with the WIN. The report that is generated for

[20] The Mental Health Expert first noted these problems in his OHCYCF IBTM audit exit conference in June of 2013.

Defendant is a modified version of what could be accessible with a more contemporary platform that is capable of using contemporary databases.

These limitations have resulted in significant delays in areas such as automating case plans and files and result in inferior products. The Special Master is not suggesting that implementing a new electronic platform for processing data and reports is a necessary requirement to achieve effective case planning but is suggesting that it makes it much harder for line staff and management staff to readily access data for case management and quality assurance functions. The Mental Health Expert also identified this as one of the biggest sources of difficulty with regard to effective case planning and case management.

With more current technology, managers can access data to compile reports. With the WIN, managers must request a report format be developed and there is no flexibility to modify the report once completed. Implementing a significant cultural change such as the IBTM is difficult enough without having staff struggle to find information needed to manage cases. The slow and arduous method for extracting data is daunting for skilled technology users and is more so for busy line staff members who have only shared access to a limited number of computers. The Special Master highly recommends Defendant starts the planning process for eventual implementation of an electronic data system that uses more contemporary and effective technology.

The case management system is overly complicated, fractured, confusing and the time frames are not supportive of a behavioral treatment model. Case conferences are led and documented by the PA/CWS and are typically timely after the first conference.[21]

[21] Too often the first case conference when a youth entered a unit was well past 30 days. Once the first conference took place, the frequency of conferences is more consistent and timely. The current standard is

Rarely are YCCs who have day-to-day supervision responsibility for a youth able to attend the conference. Thus the staff members who have the most direct and consistent contact and observation of youth are not at the conference. Psychologists and SYCCs consistently attend. Attendance of the TTS varies between units.[22] Terms that describe the same function vary across units and facilities as does understanding of the processes and procedures to be used in recording and monitoring progress in achieving case plan goals. Both the time frames for the Initial Case Review (ICR) and ICP are too long.

Rarely in the IBTM audit file reviews was reference to the CA-YASI noted as a basis for determining a youthôs goals for behavior change. The consistent exception to this is VYCFôs Behavior Treatment Program (BTP) where case plan goals are based on CA-YASI domains. Similarly, other assessments performed in the intake unit are typically not referenced or incorporated into the initial case plan. There is no synthesis of the historical and current information about the youth that is articulated as the basis for the selection of the initial goals for behavioral change. This step, typically called the case conceptualization, is fundamental to the development of an effective case plan.[23] It is where the professional expertise of the case manager combines with the actuarial and psychosocial data to develop a proposed case plan.

Also missing is documentation of the youthôs beliefs and goals about what he or she needs to change. The art of effective case planning is being able to see through adult eyes the actual needs of a youth and to recognize that the starting point for change is what the youth believes needs to change, not what the adult understands is needed. The

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for the initial case conference to take place within five weeks of arrival in a living unit and the next progress case conference must be completed within 60 days.

[22] Some of the challenges here relate to the current staffing model that is discussed below.

[23] IBTM Audit Comprehensive Summary final, p. 8.

methodology used by Defendant to understand the youthôs perceptions and stage of change is motivational interviewing (MI). Few staff members demonstrate effective motivational interviewing techniques with youth.[24] The primary mode of interaction is ñtelling,ò not inquiry. While behavioral interventions can have some impact without youth buy-in, it is when the youth believe their own goals will be better achieved by treatment that the interventions have the most power.

Case plan goals are typically not specific and detailed goals for what behaviors the youth must develop rarely exist except for a list of the interventions the youth is required to participate in. The interventions most typically cited include attending Project Impact (a resource group that is run by ex-offenders and is not evidence-based) and victimôs awareness groups, and where introduced, AIT and CP are beginning to be noted. The most common behavioral goals are ñno DDMSò and no aggressive behavior.ò[25]

Exceptions to these patterns can be found with some PA/CWSs. For example, the PA for the BTP at VYCF uses the CA-YASI case plan and develops reasonably detailed and individualized behavioral targets. Excellent case conceptualizations can be found for some of the youth in the Sexual Behavior Treatment Program (SBTP) units where the Program Administrator is a Psychologist and understands the need for and purpose of an initial case conceptualization.

Case conference notes often remain the same from conference to conference and denote little to no progress in achieving what are often vague and unclear requirements. Progress notes by supervising YCCs are sporadic, say little and typically add little to the understanding of reasons for progress or lack thereof. It is also unclear to some YCCs

[24] This issue will be discussed in greater detail in the Behavioral Management section.
[25] These conclusions are based upon case file reviews during the IBTM audits as well as file reviews for a report about the BTP developed by the Special Master.

how often they are expected to meet with the members of their caseload and what is the expectation regarding the purpose of their interactions. [26]

Documentation of all DDMS is thorough, detailed, comprehensive and timely.[27] Reference to the RS or level system is sporadic and typically not tied to clear behavioral targets for the youth.

Defendant is attempting to rectify many of the current challenges with the case management system. After receiving feedback regarding problems with the case management system from the Mental Health Expert, Defendant sent a memorandum to staff that attempts to clarify several of the problem areas. While the memorandum is a good step forward in achieving continuity in process across units, it reinforces some of the beliefs and practices of the ñmoral accountabilityò model of the past. The Special Master recommends Defendant have the Mental Health Expert review policy and practice changes in the future to prevent such an occurrence. That said, the memorandum clarifies the following:[28]

- The case plan is called the Individual Change Plan.[29] The plan is the document that outlines behavioral targets for youth. It is not the case conference (a term used for the case plan in many instances) in which the documented progress that is delineated in a case plan is reviewed.

- Ensures the first case plan is completed within 15 days of initial placement.

[26] Based on the Special Masterôs discussion with staff members during her site visits.
[27] The quality of the DDMS documentation is not surprising given the historical emphasis on punishment and DDMS as the measure of progress. It also indicates that with support, staff are very capable of providing excellent case file documentation. As the RS system and expectation of developing clear behavior goals with documented progress are in place longer, the quality of this documentation should also increase.
[28] Most of these issues are discussed in the memorandum to staff from Deputy Director Lucero, January 17, 2014. *See* Case Conference Memo.pdf. Unfortunately, The Mental Health Expert was not asked to review ,the memorandum in advance of distribution. The problems noted in this report with the direction provided in the memorandum might have been prevented if the Mental Health Expert had reviewed the case conference protocol in advance.
[29] This is the same name as the document that is sent to the counties which is very different from the unit case plan. Unless these two documents are streamlined into one document, this seems to be an opportunity for continued confusion.

- There is only one initial case conference (previously each time a youth transferred to a different unit, the revised case plan was called initial making it difficult to track youth movement) and this takes place after the Initial Case Review that is held in the intake unit prior to transfer to the living unit.

- Identifies steps to take to develop an effective case conceptualization.

- Provides guidance regarding how to develop meaningful behavioral targets.

- Provides clarity regarding what the standard for a progress note is and how it should be written as well as examples of what are not useful or appropriate notes.

- Direction is provided regarding what topics are to be reviewed at each case conference providing structure and consistency across conferences

Attachments to the case conference protocol that are designed to guide staff regarding how to write meaningful and actionable behavioral targets are, for the most part, a significant improvement and useful guide.

Defendant is encouraged to work with the Mental Health Expert to develop training for senior level managers that helps them understand how their beliefs about behavioral change are actually compromising the integrity of the IBTM and resulting in training materials and guidelines that undermine the fidelity of the model. Similarly, Defendant should engage the Mental Health Expert or other treatment experts to develop a case conceptualization process that supports the goal of the IBTM to rely strictly upon a research-based cognitive behavioral model of treatment delivery. Defendant has internal resources to assist in this process. Dr. Heather Bowlds, the Program Coordinator of the SBTP, has designed a training and quality assurance program for case conceptualization that is excellent. With the support of the Mental Health Expert, a case conceptualization process that is consistent with the IBTM for all units can be developed.

CBT Resource Group Delivery

In the last reporting period only OHCYCF had undergone an audit by the Mental Health Expert. OHCYCF was audited first because it has fully implemented the resource groups, AIT and CP that are the essential skill building interventions. In this reporting period, all facilities have undergone IBTM audits by the Mental Health Expert.[30] The process of implementing the RS had just begun last reporting period and now has been implemented in all facilities.

The Special Master noted in her last report that the implementation of the key skills building intervention, the resource groups was not going well at NACYCF. The Special Master noted,

> The implementation of the CBT groups at NACYCF appears to be struggling and Defendant is advised to provide the needed support to rectify this situation as soon as possible.[31]

Unfortunately not only was this situation not rectified at NACYCF but also the situation appears to have continued with the most recent units to initiate the IBTM. Of equal concern are problems with recent implementation efforts at VYCF and what appears to be slight slippage in the typically consistent delivery of resource groups at OHCYCF.[32] These problems are noted both in the IBTM audits by the Mental Health Expert and by the UCCI consultant in her most recent quarterly report.[33] While it is helpful to have outside experts report their concerns, the failure of management staff to pay attention to their own data is disturbing.

[30] NACYCF was audited in November of 2013 and VYCF in January of 2014.
[31] OSM 27, p. 6.
[32] The failure of NACYCF to address this situation is perplexing given that the Associate Superintendent was involved in the piloting of the OHCYCF groups. The failure described at VYCF while also attributable to a lack of leadership was remedied by the removal of the Superintendent. The new Superintendent has quickly taken action to begin to remedy the problems with group delivery.
[33] Final4Quarter2013UCCI.pdf, p. 4.

Another challenge is the poor quality of the data that is supposed to be tracked to record what groups are scheduled, held, and cancelled. The number of youth in each group makes it difficult to definitely identify what is causing the problem with groups being conducted timely. The UCCI consultant noted ñcancellations are being reported but not managed.ò[34]

As has been discussed time and time again, fidelity to the resource group model is essential to achieving the desired result of recidivism reduction.[35] Defendant piloted the groups in OHCYCF to develop systems to ensure fidelity to the CBT resource group delivery.[36] It appeared at the conclusion of the pilot that Defendant had developed a successful quality assurance system to ensure timely group delivery. Due to the poor quality of the data, the Special Master can only describe the trends the data appears to evidence and hypothesize regarding the consistent number of group cancellations. The data time periods vary in part because of the period of time each unit has been facilitating groups and in part because several units either did not complete the quality assurance data or did it so poorly that it cannot be interpreted.

The good news is that OHCYCF that has the most experience with the IBTM does the best job of completing the groups with minimal cancellations.[37] Of the OHCYCF units, the SBTP units, Humboldt and El Dorado have a stellar track record of group delivery. From July 2013 through January 2014, only four groups were cancelled on the

[34] *Ibid.*
[35] This is probably the most consistent finding of all the meta analysis regarding the CBT programs that result in recidivism reduction.
[36] Initially OHCYCF had trouble ensuring groups were consistently held but overcame the problem by implementing a review by the Assistant Superintendent of all group cancellations.
[37] The Special Master is aware that sometimes a serious group disturbance will result in group cancellations. That said, the groups should be made up as soon as possible. The cancellations of most concern are those due to staffing shortages.

units.[38] Glenn, a low core unit, continues to hold groups timely as well as the high core unit, Butte.[39] Another high core unit, Amador, shows a slight trend of cancelling groups. The reason for the cancellations is most often lack of staff coverage but it is not entirely clear since some of the monthly report documentation does not align with group attendance data.[40] The BTP unit also shows too many group cancellations often with no reason provided.

As with OHCYCF, at NACYCF, the best rates of group completion are in the SBTP unit.[41] The Smith unit (later moved to Mojave), while demonstrating a higher completion rate and better data collection than other units at NACYCF, still shows too high a pattern of group cancellations. Cancellations are largely due to staff being in training or on leave. The intake unit, McCloud, and Feather, a low core unit, implemented the IBTM modules and/or CBT resource groups in February of 2013.[42] The intake unit shows a pattern of excellent module completion from September through November and then begins a pattern of missed completions for December and no data is received for January. Rarely is a reason given for the missed modules. The low core unit, Feather, did not seem able to master the monthly reports and was provided additional training in August of 2013. Reports were still not accurate in September of 2013. In October, seven out of nine AIT groups were cancelled. November and December show good completion of AIT and CP but the newly implemented Substance Abuse CBT module was cancelled due to a staff vacation. Again no reports were submitted for the

[38] OSM 28 SBTP Group Report Data, pp. 1-8.
[39] Data about all units except SBTP is derived from Group Data as Reported in Monthly Reports_2_pdf.
[40] Units are to submit monthly reports that show the numbers of groups held, cancelled and a reason for any cancellation. Attendance data for groups is also kept and serves as a QA measure for the monthly reports.
[41] OSM 28 SBTP Group Report Data, pp. 8-10.
[42] The intake unit and BTP units do not deliver the full AIT or CP curriculum but have modules that were created from the curriculum that are delivered. The delivery of short modules aligns better with the reduced length of stay in these units.

month of January. San Joaquin, a high core unit, shows what appears to be a pattern of consistent group cancellations but the data is so confusing, it is impossible to be sure. As with other units, additional training was provided regarding how to complete the monthly report and the trend for at least completion of the two primary groups, AIT and CP, improved by October. Tuolumne, a high core unit that began implementation in July, also has a disappointing number of group cancellations and in at least two instances, simply deferred the group for a month. Reasons for cancellations, like other halls, include staff shortages, staff attending training and family nights. This does not include groups cancelled for legitimate security reasons. Again the data that is provided is questionable. The BTP unit failed to provide a report for the month of August and the data from the other months is so questionable as not to be worthy of reporting.

As during the last reporting period, El Toyon, the girls unit at VYCF, continues to show an excellent track record of group completion. The one exception to this is the most critical group and that is the CBT group designed for girls, Girls Moving On. This group is consistently cancelled from September through January. Mira Mar, a high core unit that began group implementation in July 2013, shows a consistent pattern of group cancellation for ñsafety and securityò from July through November. There is no credible data for December and January. El Mirasol (which became CLC) appears to have run groups for November and December but there is no attendance data to verify if the reporting data is correct. In January, 10 out of 12 AIT groups were cancelled. The unit has an intern running a group that has not been approved by the IBTM Central team. The BTP did an excellent job of module completion in November and December followed by no data in January and consistent cancellations in February.

The reasons for group and/or module cancellation are largely noted as security (typically not defined), staffing shortages that range from vacation, training, case conference, to no explanation, and for many cancellations there is no reason offered. The quality of the documentation except for the OHCYCF units is so bad as to leave the Special Master seriously questioning its veracity. Similarly, when the Special Master inquired as to whether cancelled groups were re-scheduled and held, the quality of the data is so poor, it cannot be used. The impression from the responses gathered regarding make up sessions is that for the most part, sessions were not rescheduled but it is impossible to know for sure.

Cancelling of groups matters for several reasons not the least of which the modules for the curriculum are sequenced to build on each other. Youth learn one skill set in a module and then that skill is used in the next module. Cancelled groups need to be rescheduled immediately so that the sequence of learning is not changed and so that the time period of the entire curriculum is not extended so long that it impairs the learning process. Fidelity to the curriculum consists of holding groups timely and delivering the material as designed.

The Central Office IBTM Team is working diligently to do what they can to assist with this problem. They train and retrain staff about how to fill out simple forms. They are looking at unit staffing and trying to ensure an adequate number of trained staff per unit for group delivery. They spend too much time following up after staff members that fail to turn in their monthly reports. They are doing their job and doing it well. The failure is not on the part of the Central Office IBTM Team; it is on the part of management.

The Special Master can only conclude the underlying problem of the inability to schedule groups timely is the failure of operations management to understand the importance of the groups. Resource groups that were not evidence-based were held by YCCs prior to the implementation of the IBTM. The delivery of the groups was erratic and the content was most often at the discretion of the counselor. In short, there is not a history of Defendantôs staff understanding that consistent delivery of groups is critical. In fairness, without a research-based curriculum proven to reduce recidivism, consistent delivery did not matter.

It appears that many first-line and mid-level management do not see the collection of the data about groups as important nor do they appear to analyze it and finally, they do not appear to believe it is their job to ensure groups are delivered. Perhaps the critical question here is whose job is it to ensure delivery of the resource groups? With the exception of a few notable managers, it appears the belief is that the IBTM Central Office Team is responsible for ensuring the delivery of groups.[43] Until Superintendents own the IBTM is their job, it is unlikely that this situation will change.

Another example of the seeming lack of understanding by managers regarding the criticality of group delivery is the change in the amount of time that is allowed for a group to be made up once cancelled. During the pilot, groups could only be cancelled with the permission of the Assistant Superintendent and had to be rescheduled and held within seven days. Having such high-level review and the short time frame virtually eliminated group cancellations. The policy has since been revised to all groups to be

[43] It is quite easy to discern what managers see group delivery as important (they understand the IBTM). One simply has to look at the data and not surprisingly, the same managers ensure group delivery no matter what unit they are on. The converse is also true.

rescheduled and held within 10 working days.[44] This time frame changes the timing of the curriculum dramatically and sends a message to staff that groups are not a priority.

The second critical issue with the CBT resource groups is the lack of quality of delivery and fidelity to the curriculum. The UCCI consultant noted the large variance in quality of delivery and that most groups were not particularly effective. Learning to facilitate a group well is not easy. Understandably, this role change is intimidating for some staff. Defendant has done an excellent job of creating a support unit, the Central Office IBTM Team, to help staff develop their facilitation skills. Defendant has also developed a quality assurance mechanism that provides for observation and coaching of staff. Such steps are essential to the long-term objective of quality delivery of groups.

In addition, steps need to be taken to create more support for staff members who are not achieving the desired level of fidelity. The Mental Health Expert, UCCI consultant and the Special Master have all suggested a training model be adopted that assesses facilitation capacity and provides resources where needed. After training, facilitators should be ranked according to skill level. Highly skilled facilitators should be paired with those new to leading groups together until sufficient confidence and skills are developed for the less skilled facilitator to train alone. The less skilled facilitators should receive more observation, coaching and mentoring where those who have achieved a higher skill level can receive less. Right now, the observation policy is once per quarter for all staff. This is not sufficient for many of the current facilitators.[45]

[44] *See* Re: Group Cancellation Policy for the policy and cancellation form. It appears the policy was changed in labor negotiations and no one seems to know why the change was made.
[45] 1-23-13 Revised IBTM Reporting For Group Facilitator Coaching-Observations.

Behavioral Management System (RS and Level System)

A well designed, clearly understood, and properly executed RS is another critical element of effective IBTM implementation. Defendant experimented with the RS in the VYCF BTP and implemented it system wide, based on the results of their experimentation.[46] The initial system wide RS proved to be too complex and the model was simplified and implemented through on-the-job (OJT) training that was completed by November 1, 2013. Many staff members are beginning to report that the RS is resulting in noticeable change in youth behavior.[47]

Defendant reports that 75% of staff members have been trained on the RS at NACYCF[48], 77% at OHCYCF[49] and 55% at VYCF.[50] The overall percentage of staff members that have completed RS training at VYCF is low in comparison to the two facilities in the Stockton Complex. More emphasis should be devoted to providing RS training to the YCCs at VYCF, as those staff should have greatest interaction with youth on a day-to-day basis.

[46] OSM 27.p.14.
[47] Some staff are also recognizing that youth behavior is beginning to change even without the positive check. In other words, they are seeing the youth internalize a behavior and no longer need an external reward to demonstrate the behavior.
[48] OSM percentage calculation excluded staff members in classifications who may be assigned to either OHCYCF and NACYCF.
[49] *Ibid.*
[50] *See* OJT for RS-Gmail.

Reinforcement System Training 2013[51]

	OHCYCF			NACYCF			VYCF		
	Staff	Trained	%	Staff	Trained	%	Staff	Trained	%
Casework Specialist	4	4	100%	11	7	64%	4	4	100%
Parole Agent 1	9	5	56%	11	7	64%	14	13	93%
Youth Correctional Counselor	55	39	71%	101	70	69%	107	62	58%
Senior Youth Correctional Counselor	5	4	80%	8	5	63%	8	6	75%
Treatment Team Supervisor	4	4	100%	4	4	100%	4	4	100%
Supervising Casework Specialist	0	0		1	1	100%	3	3	100%
Youth Correctional Officer	45	28	62%	99	59	60%	77	51	66%
Education	43	43	100%	65	57	86%	54	2	4%
Sub-Total	165	127	77%	201	151	75%	271	145	54%
Lieutenant[52]	9	3	33%				8	5	63%
Sergeant	20	6	30%				6	6	83%
Senior Psychologist	15	9	60%						
Psychologist	4	1	25%						
Psychologist Technician	5	0	0%						
Total[53]							285	156	55%

There is good progress in implementing the RS. As noted by the Mental Health Expert in his IBTM comprehensive report, there is evidence of understanding and use of the RS in all living units.[54] Work needs to be done to ensure staff members apply the positive checks similarly and that weekly and monthly reinforcement activities are always done on all units. The greatest challenge with the RS system implementation is

[51] Compiled by OSM based on data provided by the IBTM Program via email on February 10, 2014.
[52] Staff members in the following classifications may be assigned to OHCYCF and NACYCF.
[53] Totals are not reported for OHCYCF and NACYCF because some staff members are assigned to both facilities and it is not possible to segregate them by facility.
[54] IBTM Audit Comprehensive Summary final, p. 6.

teaching staff how to use positive reinforcement not just for general behavior such as clean up and following instructions but for skill development that is unique to that youth. For example, if a youth is being physically aggressive, the skills that will help him or her reduce aggression such as not yelling epithets, is rewarded with positive checks thus building the skills needed by the youth to control his or her behavior. The RS is a system that should reinforce the target skills in a youthôs case plan. Hence the importance of all unit staff knowing and understanding each youthôs case plan and noting progress or problems about skill development in case notes.

Defendant is to be congratulated for the consistency in the organization of the RS and the clear documentation that shows current progress. As with the CBT groups, managers must review the data and make changes regularly to ensure that the RS is not just used but becomes more robust. Again, it is unclear exactly who in management has what role in ensuring daily and weekly monitoring of the RS and how s/he interfaces with the Central Office IBTM Team and Central Office management.

Another area of notable progress is the revision of the Youth Incentive Program (YIP). The current YIP is a level system designed to create incentives to motivate behavior change in youth. The current system does not provide sufficient incentives and incentives that are viewed as valuable enough through an adolescentôs eyes to warrant him or her to change behavior. The revised system will rely more on privileges based on the presence of positive behavior than the absence of negative behavior. As with the RS, the level system should focus more on rewarding the skills youth need to develop which is the focus of the IBTM (self-monitoring, self-regulation, stress management,

interpersonal/social skills, and cognitive/thinking skills) rather than generic skills. Focusing on these skills will also create obvious linkages to the CA-YASI domains.

The Mental Health Expert has worked with the committee to help them understand how the level system can create continuity across staff in how they respond to youth behavior. He is also working with the committee to understand how to ensure the DDMS system does not undermine the level system or remain the primary tool used to measure youth progress. Long term, the Expert has suggested ñreducing the number of DDMS types and formally reducing the extent to which it can be used to limit youth privilegesé ò[55] Committee members demonstrate a high level of commitment and excitement about their work on this project.

An area that underlies all activities in the behavioral management realm is the way in which staff interacts with youth. The majority of SYCC, PA, CWS, YCC and Youth Correctional Officer (YCO) were trained in the fundamentals of a counseling style called motivation interviewing (MI) designed to engage intrinsic motivation of the youth in making change. Most staff went through the training in 2008 and 2009. Very few underwent the follow-up training where the participant practices his or her skills.[56] In essence, the staff received primarily the didactic sessions and not the skill practicing sessions.

While Defendant references MI frequently in policy and procedure, few management or line staff demonstrates the skill set in practice. Youth are ordered more than engaged. Even seemingly small details like referring to youth by their last name and not first name demonstrates the lack of understanding about how to create meaningful

[55] IBTM Audit Comprehensive Summary final, p. 7.
[56] *See* MI_Training_Classification.xls for a complete list of all staff trained in the three and two day training.

engagement with youth. The UCCI consultant describes how staff members fail to engage youth in an activity like a mealtime.[57] Rather than using a non-judgmental and non-adversarial way, staff members often use a hierarchical militaristic approach that only serves to foster more resistance to authority figures. The Special Master highly recommends management staff of NACYCF and VYCF ñmodel the wayò by attending the five-day MI training and a cycle to complete MI training for all unit staff be implemented. OHCYCF is to be congratulated for already having done so.

Training

Training is a vital component of successful change initiatives. In her twenty-seventh report, the Special Master reported the number and percentage of staff at different classifications that completed the IBTM training at each facility. The data show OHCYCF was far ahead of the other two facilities, which is not surprising given its longer involvement with IBTM. Meanwhile, VYCF lagged far behind NACYCF in training, which was a cause of concern. Of particular note at VYCF was the lack of training by senior managers who are now tasked with quality assurance activities.[58]

To measure progress, the Special Master requested and obtained the most recent training data at all facilities and made comparisons with the September 2013 data for her twenty-seventh report. The comparison shows that, with minor exceptions, there were noticeable increases in the various training components, which demonstrate Defendantôs commitment to training. The few instances where training percentages remained constant or slightly decreased were likely caused by staff turnover.

[57] Final4Quarter2013UCCI.pdf, p.5. Meal times on many units are missed opportunity to teach elements of the CBT groups like social skills. The Special Master was delighted to see a recent requirement that youth be addressed by his or her first name.
[58] OSM 27, p.8.

The Special Master is particularly pleased with the progress being made at VYCF. Although more training is certainly preferable, the Special Master believes Defendant is making sufficient progress in light of other competing needs for training resources.

The Special Master urges a more thoughtful rollout as Defendant continues to plan for and schedule training to maximize utilization of resources and achieve effectiveness. Too often, training is delivered based on the availability of staff and staff schedules rather than program needs and on a logical progression of what the training sequence should be.[59] In addition, as the Mental Health Expert noted in his IBTM audits, some courses such as Motivational Interviewing were given years ago without completion and suitable follow-up, which greatly diminishes the value of the training.

Comparison of Percentages[60] of Staff Completed IBTM Training Between September 2013 and February 2014 Direct Care Staff

	OHCYCF		NACYCF		VYCF[61]	
	Sept. 2013	Feb. 2014	Sept. 2013	Feb. 2014	Sept. 2013	Feb. 2014
IBTM Overview	78%	83%	47%	57%	15%	29%
Introduction to Treatment[62]	13%	13%	25%	23%	93%	93%
Aggression Interruption Training	92%	94%	59%	72%	36%	45%
CounterPoint	75%	88%	41%	60%	29%	46%
Skill of the Week	50%	64%	86%	79%	19%	46%
Advance Practice[63]	24%	30%	11%	91%	0%	64%

[59] For example, the IBTM Overview and MI should precede facilitation in CBT courses but most often does not.

[60] OSM made the comparison using percentages reported in OSM 27 for September 2013 and calculated the percentages for February 2014 using data provided by the IBTM Program Administrator.

[61] Training data for VYCF may be under represented as data for some staff members were excluded due to inadequate documentation even though they attended training.

[62] Only intake staff at NACYCF is required to be trained in this module. At VYCF, only the El Toyan Hall (female unit) conduct groups on Introduction to Treatment and is required to attend such training.

[63] It is not possible to make a valid comparison between facilities as OHCYCF included all YCC as staff members required to attend training whereas NACYCF and VYCF excluded all YCCs in their February 2014 data.

In contrast to the increased training of line staff, there is little progress in training senior managers. Training for most senior managers that include the Superintendent, the Assistant Superintendent, the Program Administrator, and the Parole Agent III is typically not adequate. However, IBTM-related training is equally spotty for the next level of managers, which include the TTS. For example, at NACYCF, only the Assistant Superintendent received training on AIT Overview and at VYCF, only the Superintendent, one Program Administrator, and one TTS received IBTM Overview training.[64]

It is very hard for the Special Master to believe that senior managers can assess the quality of group observations by their subordinates if they have not attended the CBT group training or even minimally the CBT overview. Not understanding the CBT resource group content makes it equally impossible to oversee functions such as case file audit reviews. Without understanding the content of the skills training, how can a Program Administrator determine if behavioral goals are appropriate? The Special Master cannot also help but wonder what this says about the level of organizational ownership of the IBTM if the line staff is the only level of staff expected to understand the theoretical underpinnings of the model.

What is no wonder is that the quality assurance efforts have been least successful with regard to CBT resource group implementation at VYCF since their senior managers have undergone the least IBTM training. This data supports the Special Masterôs contention that the failure of implementation of the CBT resource groups in both

[64] Based on OSM analysis of training data provided by the IBTM Program Manager in an email dated February 10, 2014.

NACYCF and VYCF is largely an artifact of the operations senior management not owning the IBTM.[65] How could they if most of them have no idea what it is.

Training takes many forms at DJJ. Formal training including:

- Regularly scheduled block training that consists of many types of mandated and other training.
- For several IBTM elements, DJJ staff have been trained by outside providers to deliver CBT curriculum training (AIT, CP, SA and GMO).
- BTP and Intake Unit CBT module provided by IBTM Central Office Team.
- Behavior management component training (RS) both OJT and IBTM Central Office Team.
- Quality assurance training using IBTM Central Office Team.
- Attendance at external trainings and training provided by external trainers.

This list is extensive and does not include many other types of training occurring regularly at DJJ facilities and offices. The Special Master appreciates the magnitude of the continued and ongoing training efforts. The following comments, while constructive, are future looking and are not meant to diminish the excellent work that many staff members have contributed to the current training program.[66] The training approach that appears least successful is block training.

Defendant continues to hold mandated block training and has incorporated many elements of the IBTM into training modules. The Special Master and Mental Health Expert have observed the training in the past. This reporting period, the Special Master observed Crisis Prevention and Management as well as Core Correctional Practices modules of block training.[67] Both modules explain and reinforce the IBTM behavioral

[65] The Central Office IBTM Team in conjunction with the facilities IBTM teams have created the QA tools. *See* Committee Updates since OSM 27 for the extensive list of recently revised or created QA tools. The problem is not lack of tools but use of the tools.

[66] The Special Master appreciates the great effort contributed by Denita Razo and Sara Angeles who coordinate the block training program and work hard to ensure trainings are full and trainers have all training materials. For both modules, one of the identified trainers had to cancel at the last minute and another trainer was assigned. The Special Master was informed that this is a common occurrence as are changes in the participant roster.

[67] The training was observed on January 6-7, 2014. The entire modules were not observed.

strategies. While the curriculum themselves are good, the quality of training delivery varies significantly and in some cases, conflicts with IBTM principles.[68]

Block training is large, typically consisting of 40-50 participants seated in classroom style bench seating. Trainers in the Crisis Prevention and Management module, largely read the slides and when asked questions often could not respond effectively to questions raised so they told participants to ñfall back on their training.ò What training was being referenced was not clear. The header for slides that the audience viewed gave instructions to presenters such as ñChoose someone to read the scenario.ò Clearly the curriculum designer did not mean for the instructions to be viewed by the audience. There was little small group interaction and large group ñexercisesò were almost entirely the trainer asking a question and waiting for someone to answer. When the first interactive exercise was presented because the trainers did not know how to get the video to run, the exercise was skipped.[69]

With the exception of a few custody staff in the back of the room, the participants were remarkably respectful and attentive for what was basically a non-interactive reading of slides with a handful of stories thrown in. This form of training, while seemingly less expensive, is the least successful in transferring knowledge and skills and thus ultimately a very expensive waste of precious staff time.

Elements of the Crisis Intervention Plan were not explained or explored. This type of lost opportunity was consistent throughout the training. The non-custody trainer offered insights more in alignment with the IBTM. For example, he indicated that just because staff members give a lawful order does not mean they can use force.ò He

[68] *See* CPM-UOF-Refresher PPT-final.pdf and CCP PPT 3-2012.pdf.
[69] Ms. Razo is available to help trainers with this type of situation. The Special Master observed her do this with the Core Correctional Practices trainers.

provided excellent insights regarding how to keep a force situation from becoming imminent. However statements like ñAIT is hugeò do not add anything to participantsô knowledge base.

In contrast, the custody trainer made statements like ñI am not putting the IBTM down but there is a safe way to do things.ò This was in response to the trainerôs statements that to keep force from becoming imminent, staff should keep physical distance from youth. When a participant tried to indicate that sometimes the best way to de-escalate a situation is to approach a youth and be near him, the trainer indicated any liability that might ensue due to force would be the participantôs fault and made the comment above about the IBTM.

In contrast, the trainers for the Core Correctional Practices module did a much better job of demonstrating an understanding of the IBTM. The two trainers demonstrated insight about the RS and how it can help youth internalize new behaviors. The trainers do need support to enhance their understanding of shaping behavior but demonstrated a solid beginning understanding. They also did an excellent job of explaining the purpose of a thought record and how to use it. Neither trainer could explain positive punishment.

The Special Master and the Mental Health Expert observed sessions of the Substance Abuse Training for facilitators provided by an IBTM Central Office Team member and a Psychologist.[70] The training was highly interactive and individualized, the trainers demonstrated their depth of knowledge and positive and constructive feedback was offered.

[70] The Special Master observed the Central Office IBTM Team, Program Administrator, Judy Vasquez-Becker and Psychologist, Dr. Brady.

Recognizing the different nature and purpose of training for facilitators and block training that covers an array of topics from use of force to blood borne pathogens, the Special Master recommends the following:

- All senior managers immediately complete any of the following that they have not completed: Introduction to Treatment, Healthy Living, IBTM Overview, Cog B Primer, MI, AIT Overview, CP Overview, Core Correctional Practices, Skill of the Week and RS OJT.
- Combine training functions (block and IBTM) under one unit to ensure integration and consistency of material.
- Create a quality assurance mechanism to ensure trainers understand the subject matter and deliver messages that are consistent with the IBTM.
- Develop a trainer learning model that ensures trainers are observed and certified to train materials including the trainers in block training.

Staffing Model

In her last report, the Special Master discussed several ways that the current staffing model inhibits effective implementation of the IBTM.[71] The primary focus was the lack of clear roles and responsibilities between YCCs, case managers (PA/CWS) and SYCC that results in lack of effective supervision. In this reporting period, other problems with the staffing model are evident.[72] Primary among them is the overlap, a lack of clarity and inconsistency in the roles of SYCC, TTS and Program Administrators as well as Psychologists.

Defendantôs staffing model may have been effective for the once much larger system. Today, in small facilities having seven levels of positions between a YCC and the Superintendent is problematic not just because of the excessive cost but because it literally creates role confusion that results in lack of accountability. The role of the many managers, SCWS, SYCC, TTS and Program Administrators is often unclear and varies

[71] OSM 27, 99.15-18.
[72] The Mental Health Expert commented on all of these issues in the staffing section of IBTM Audit Comprehensive Summary final, p. 4-5.

from unit to unit. Often the TTS and Program Administrators are engaged in line service delivery and not management functions like quality assurance functions to ensure fidelity to the IBTM. While attempts are being made to use some of these managers for QA functions like observations, the reality is many of the managers are not well trained enough to perform these functions. Despite the high number of managers, supervisory functions like case file audits and coaching and mentoring of staff are perfunctory and sporadic.

Another problem is scheduling. The managers are all on shift at basically the same time as are the Psychologists and PA/CWS. The most critical first-line supervisory coverage of the SYCC does not cover the day and swing shift seven days a week. First-line supervision exists but all managers are on shift basically from 8:00 to 5:00 p.m. The most critical time in any living unit is late afternoon to early evening and that is the time when the staffing is not sufficient. Another example of scheduling absurdities is having Psychologists working when youth are in school. As the Mental Health Expert, Dr. Gage notes, ñAs there is a change over to a behavioral model, it is accordingly necessary to move resources to those positions required to do this work, largely the YCC and SYCC contingent at the unit level.ò[73]

Other staffing issues directly relate to the issue of DJJ being under the adult department of corrections. Excessive staffing movement continues because of bargaining agreements designed for adult corrections and bumping from adult corrections into juvenile corrections. While administrators continue to opine that the bumping from adult corrections will stop, the Special Master keeps meeting adult parole and corrections officers who are newly arrived to DJJ and who have no formal juvenile training prior to

[73] *Ibid.*

their transfer. The rapidity of staff movement is directly responsible for a significant percentage of CBT resource group cancellations. Similarly, the uniforms of correctional officers and the requirement to wear protective vests all of which stem from the adult corrections system requirements are counterproductive in a juvenile corrections system that is truly a treatment-based organization. Unless DJJ is able to develop labor agreements that are consistent with the requirements of a treatment-based organization, it will be impossible to fully implement the IBTM.

Investigative Process for Allegations of Staff Misconduct

Lack of staff accountability is another challenge for effective implementation of the IBTM. During her tenure, the Special Master was made aware of a number of situations involving allegations of staff misconduct that were referred to the Defendantôs Office of Internal Affairs (OIA) for investigation. While not knowing the specific timeline for each case, she had the distinct impression that the investigative process often encountered significant delays. Her concerns were further reinforced when, in November 2012, she referred a case of possible staff misconduct to the DJJ management for consideration. While the case is not complex, approximately one year elapsed between her referral and the completion of the disciplinary process. Certain DJJ administrators also expressed concerns about the apparent lack of timeliness of the investigative process. Most of the youth do not believe the investigative process to be fair and objective[74] and the lack of timeliness for the completion of investigative process is likely one of the key factors that contributes to the dissatisfaction. Another factor might be that Defendant is

[74] Based on numerous conversations the Special Master and Deputy Special Master had with youth during recent years at all facilities.

prohibited by law to disclose the outcome of the investigation and the action, if any, taken against the staff that led to the belief that nothing was done.

Given the significant disparity between Defendantôs adult and youth populations, the Special Master also had a concern about whether OIA has adequately prioritized the cases involving youth in light of the overwhelming demand from adult-related cases. In addition, the unique nature of youth cases may warrant special consideration under certain circumstances, such as a different threshold or criteria for determining whether an investigation should be opened.

On November 20, 2013, the Special Master and Deputy Special Master met with representatives from the OIA, Defendantôs Office of Legal Affairs, and DJJ to gain a better understanding and perspective about the investigative and disciplinary process. The Special Master found the comments of the meeting participants to be candid and insightful. Based on the data presented, it is apparent that there has not been any significant disparity in the priority of youth and adult-related cases. The OIA representatives also assured the Special Master that they do indeed consider the unique circumstances surrounding youth cases and provided examples when they accepted cases that would have been rejected had they been adult cases. However, all officials agreed that the current investigative process that led to possible staff discipline action takes too long and that the delay is unacceptable. The delay in part is caused by legal and collective bargaining requirements, additional control measures enacted in response to lawsuits involving monitoring of the cases by the Vertical Advocate of the Office of Legal Affairs, and oversight by the Office of the Inspector General (OIG) of Defendantôs investigative and disciplinary processes, which apparently is unavoidable. The OIA staff

also acknowledged that recent shortage of investigators contributed to some of the delays in the investigative process and indicated that actions are being taken to fill vacant positions to alleviate this problem.

In general, cases are referred to the OIA for investigations of allegations of staff misconduct that, in the judgment of the hiring authority, may result in adverse action against the employee if sustained. Types of adverse action penalties range from a letter of reprimand to dismissal from state service. OIA typically does not accept less serious allegations that could be addressed administratively through a òcorrective actionò process, which ranges from in-service training to a letter of instruction. When an allegation of staff misconduct occurs that may merit adverse action, the hiring authority submits a request for investigation to the OIA along with the results of its fact-finding inquiry for review. OIAôs Central Intake Panel (CIP) reviews the documents presented to determine whether a full-scale investigation is needed. When the CIP determines the facts presented are sufficiently documented, the hiring authority can impose an adverse action against the staff based on the merit of its own fact-finding inquiries. The Department Operations Manual states in general corrective actions must be administered within 30 days upon discovery. Thus, the corrective action process is much quicker compared to the adverse action process.

The investigative process that led to staff disciplinary action generally entails the following steps:

- Discovery ï discovery by a person authorized to initiate an investigation of the allegation, which establishes the expiration date of the statutes of limitation. For DJJ staff, the date of discovery initiates the one-year statute of limitations for sworn staff, unless the investigation involves an allegation of workersô compensation fraud. That one-year period also may be tolled or extended under specific circumstances defined in the statute. In addition,

there is a three-year statute of limitation for all state employees (including sworn staff) commencing on the date that the cause for discipline first arose (i.e., the date of the incident). The statute commences on the date of discovery only for actions based on fraud, embezzlement, or falsification of records.

- Referral ï the hiring authority submits a request for investigation to the OIA. In general, the juvenile facilities conduct a ñfact-finding inquiryò and rely on the results to determine whether an investigation is appropriate. Staff assigned to conduct the fact-finding inquiry usually have 60 days to complete the inquiry.

- Review, evaluation, and disposition ï the investigation request and accompanying evidence and documentation are reviewed and analyzed by the Central Intake Unit (CIU) comprised of staff from OIA and presented to the Central Intake Panel (CIP) comprised of officials from the OIA, OIG, and other stakeholders. Based on CIUôs analyses, the CIP may make one of the following decisions (1) accept the case for investigation; (2) refer it to another investigative authority; (3) reject the investigation request, as no misconduct was identified; (4) request additional information through further inquiry; (5) Approve the case for direct adverse action when the misconduct is well-documented. When a case is accepted, pursuant to Department Operations Manual, OIA has 40 calendar days from referral to assign the case to a regional office investigator.

- Investigation ï the case is investigated, reviewed by appropriate officials, and results shared with the hiring authority. The hiring authority is required to make a finding on each allegation contained in the case. The finding, if sustained, would then require the hiring authority to impose discipline. Currently, attorneys from CDCRôs Employment Advocacy and Prosecution Team act as Defendantôs Employee Relations Officers who process the cases as well as draft and litigate the cases.

- Disciplinary action ï the hiring authority, pursuant to a Vertical Advocacy Model that ensures legal representation during the investigative and employee disciplinary process, impose adverse action in accordance with prescribed procedures for employee notification, hearings and appeals.

At the Special Masterôs request, OIA provided outcome measures from its Case Management System for the 2012 and 2013 calendar years (see table below). The data included adult cases for comparison as well as the average processing time for each step of the process. Between the two fiscal years, the average processing time at OIA clearly

increased as the average days of central intake increased from 28 days to 44 days and the average days of investigation increased from 172 days to 220 days. As previously noted, OIA attributed the condition to staffing shortages and has begun taking actions to remedy this situation.

For the tasks performed by the hiring authority, on average, the juvenile cases took nearly twice as long as the adult cases in the referral process during 2013 ï 106 days as compared to 54 days. The referral process entails the hiring authority to gather and analyze data, determine whether the issue merits investigation, and compile evidence to support the investigation request. At the juvenile facilities, the practice calls for a fact-finding inquiry to determine whether an investigation is warranted and the assigned staff typically has 60 days to complete the inquiry. The staff members conducting the inquiries are from diverse backgrounds and are subjectively appointed by the hiring authority for the assignment. If the hiring authority finds the inquiry to be deficient or needs additional information to make a determination, further inquiries are conducted, which lengthens the referral process. At the adult institutions, each institution has an Investigative Services Unit (ISU) with staff trained in investigative techniques, protocols, and procedures fully dedicated to conduct inquiries and investigations, which likely is the reason that the referral process is much more prompt. The average processing time to complete the disciplinary process for youth cases is significantly higher than the adult cases. Although it has improved significantly, from 239 days in 2012 to 164 days in 2013, the time frame is still unreasonably long. Given the limited number of youth cases processed each year, there should be ample opportunities for further improvements in this

highly cumbersome and slow process. Defendant should examine the underlying causes for the processing delays to explore means to expedite the process.

OIA Performance Measures – 2012 and 2013 Calendar Year

	2012				2013			
	DJJ		DAI		DJJ		DAI	
Number of Cases	57		2033		54		1909	
Days from discovery to OIA	94		56		106		54	
CIU case outcome:								
Direct Action	24	42%	1284	63%	23	43%	1193	62%
Administrative Investigation	22	39%	450	22%	25	46%	418	22%
Criminal Investigation	2	4%	100	5%	1	1%	110	6%
Rejection (no misconduct identified)	9	16%	198	10%	5	9%	182	10%
Average days for CIU to process case	28		31		44		40	
Avg. days to complete Admin investigations	172		205		220		220	
Avg. days to complete discipline	239		137		164		131	

Based on the above data, the current average for completing a typical staff misconduct investigation and the accompanying disciplinary action in the youth system is approximately 18 months,[75] which is unreasonable by any performance standards.

During the meeting, representatives from OIS suggested the juvenile facilities consider adopting the practices of the adult institutions and assigning fully trained investigative staff to conduct inquiries at the facilities. The Special Master supports this suggestion. Given the limited number of cases referred to OIA each year, the additional resource requirement should be fairly minimal. If the facility inquiries and investigations are conducted more thoroughly by fully trained staff, the number of cases that could be

[75] A total of 534 days, which equals approximately 18 months ï 106 days for referral, 44 days for intake, 220 days for investigation, and 164 days for disciplinary process.

resolved through direct action should increase with a corresponding decrease in the number of cases that require investigation by OIA, thereby enabling the OIA to redirect staff resources to investigate the more complex cases.

Decision Forums

After observation, Plaintiff raised questions and concerns about the JJAC Juvenile Justice Administrative Committee (JJAC), also know at NACYCF as JJACR process and purpose. The Special Master has continued to observe an emphasis and preparation on victim awareness for youth before they meet with the parole board for annual reviews or release consideration. Given that victim awareness is not one of the designated CBT resource groups, it is unclear to the Special Master why so much time and energy is devoted to this issue and if in fact the focus is consistent with the IBTM. To that end the Special Master began a series of observations and interviews of JJAC, Parole Board hearings and PA/CWS that prepare and present youth to these bodies. The Special Master is preparing a report for the parties on her findings. The following is a brief overview of the themes that the Special Master is exploring.

JJAC and the Parole Board functions have changed over time as DJJ has changed both in size and delivery of services. Legislative changes such as the elimination of parole services by Defendant and such functions as time adds have impacted the functions of the committees. As with other systems in DJJ, the committee processes are not congruent with the IBTM. Differences between committee meeting structure and functions are problematic as is the failure of some committee and Board members to understand and apply the IBTM.

The Parole Agent IIIs (PA 3) that lead the JJAC vary widely in their understanding of the IBTM. The level of understanding ranges from clear application of the principles of the IBTM both in structure and content of the committee to no demonstrated understanding or application of the IBTM principles and practices.

No matter what the level of understanding and demonstration of the IBTM, there is an inherent conflict in the committee function in its role of preparing youth for parole board hearings. Observation of parole board hearings indicates that the criteria for release decision-making are heavily weighted on perceived level of understanding of victim impact and committing offense. Here again we see the historical, ñmoral accountabilityò model thrives. Thus the JJAC by default overemphasizes moral accountability instead of progress in changing criminogenic factors.

Similarly there is variation in the level of demonstrated understanding of the IBTM by parole board members. Clearly all members have engaged in some IBTM training and some members are demonstrating an in-depth understanding of the skills youth are learning in AIT and CP. That said the decision process remains highly weighted toward victim awareness and perceived remorse for the committing offense.

The Special Master is preparing a report for the Court that discusses these issues in greater detail. Clearly any legislatively prescribed decision body has requirements that must be met and the challenge here is to identify what are the true requirements and how can the current decision processes be refined to align more with research and paroling best practices.

B. Next Steps

Defendant should look to their significant success in reducing use of force as the model for how to implement the IBTM and to address specific issues like the high rate of education absenteeism at VYCF. Defendantôs success at reducing use of force results from several factors, including:

- Strong and consistent leadership by the Director and Deputy Director on the issue as demonstrated through presence at review meetings, talking with staff individually and in groups. (Superintendents can fill this role).

- The expected changes in the use-of-force process were clearly and simply delineated. The goal was to not just ensure accurate reporting when force is used but to move to identifying if force could have been prevented, and if used, is it used appropriately and what follow-up is needed to prevent force in the future.

- Reporting mechanisms are clear and data is reviewed regularly at both the micro and macro level.

- Expectations for managers are clear. Managers are to prepare for review meetings and be prepared to discuss their role in the process. In essence, it is a Compstat process.

- Follow-up is occurring when line and management staff members do not follow the use-of-force policies and procedures. Both positive and negative reinforcements are used.

The Special Master recognizes that the challenge of changing beliefs and values is more difficult with the IBTM, given its breadth and depth than a more narrowly drawn issue like use of force. That said, if the approach taken with use of force is replicated with each element of the IBTM, the process should expedite compliance with the remedial plan standards and criteria.

C. Recommendations

In each of her previous reports to the Court, the Special Master has discussed at length Defendantôs progress and impediments to IBTM implementation. After the

Mental Health Expertôs full round of audits and based on the Special Masterôs observations, it is abundantly clear that many managers, including some at the most senior levels, do not have a clear understanding of the basic concepts and principles of the IBTM, and thus, cannot fully embrace it and articulate it to their subordinates.

At a more micro level, with certain exceptions, such as the SBTP program, few staff members are capable of conceptualizing the results of the assessment process into a case plan that prescribes individualized and meaningful treatment goals for youth. Even if such a plan has been prepared, the highly fractured case management system is another impediment to providing the guidance needed for youth and staff to accomplish the behavioral targets. To expedite the successful implementation of the IBTM, the Special Master recommends Defendant undertake the following:

Training

By May 1, 2014, Defendant should develop a comprehensive IBTM training plan in consultation with the Mental Health Expert. At a minimum, the training plan should encompass the following elements:

- Deliver training to enable managers at all levels to fully understand and articulate the IBTM concept and principles.

- Prescribe appropriate IBTM training courses for managers and staff at each classification and deliver such training in a timely manner.

- Provide training to all case managers and all living unit staff on the use of assessment tools and results for case planning.

- Create a mechanism to ensure the trainers understand the subject matter and deliver messages consistent with the IBTM.

- Develop a learning model for trainers that ensures trainers are observed and certified to train the materials in the course.

Quality Assurance

By May 1, 2014, Defendant should develop a comprehensive quality assurance plan in consultation with the Mental Health Expert. At a minimum, the quality assurance plan should encompass the following elements:

- Clear definition of oversight responsibility of the Central Office IBTM team and the Facilitiesô operations managers. In addition, within the facilities, the oversight responsibility of each management or supervisory level is to be clearly defined.

- Processes and procedures to ensure treatments, such as CBT groups, are delivered as scheduled and consistent with each youthôs individualized case plan.

- A mechanism to ensure each youthôs individualized case plan is appropriately and timely modified based on his/her progress and change in environment or circumstances.

- A feedback mechanism on the quality of the case plan and staffôs execution of the case plan.

- Define data to be gathered and how such data is to be analyzed to measure progress and to ensure desired outcomes are achieved.

III. MENTAL HEALTH

Defendant has made progress this reporting period in the re-design of the mental health program for youth. Defendant has assembled a team of mental health experts and a Project Manager that has mapped out a well-documented project plan with objectives, milestones and completion dates.[76] Of the eight project areas, the following have been completed and implemented:

- The mental health youth definition.
- Development of levels of care procedure.
- Development of entrance and exit criteria for mental health units.

[76] *See* Mental Health Implementation Plan Summary 5-23-13 1.

Implementation of these changes in practice required training of both clinical and unit staff. The new criteria for entrance to a mental health unit continue to be a difficult adjustment for many unit staff. Defendant has consulted with the Mental Health Expert in attempting to determine whether the criteria are being implemented appropriately.

Significant progress has been made in the areas of identifying and implementing an evidence-based therapy and revision of policies and procedures. The Trauma Focused Cognitive Behavioral Therapy (TF-CBT) has been chosen as the treatment modality. The project team provided an excellent overview of the TF-CBT and next steps in the implementation process to the Mental Health Expert and the Special Master in November of 2013. [77] In December of 2013, Drs. Saxton and Carda attended a two-day training in the modality.[78]

The training process for TF-CBT is similar to that of AIT, CP and Substance Abuse (SA). The therapy developers will train defendant staff and then there will be a period of monitoring and coaching. Only until Defendant has reached a level of quality assurance approved by the developers, will the developer train Defendant staff to train others. Quality assurance measures are built into the process.[79] The projected dates for the initial training are in April of 2014.

Defendant has also completed a draft of all mental health policies and has sent the policies to the Special Master and Mental Health Expert for review.[80] The project team is to be commended for this accomplishment as prior administrators had worked for years on this and never achieved completion.

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[77] *See* DJJô Mental Health Program.ppt.
[78] A description of the elements of the therapy can be found in TF-CBT(2).
[79] The information about the training process was provided by the Project Administrator in a conversation with the Special Master on February 27, 2014.
[80] POP #981 MH Policies.

The remaining critical element that must be completed is the Program Guide. The guide provides direction for integration of the TF-CBT into a milieu that supports the skill-based learning. As in any of the other living units, the mental health unit is a behavioral health model that assumes all activities in the living unit are designed as opportunities for skill development. The quality of the guide and the training that accompanies it will be critical to the successful implementation of the TF-CBT. Ideally the guide should be completed as soon as possible after the time TF-CBT training is completed so that resource group implementation and behavioral management systems are implemented at the same time.

Finally, the committee has an objective to create quality assurance measures. Some of the existing tools developed by the IBTM Central Office Team such as group observation can be used or modified.

The Special Master requests the training dates for the TF-CBT be provided as well as the projected date for the completion of the program guide. She also recommends the Mental Health Expert review program guide material early in the development.

IV. EDUCATION

In her twenty-fifth report, the Special Master recommended monitoring for the *Educational Services Remedial Plan* to be returned to Defendant. In line with the Education Expertsô recommendations, the Special Master agreed to assume the monitoring of several school attendance-related issues at VYCF that remained outstanding. Accordingly, the parties entered into a stipulated agreement in July 2013 dismissing the *Educational Services Remedial Plan* with the exception of certain audit items pertaining to general and special education at VYCF. The parties further agreed

that the Special Master will monitor the outstanding issues as part of the integrated-behavior-treatment-model portion of the *Safety and Welfare Remedial Plan*. The remaining issues were:

- Audit Item 3.15: School Attendance ï the Education Experts found that, for the month of October 2012, the cumulative number of absences was 4738 out of 20,290 scheduled student class periods. This number represents a 23.4% absence rate. Of the 4,738 absences, 2,511 were excused and 2,227 were unexcused. It's noted that 1,689 of the 2,227 unexcused absences were student refusals to go to school. Auditors from Defendantôs Office of Audits and Court Compliance (OACC) conducted a follow-up review and found the cumulative number of absences was 3,032 out of 14,005, resulting in an absence factor of 21.6 percent in January 2013. This item was rated noncompliant.

- Audit Item 5.8: Special Education ï the Education Experts found in their November 2012 audit that special education students were provided with the required number of segments and a full instructional day in three of the four required areas (resource services, psychological services, and speech and language services). Special Day Class services were not being provided at an acceptable rate. During their follow-up review in February 2013, the OACC auditors found the facility continues to be unable to consistently meet the 90% level established by the California Board of Education for the four required areas. Subsequent to the OACC audit, Defendant provided the Education Experts with documents indicating the 90% threshold was met in all four required areas during February 2013. The Education Experts continued to rate this item non-compliant until Defendant can consistently provide data to demonstrate its ability to provide eligible students with the required number of segments and a full instructional day on a continuing basis.

- Audit Item 5.22: Compensatory Services ï the Education Experts found in the November 2012 audit that compensatory services were not being provided on a consistent basis. The expert noted there has been no compensatory service provided since July 2012. In the February 2013 audit, the OACC auditors again found that compensatory services are not being provided adequately on a consistent basis from November 2012 through January 2013. Subsequent to the OACC audit, Defendant assured the Education Experts that all eligible students were receiving compensatory services at VYCF, but there continued to be a backlog of compensatory services to be provided. This item was rated in partial compliance until Defendant can consistently provide data to demonstrate that eligible students are receiving compensatory services in a timely manner.

A. Current Status

Based on the results of the recent OACC audits, the Special Master concludes that, except for the school attendance issue (Audit Item 3.15), Defendant has satisfactorily addressed all of the outstanding issues identified by the Education Experts in their final round of audits. At VYCF, OACC auditors conducted an audit in November 2013 and found the facility to be in substantial compliance for the two audit items related to special education. For Audit Item 5.8 concerning delivery of special education services, Defendant has achieved a compliance rating of 100% in all four required areas during a three-month period of August, September, and October 2013. For Audit Item 5.22 regarding compensatory services, OACC auditors found the facility implemented a process utilizing special education teachers, substitute special education teachers and teaching assistants to provide services after school on campus and on the living units. As a result, compensatory hours declined drastically from 1,169.7 hours for 55 students in December 2012 to 26.25 hours in July 2013, 26.25 hours in August 2013, and 155.25 hours in September 2013 (one student arrived at VYCF in September 2013 with 106.5 compensatory hours). OACC found the compensatory services provided to be adequate and consistent.

Despite apparently having made a concerted effort, Defendant has demonstrated virtually no progress in resolving the school attendance issue at VYCF. A review of attendance data from August through December 2013 found the monthly absence rate to be in excess of 21.7% with the exception of the beginning of the new semester in August 2013 when the absence rate was 18.7%. The absence rate encompasses ñunexcused absence rateò and ñexcused absence rate.ò The following data suggest that, in general,

both unexcused and excused absence rates tend to increase as the school semester progressed.

Comparison of Monthly Absence Rates at VYCF[81]

	Unexcused Rate	Excused Rate	Education-Related Rate[82]	Monthly Rate
August	9.2%	9.5%	1.1%	18.7%
September	9.3%	12.4%	.2%	21.7%
October	12.7%	12.1%	.1%	24.8%
November	10.4%	15.7%	.4%	26.1%
December	11.3%	15.0%	.1%	26.3%

The low rates of education-related absences clearly suggest that Defendant has the resources and capacity regarding the provision of education services. Classroom space and adequate teaching staff are now available and provided in all settings. The high absence rate is largely related to youth refusals to attend school and other issues perceived to be a threat to the safety and security of the facility. As discussed in the twenty-fifth report of the Special Master, the solution to absenteeism hinges largely on the quality of the relationship between the unit staff and the students.[83] Developing the quality and type of relationships between unit staff and students that will help decrease the absence rate will ultimately be addressed through full implementation of the IBTM.

The Education Expertsô analysis of the absence rate data at VYCF indicates that a very small percentage of youth are responsible for the majority of the unexcused

[81] Data compiled from monthly School Absence Audit Reports.
[82] Education-related rates are included as a component of excused absence rates.
[83] OSM 25, pp. 19-20.

absences. Twenty-nine students were responsible for 70% of school refusals.[84] In response, VYCF in January 2013 started to hold daily school truancy reduction meetings with the Superintendent, Principal, and managers from each living unit to discuss which youth missed class and what is being done to remedy the situation. However, these meetings apparently were ineffective as youth unexcused absence rates remain high at 11.7%, 11.1%, and 11.1% for April, May, and June 2013, respectively. Again, a handful of youth accounted for most of the unexcused absences.[85] Moreover, most of such youth reside in the Behavior Treatment Program unit and the two high core units ï currently Monte Vista, Mir Mar, and Casa de Los Caballeros.[86]

VYCF discontinued the daily truancy reduction meetings when the Spring 2013 semester concluded in June 2013. Such meetings were then held sporadically until mid-December 2013 when the new Superintendent instituted weekly truancy reduction meetings.[87] The Special Master and the Deputy Special Master observed the weekly truancy meeting on February 13, 2014 via video conference from OHCYCF to gain an understanding of the issues and the intervention practices. The Special Master shared her observations of the weekly truancy reduction meeting in a subsequent email to the Superintendent.[88] She commended the staff for coming to the meeting prepared and for the collaboration between living unit staff and the education staff. She also noted that the

[84] In their last site visit to VYCF, the Education Experts discovered that ñFurther disaggregation of the data indicated that 29 students (14.5%) of the student population were responsible for 1176 (70%) of the student refusals to go to class. Less than 15% of the youth were responsible for more than 70% of the unexcused absences from school.ò MBPHS Education Audit February 2013, p.5.
[85] According to an email from Superintendent Mark Blaser to the Special Master, dated February 17, 2014, currently 10 to 15 youth are causing most of the unexcused absences.
[86] The name and location of the living units changed constantly in recently years primarily due to relocation of youth to accommodate facility unit improvements and upgrades.
[87] *See* email of February 18, 2014 from Principal Arthur Westerfield to the Deputy Special Master.
[88] *See* email of February 15, 2014 from the Special Master to Superintendent Mark Blaser regarding education absenteeism.

facility compiles voluminous data each week regarding youth absences by absence codes, by living units, and by each youth in the unit. While data is available, she believes in many situations the staff at the meeting did not sufficiently probe into the underlying cause of youth refusing school. She also believes staff members need deeper understanding on how to reinforce desired behavior and when it is necessary punish undesired behavior. She also opined that the staff members need to be provided with sufficient incentives to successfully motivate youth to attend classes and suffer consequences when youth do not. While certain living units allow youth to skip classes and sleep in without any consequence, other living units recently adopted practices to discourage such behavior. The weekly truancy reduction meeting is a great forum for the facilityôs administrators and manager to exchange ideas, identify best practices, and creatively identify ways to motivate youth to attended classes based on his/her individualized situations/needs.

In addition, the weekly truancy reduction meetings mainly focus on ñunexcused absences,ò which primarily consist of youth refusing to attend classes. As previously noted, the so-called ñexcused absencesò typically makes up a greater portion of the overall youth absence rate. Thus, a meaningful reduction in the absence rate cannot take place without a significant decline in the excused absences as well. The key components of VYCFôs excused absences have consistently been youth placed on Temporary Intervention Program (TIP), youth not allowed to attend classes at the discretion of the TTS because of safety and security concerns, and program change protocols (limited programs) that usually occur as a result of group disturbances or staff assaults. During

December 2013, these three components accounted for approximately 91% (1,625 of 1,784) of all excused absences in VYCF.

In a correctional setting for youth, the absence rate will always fluctuate as a result of safety and security concerns. A group disturbance of significance can spike the absence rate temporarily but should decline as intervention measures become effective. However, at VYCF, monthly absences due to safety and security concerns remain constantly high and exceeded 10% during nine of 11 months in 2013 (school closed in July). The two months when excused absence rate went below 10% were 9.5% in August 2013 and 9.3% in March 2013.

In short, the reason the absence rate is significantly higher at VYCF than at OHCYCF or NACYCF is the higher use of TIP and limited programs at VYCF. The reliance on punishment rather than positive incentives to shape behavior results in youth not attending classes. As OHCYCF and NACYCF reduced their reliance on punitive measures and shortened the time of any isolation or loss of privileges, the absence rate for school declined. Defendant should consider performing more in-depth analyses to assess how to reduce the length of time and scope of negative consequences that result in youth not being able to attend school and to develop incentives for youth when those with high absentee rates do attend school.

The Special Master believes that more could be done to encourage the youth to attend school by enhancing the quality of education services and by making the classes more interesting and meaningful for youth who have a history of failure in school. The school administrators need to attend and observe classes, evaluate the teachersô performance, and provide constructive feedback on a timely basis. Teachers with

consistently poor performance evaluations need to be held accountable. According to the Principalôs Monthly Report for September, October, November, and December 2013, teachers' performance evaluations are overdue for most of the teachers in the facility. Apparently no performance evaluations were done on any of the teachers over the four-month period.

There is also a need for more education-based incentives for youth. In VYCFôs Principalôs monthly reports for September, October, November, and December 2013, the ñEducation Incentive and Celebration Panel repeatedly identified ñPerfect Attendance Awardsò and ñGraduation 2013ò as incentives for attendance. While these are appropriate incentives, it is rewarding youth who have already internalized school attendance as important. There is a need to create rewards for the youth who do not want to go to school and have high absence rates. More immediate reinforcements for small behavioral changes that promote gradual and progressive behavior change are needed. As this issue is related to IBTM, the Mental Health Expert is available to provide advice and assistance.

Finally, as noted in previous reports of the Special Master, Defendant should also continue their efforts to enhance the vocational and college programs to create incentives for older youth to meet their high school educational requirements.[89] Again, youth with a history of failure in a classroom setting will resist going back into the classroom. As the Education Experts pointed out frequently, the best way to engage such youth can be success in a vocational program first, followed by reentry to more traditional classroom settings and/or the creation of non-traditional classroom approaches.

[89] OSM 25, pp 19-20.

B. Next Steps

The Special Master recognizes the complexity of this issue, which she believes will ultimately be addressed through effective implementation of the IBTM. Both she and the Mental Health Expert are available to provide assistance and support upon request. However, the Special Master believes, if senior facility management creates incentives for staff members who are successful in getting youth to school and consequences for those staff members who do not engage in effective intervention strategies, VYCF could substantially reduce its absence rate in the meantime. This is demonstrated by the experiences of NACYCF, which historically has encountered similar challenges as VYCF with youth attendance issues. NACYCF has been able to substantially reduce its absence rate even as it proceeds to implement the IBTM. There is no reason why VYCF cannot accomplish the same. The Special Master will continue to monitor this one remaining issue in the *Educational Services Remedial Plan* and report progress to the Court.

V. SAFETY AND WELFARE

In her twenty-seventh report, the Special Master discussed the results of the Safety and Welfare Expertôs sixth round of audits and provided the Court with an overview of Defendantôs efforts and progress in addressing the key issues of the *Safety and Welfare Remedial Plan*. She opined that it was an opportune time for the Court and the parties to reach agreement on a course of action for successful completion of the *Safety and Welfare Remedial Plan*. Her opinion was based on the fact that Defendant has reached substantial compliance as measured by the Safety and Welfare Remedial Standards and Criteria (ñstandards and criteriaò), Defendant facilities clearly have

changed from a climate of fear to an environment perceived to be safe by youth and staff and thus are conducive to meaningful treatment activities and services, and Defendant has made significant progress in addressing the ñkey indicatorsò that the parties and the Court have jointly agreed to be priority action items.

The Safety and Welfare Expert agrees with the Special Master that it is appropriate to develop a strategy to return full monitoring of the *Safety and Welfare Remedial Plan* to Defendant. Based on his assessment of the remaining issues, the Safety and Welfare Expert suggests that June 30, 2014 should be a reasonable target to complete his involvement in the *Farrell* case. He acknowledges that there remained certain treatment-related issues that need further monitoring and those issues could be performed by the Mental Health Expert through IBTM audits[90] and by the Special Master. The parties have adopted similar approaches of transferring monitoring responsibility to bring closures of the *Educational Services Remedial Plan* and the *Wards with Disabilities Program Remedial Plan*.

In consultation with the Safety and Welfare Expert, the Special Master developed a list of outstanding issues that need to be addressed and proposed a general approach and timeframe to resolve each of those issues. Some of the issues are department-wide while others are specifically related to VYCF. The list is being circulated to the parties for review and the Plaintiff is in agreement that these are the issues that need to be resolved in order to bring the *Safety and Welfare Remedial Plan* to closure. In response, Defendant has developed a corrective action plan for each of the identified issues. While there are details that need to be further refined, the Special Master is reasonably

[90] By agreement of the Parties and the *Farrell* Experts, the Mental Health Expert has assumed responsibility for the IBTM audits.

optimistic that significant progress will be made on most of the outstanding issues, especially those specifically related to VYCF, by June 30, 2014. Most of the unresolved issues are treatment-related and will be monitored by the Mental Health Expert and the Special Master.

The outstanding issues and the current plan to resolve each of these issues are discussed below:

A. Use of Force (Departmental Issue)

In her twenty-seventh report, the Special Master provided the Court with an overview of the evolution of this issue. Given its criticality, the Special Master has closely monitored and reported to the Court Defendantôs efforts and progress on this issue Since July 2011. She has acknowledged that Defendant was making a concerted effort and has achieved significant progress on all aspects of the issue.[91] Given the numerous management tools and quality assurance measures that have been adopted,[92] combined with the implementation of IBTM, she expects Defendant will achieve the desired outcomes and continue to reduce Defendantôs historical overreliance on use of force. Based on current data, she suggested that OHCYCF has already achieved the desired outcome and that the use-of-force rate at OHCYCF could be used as a reasonable benchmark for the other two facilities.[93] She also identified two key areas of focus for force incident reduction at NACYCF and at VYCF[94] -- single youth incidents and use of chemical agents on youth with mental health designation.[95]

[91] OSM 27, pp 35-36.
[92] *Ibid.*
[93] OSM 27, pp 40-41.
[94] Based on data, these two issues are not considered problematic at OHCYCF.
[95] OSM 27, p.40.

Defendantôs use of force data from July through December 2013 suggests it has made great strides at NACYCF, but there has been little progress made at VYCF. In a youth correctional setting, it is not unusual for force incidents to spike temporarily,[96] thus, an accurate measure of force is the overall trend over time. With the exception of July 2013, when it had a high of 28 force incidents, NACYCFôs numbers were close to or below the numbers of OHCYCF even though it had a higher youth population. At VYCF, after a low of 18 force incidents in July 2013 when school was in recess, the monthly force incident totals consistently exceeded the combined totals of the two facilities at the Stockton Complex and appear to be excessive.

Use of Force Incidents -- July through December 2013[97]

	July	August	September	October	November	December	Total
VYCF	18	31	39	34	39	33	194
NACYCF	28	13	18	10	4	10	83
OHCYCF	9	16	17	13	8	11	74
Total	55	60	74	57	51	54	351

There also appears to be a correlation between the overall number of force incidents and single youth incidents. The number of single youth incidents declined significantly at NACYCF after July 2013, when it had 15 such incidents. It had a total of 14 single youth incidents over the next five-month period, which corresponded to a sharp reduction in the overall number of force incidents during the same period. At VYCF, single youth incidents represent approximately 41% of all force incidents (80/194) over the six-month period -- the number of single youth incidents remained in double digits and the overall number of force incidents remained constant.

[96] For example, youth movements could affect the dynamics and mix of a living unit and increase the number of force incidents.

[97] Data based on each facilityôs monthly use of force reports for July, August, and September 2013, and each facilityôs quarterly report for the quarter ended December 31, 2013.

VYCF also had a higher proportion of youth with a mental health designation involved in single youth incidents. Youth with a mental health designation were involved in approximately 36% of (29/80) of single youth incidents at VYCF, compared to 24% (7/29) at NACYCF and 7% (1/15) at OHCYCF. During the six-month period, out of a total of 37 single youth incidents that occurred at all facilities involving youth with a mental health designation, 29 incidents (78%) occurred at VYCF. Excluding July 2013, the two facilities at the Stockton Complex combined had only three single youth incidents involving youth with a mental health designation.

Use of Force Incidents Involving Single Youth (MH Youth) – July through December 2013[98]

	July	August	September	October	November	December	Total
VYCF	10 (5)	13 (6)	14 (8)	14 (3)	13 (3)	16 (4)	80 (29)
NACYCF	15 (5)	4 (0)	5 (1)	0 (0)	1 (1)	4 (0)	29 (7)
OHCYCF	1 (0)	4 (0)	5 (0)	0 (0)	2 (0)	3 (1)	15 (1)
Total	26 (10)	21 (6)	24 (9)	14 (3)	16 (4)	23 (5)	124 (37)

Similarly, data suggest Defendant has made significant progress toward reduction of using chemical agents against youth with a mental health designation at NACYCF. Over the six-month period, 12 youth with a mental health designation were exposed to chemical agent, seven of which occurred during July 2013. While the number declined at VYCF during November and December 2013, there is insufficient data to establish a trend at this time.

[98] Data based on each facilityôs monthly use of force reports for July, August, and September 2013, and each facilityôs quarterly report for the quarter ended December 30, 2013.

Mental Health Youth Exposed to Chemical Agents during Use of Force Incidents – July through December 2013[99]

	July	August	September	October	November	December	Total
VYCF	6	8	8	10	5	3	40
NACYCF	7	1	3	1	0	0	12
OHCYCF	0	0	0	0	0	1	1
Total	13	9	11	11	5	4	53

Based on the above data, it is evident that both OHCYCF and NACYCF have achieved the desired outcome for force reduction, leaving VYCF as the only facility still with unacceptably high number of force incidents. Since all facilities are following the same use-of-force policy/procedures and received the same training, questions arise as to the underlying cause for the discrepancy in outcome.

VYCF staff members assert that it is difficult for VYCF to reduce force use because its youth population is more gang entrenched and more prone to violent behavior. With no data to support this assertion, the Special Master disagrees and suggests the problem is caused by the failure of VYCFôs management team to fully engage in the revised use-of-force review process which focuses more on prevention and not just accurately documenting use of force. Similarly VYCF leadership has the highest level of senior managers untrained in even the basic concepts of the IBTM so the facility lags behind others in the change from a moral accountability model to a behavioral health model.[100].

Under the current process, each force incident package is to be reviewed by the Watch Commander, the Chief-of-Security, and the Superintendent (or the Assistant Superintendent) before review by the facilityôs Force Review Committee (FRC). As a

[99] *Ibid.*
[100] OSM 27, p. 8.

part of the review process, each level of review entails a qualitative determination about whether force use was in compliance with policy before, during, and after the force incident. To ensure staff clearly understood the process, Defendant provided training of the revised force review model to all staff potentially involved with the force review process. Coaching sessions of the revised force review model were conducted in late August and September 2012.[101] Moreover, starting November 2012, the Deputy Director of DJJ started chairing the Departmental Force Review Committee (DFRC),[102] which provided feedback on a monthly basis on the quality of cases reviewed by each facilityôs FRC. The Deputy Directorôs active involvement on this issue has been a major impetus for change in practice. Deputy Director Lucero is to be congratulated for his consistent attention to this matter.

Given this level of attention and feedback over an extended period, one would expect that by now all staff members, particularly the Watch Commanders, the Chiefs-of-Security, the Assistant Superintendents, and the Superintendent, involved in force review process to be well-versed with the policy and capable of applying sound judgment when reviewing cases. This is the case at OHCYCF and NACYCF, as the DFRC seldom identifies cases where the FRCôs findings were found to be invalid. Instead, DFRC discussions of cases at these two facilities typically focus on identifying issues that may merit policy or procedural considerations, trend and patterns, and best practices that may prevent future force incidents.[103]

However, the quality of the reviews at VYCF has been mixed. While the decisions for most of the case reviews have been found to valid, the DFRC has found

[101] OSM 24, p.27.
[102] OSM 24, p.29.
[103] Based on observations of the Deputy Special Master during DFRC.

flaws in certain cases that raised troublesome questions about the facility officialsô understanding of the policy and their judgment. In many cases, the DFRC found the use of force to be out of compliance even though none of reviewers at the facility (Watch Commander, Chief-of-Security, Assistant Superintendent, and the FRC identified any concerns with the force application.[104] This occurred despite the DFRC raising concerns over similar types of incidents in the past.[105] When those responsible for providing oversight and quality assurance do not consistently follow high standards in their review, it is unrealistic to expect all line staff to always be diligent and adhere to policy and engage in sound practices.

On October 14, 2013, Defendant appointed Mr. Mark Blaser as VYCFôs new Superintendent. Besides having served as a capable administrator in various capacities within Defendantôs organization, Mr. Blaser also served as an integral member of the DFRC and is well versed with the purpose and intent of the review process at the department and at the facility level. Based on the observations of the Special Master and the Deputy Special Master who attended the VYCFôs FRC meetings on separate occasions, the quality of FRC reviews has improved significantly after Mr. Blaser assumed office. The FRC members were better prepared, the discussions were more interactive, and some staff members offered insightful comments. The Special Master commented on the noticeable improvements in the FRC review.[106] With appropriate management guidance, assistance, and oversight from the Superintendent, the Special Master is optimistic that force incidents can be reduced to a more reasonable level fairly rapidly. As previously noted, over a six-month period, single youth incidents represent

[104] *Ibid.*
[105] *Ibid.*
[106] E-mail of January 22, 2014 from the Special Master to Superintendent Blaser.

approximately 41% (80/194) of all force incidents at VYCF, and this presents a significant opportunity for force reduction. Approximately 75% (60/80) of the single youth incidents were caused by youth engaged in ñdefiant/aggressive/restrictiveò behavior,[107] which also merits further analysis. In addition, 41% (80/194) of force incidents occurred at the two high core units, which pose further opportunity for improvement.

Use of Chemical Agents against Youth with Mental Health Designation

The Safety and Welfare Expert recommends that the Mental Health Expert assume monitoring of use of chemical agents against youth with a mental health designation and youth with disabilities as a part of his future audit of the *Mental Health Remedial Plan*.[108] However, based on the above use-of-force data concerning youth with a mental health designation that have been exposed to a chemical agent during the last six months of 2013, the Special Master believes it is possible that this issue could be resolved without the need of the Mental Health Expertôs involvement. Data indicate incidents involving use of chemical agents against youth with a mental health designation rarely occur at OHCYCF and at a rapidly declining rate at NACYCF. Providing a similar outcome is achieved at VYCF, the Special Master suggests the Defendant could resolve this issue by modifying its policy to prohibit use of chemical agents against youth with a mental health designation in a single youth situation except in extreme situations, such as when a youth is assaulting staff. A protocol should be developed to implement this

[107] Calculated by OSM using data from VYCFôs monthly use of force reports for July, August, and September 2013, and VYCFôs quarterly report for the quarter ended December 31, 2013.
[108] OSM 27, p.50.

policy. There is no reason to use chemical agents against a single youth, particularly when the youth has a mental health designation.[109]

B. Facility Improvements (Departmental Issue)

Defendant has begun taking action to upgrade and modernize its aging and outdated facilities. However, the Safety and Welfare Expert, the Mental Health Expert, and the Special Master are all in agreement that the current conditions of the living units are far from sufficient to provide a setting and environment conducive to treatment. The *Safety and Welfare Remedial Plan* calls for the construction of new facilities, which is not attainable because of budgetary constraints.[110] Given the current size of Defendantôs youth population, the Special Master believes this task could be reasonably accomplished with creativity and a modest investment of financial resources.

Defendant has agreed to prepare a facility improvement plan for all living units within each facility. The plan will include a minimum standard that each type of living unit (low core units, high cores, specialized units, BTPs) needs to be able to follow and meet. The plan will be consistent with the revised level system to ensure that low core units have more incentives than high core units. The standard shall include appearance upgrades (painting, graffiti removal, cleanliness, etc.), furniture suitable for the living unit, and appropriate equipment and spaces (such as computers and quiet rooms) to advance reform goals and activities. Defendant will develop a budget and identify the

[109] The parties need to meet to reach agreement on this issue. Defendant believes current policy already addresses this issue sufficiently while Plaintiff believes chemical agents should be banned except for group disturbances.

[110] This issue may merit revisiting as the stateôs budget situation has significantly improved. However, the Special Master believes that it is not necessary for Defendant to construct a new facility if it could accomplish the purpose and intent of providing a therapeutic environment with a less costly alternative.

funding source for the needed improvements. Defendant will obtain input from the Safety and Welfare Expert and the Special Master before finalizing the plan.

As the plan is still under development and funding likely will not become available until later this fiscal year, it is anticipated that the bulk of the improvements will be made during Fiscal Year 2014-15.[111] The Safety and Welfare Expert suggests the Special Master assume monitoring progress of the implementation of this item starting in July 2014.

C. BTP Units (Departmental Issue)

The *Safety and Welfare Remedial Plan* prescribed the BTP model to provide intensive behavior treatment intervention for certain youth exhibiting violently disruptive behavior who do not meet the criteria for intensive mental health treatment. Accordingly, after comments by the *Farrell* Experts and the Special Master, Defendant adopted a BTP program guide designed to provide guidance to BTP unit staff to deliver needed treatment and services. While acknowledging significant progress has been made, Plaintiff remains concerned about a small group of deeply entrenched youth with very lengthy stays in BTP units, particularly at VYCF. In addition, youth in a BTP often are segregated into different ñprogram groupsò by race, gang affiliation, or other factors. Sometimes a single youth is on a ñprogram soloò status and thus in essence constitutes a program group. At one time, VYCFôs BTP unit had as many as nine program groups,[112] which seriously limited the staffôs ability to provide meaningful treatment and services to youth,

[111] Defendant has developed a revitalization plan with most of improvements scheduled to occur before the end of the current fiscal year. Furniture has been ordered and is scheduled to be delivered before the end of the fiscal year.
[112] OSM 25, p. 38.

as most of the staffôs time was consumed by youth movement and delivery of basic services.

The Special Master and the Deputy Special Master in August 2013 and September 2013 conducted three site visits to the three facilities to more thoroughly review the BTP operations. In November 2013, the Special Master prepared a report of her observations and conclusions. In general, the Special Master found youth feeling safe and well treated and Defendant has been successful in transitioning youth out of BTP units on a fairly timely basis, particularly at OHCYCF. However, Defendant has not been able to do so with a small group of deeply entrenched youth most of who express a desire to be moved to core units. The Special Master believes the problem stems from poor case planning, an ineffective level system (inadequate incentives at the core units to encourage positive behaviors by youth at the BTP units), and a lack of coherent intervention strategies to address each youthôs treatment needs on an individualized basis.

In response, Defendant on February 12, 2014 established a BTP workgroup comprised mostly of staff members from each of the three BTP units and some program administrators. The workgroup is tasked with developing a plan and strategy to provide intervention and treatment in an integrated setting on an individualized basis to promote rapid transition of youth out of a BTP. The workgroup also is to review the current system of incentives youth in the BTP are provided with and to make recommendations for what incentives should be offered. As the project objectives (treatment, intervention, case planning, and incentives) all involve core issues of the IBTM, the Mental Health Expert should be consulted to provide guidance and assistance to the workgroup. The workgroup is expected to prepare a proposed work plan for management review in March

2014. Upon management approval, the work plan will be circulated to the Safety and Welfare Expert, the Mental Health Expert, the Special Master, and Plaintiff for review and comment before finalization.

Full implementation of the work plan is anticipated near the end of the current fiscal year.[113] As the tasks involved are all treatment related, the Special Master suggests monitoring responsibility of this issue be transferred to the Mental Health Expert as a part of his IBTM audits.

D. Drug and Contraband (VYCF-Specific Issue)

The Safety and Welfare Expert found drug and contraband issues to be very troubling at VCYF. Both youth and staff interviewed (including the Chief of Security) acknowledged that this is a serious issue and needs immediate management focus and attention. This problem is further collaborated by outside observers. [114]

In response, VYCFôs Superintendent on January 16, 2014 prepared a memorandum detailing the facilityôs drug and contraband interdiction strategy. The strategy calls for youth searches, room searches, and holding youth accountable when drugs or contrabands are found. The strategy includes elements such as a protocol for visiting, procedures for random and unannounced staff searches, unannounced vehicle/visitor searches, and increased drug testing on all housing units.

The facility management is to discuss the outcome of its drug/contraband interdiction effort during its weekly executive officersô meetings and provide monthly

[113] While the goal of BTP is rapid transition in a fully integrated setting, it is expected that the inherent nature of BTP youth population will sometimes lead to special circumstances that may result in lengthy stays and less than fully integrated settings even under the most optimal intervention and treatment environment.

[114] Volunteers who have significant experience with VYCF have apprised both the Special Master and Director Minor of concerns regarding the blatant disregard of some staff for drug use in the facilities. In addition, documentation in case files indicate staff members are aware of youth being under the influence of a variety of substances.

reports on results and progress to the Central Office. By March 7, 2014, Defendant will forward an action plan to the Safety and Welfare Expert and the Special Master for review and comment, and anticipates finalizing it by March 14, 2014. The Safety and Welfare Expert and the Special Master will monitor the outcomes through review of the monthly reports and perform other inquiries when deemed necessary to bring this issue to closure by June 30, 2014.

E. Re-Entry Program (VYCF-Specific Issue)

While he found the re-entry programs to be exemplary at NACYCF and OHCYCF, the Safety and Welfare Expert found the re-entry services at VYCF need to be better coordinated and quality assurance measures need to be implemented to consistently deliver useful and meaningful services. Some youth indicate that they do not have a re-entry plan when attending board hearings and youth report mixed results on the quality of re-entry groups and services -- some said it is outstanding while others do not find it useful at all.

Defendant has prepared a Corrective Action Plan that requires every youth at VYCF to have an Integrated Re-entry Plan at his/her discharge hearing by April 1, 2014. By May 15, 2014, Defendant will conduct an audit by randomly selecting a sample of discharge hearings conducted after April 1, 2014 for review and report on the audit findings. Defendant will provide the report to the Safety and Welfare Expert and the Special Master for review.

F. Wards with Disability Program (VYCF-Specific Issue)

The Safety and Welfare Expert assumed monitoring of this issue from the Disability Expert. He noted that in a few instances a youth with disability were not

receiving staff assistance to help them maneuver through grievance hearings, DDMS hearings, case conferences, and board hearings. He expressed a concern that the problem may be systemic and recommended the facility to assess its processes and procedures to ensure disabled youth are receiving appropriate representation and staff assistance.

During January 2014, the Special Master attended annual reviews, JJAC hearings, and discharge hearing at VYCF to further her understanding of the hearing. She also observed and assessed the adequacy of staff assistance during the hearing processes and recommends that staff assistant training be provided to all parole agents and that the parole agent or a staff member familiar with youth to serve as staff assistant during the annual reviews and the hearings, not a staff member who has no experience or familiarity with the youth.

Defendant has adopted the Special Masterôs recommendation and will provide staff assistant training to all parole agents at VYCF by April 1, 2014. Procedures are being developed to ensure staff members who serve as staff assistants gain familiarly with a youthôs history and accommodation needs prior to the hearing. The procedures will be disseminated to staff by April 1, 2014. Upon Defendant providing the Safety and Welfare Expert and the Special Master evidence of completion of the above task, this issue will be closed.

G. Report of Accomplishments by the Safety and Welfare Expert

In addition to the above outstanding issues, the Safety and Welfare Expert suggests that he prepare a summary report highlighting the accomplishments achieved under the *Safety and Welfare Remedial Plan*. The parties agree that the report is useful and appropriate. The report will be completed by June 30, 2014.

VI. CONCLUSION

Director Minor and members of his leadership team are committed to the implementation of the IBTM and the Central Office IBTM Team has been highly diligent in performing the various tasks and activities needed to facilitate the implementation. It is clear that even senior leaders and the Central Office IBTM Team still struggle to let go of the ñmoral accountabilityò model of change as do staff members throughout the hierarchy. Managers at all levels need a deeper understanding of what the principles and values of the IBTM are so they can better assess fidelity to the model. As with youth, staff behavior will change the organizational culture by experiencing the value of the IBTM even before they fully grasp the concepts. To do this, managers must ensure the IBTM elements are implemented with fidelity. First-line and mid-level managers' job is largely fidelity assessment and where needed, coaching and mentoring. The knowledge base is insufficient at this time for managers to fulfill this essential role.

Progress in the implementation of the IBTM was best evidenced in the reintroduction of the RS. Well-documented training records evidence that the majority of staff members are trained in the revised system at the facilities in the Northern Complex while VYCF has just over half of its staff trained. Documentation on the units of use of the positive check system is also good and can be used to reinforce staff usage as well to identify which staff members need more training and/or where discrepancies in usage occur. Good progress is also being made in the revisions to the YIP.

Progress in implementing consistent delivery of the CBT resource groups is disappointing. With a few minor exceptions, OHCYCF continues to deliver groups timely. The reporting mechanism for group delivery appears to be functional and

accurate at OHCYCF. At NACYCF and VYCF, the unit staff members have been trained in resource group facilitation but groups are not delivered timely. Cancellations are frequent and in some units the norm.

Given that the two-year pilot at OHCYCF resulted in quality assurance reporting systems to ensure timely group delivery and insight regarding the impediments to timely group delivery, the failure to be able to document group delivery and to deliver groups timely is a significant failure by management.[115] The Special Master surmises that first-line and mid-level managers do not engage in any analysis of the group data and if they do, they clearly do not understand and/or care about the concept of fidelity. It is the opinion of the Special Master that this stems not from a cavalier attitude but from a failure to understand the research behind a behavioral health model such as the IBTM. Some of the problems stem from some managers not having attended the IBTM trainings. The lack of training of managers both in the content of the IBTM and in quality assurance roles must be rectified immediately.

Elements of the IBTM process such as assessment and case planning require better alignment to the IBTM process and refinement of understanding and implementation by staff. Defendant is encouraged to seek the help of the Mental Health Expert and providers such as Orbis Partners *prior* to making changes. For example, Defendant is discussing plans to change the override on the CA-YASI. Without having addressed the validity and reliability issue with experts, Defendant should consult with

[115] Defendant reported that the facilities have recently instituted a process involving weekly management reviews of groups held and groups cancelled and take action when necessary. This issue is also addressed during the facilitiesô weekly executive officersô meetings.

the tool developers prior to any action. Similarly, Defendant needs to undertake a reorganization of staff to better align with a treatment model such as the IBTM.

While disappointed by the lack of change in the absence rate of VYCF, the Special Master was not surprised by these results. The former Superintendent of VYCF did not understand the IBTM and thus, was not achieving any of the benchmarks set by senior leaders (Education, use of force, group implementation, etc.). Director Minor has demonstrated his strong commitment to the IBTM by appointing a Superintendent who is actively engaged in supporting his staff regarding how IBTM implementation can assist with reducing the education absentee rate at VYCF. The Special Master looks forward to seeing a reduction in the absentee rate by the next reporting period.

Steady progress has been made in the implementation of a comprehensive mental health program. The Special Master expects to report on implementation and delivery of services in the next reporting period.

The scope of the *Safety and Welfare Remedial Plan* is extremely broad and encompasses most aspects of Defendant's programs and operations. In addition, some of the issues within the plan are highly complex and challenging to resolve. As a result of Defendant's diligent efforts under the guidance of the Safety and Welfare Expert, the plan is near completion. The Safety and Welfare Expert has identified who should monitor any remaining issues.

The Special Master looks forward to working closely with Defendant and the Safety and Welfare Expert in the months ahead to bring this plan to successful closure. The Safety and Welfare Expert has been a committed member of the *Farrell* Expert Team and has been creative in his problem solving and honoring of the good work done

under his tutelage. Defendant has reached substantial compliance as measured by the Standards and Criteria for the *Farrell Safety and Welfare Remedial Plan* for at least two rounds in each of the three facilities and at the Central Office. The Special Master recommends transfer of monitoring of the *Safety and Welfare Remedial Plan* to Defendant on June 30, 2014.

The Special Master respectfully submits this report.

Dated: March 24, 2014

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Nancy M. Campbell
Special Master

IBTM Audit Comprehensive Summary

INTRODUCTION

The Farrell law suit remedial plan specifies the adoption of the Integrated Behavior Treatment Model (IBTM) throughout the Department of Juvenile Justice (DJJ). This Comprehensive Summary reviews the salient findings of the IBTM audits of OHCYF (including the Headquarters component), NACYCF, and VYCF conducted in June 2013, November 2013, and January 2014 respectively. In order to contextualize the findings, it is important to understand the conceptual underpinnings of the IBTM and the kinds of changes it demands.

The IBTM is a substantial cultural shift from a correctional model. The correctional model is essentially a moral model based on the presumption that those committing antisocial acts freely choose their behavior in all instances, punishing them for these moral transgressions. In terms of the specific deterrence of an individual criminal, the principle of behavioral change is choice based on self-interest. In short, people will abstain from further antisocial acts to avoid punishment.

But we know from research that a focus on abstention using punishment as the chief tool only weakly promotes behavioral change. We also know that the most effective approaches utilize reinforcement much more often than punishment. And in a system where there is strong reinforcement of antisocial conduct in the form of (amongst other things) peer interactions, it is necessary to have powerful behavioral change tools. Put differently, the benefits of behaving in a prosocial manner must outweigh the benefits of antisocial behavior. And because behavior is not entirely freely chosen, it is necessary to overcome what amount to poor habits of thinking, feeling, and behaving that are often well entrenched when the youth arrive at DJJ. This requires a system that sustains the behavioral interventions across time, promoting new and progressively more prosocial habits.

So in addition to the value and intellectual changes required to make the cultural shift from a moral to a behavioral model, there is also a highly technical skill set that the staff must acquire. For rather than staff simply intervening with antisocial behavior and then encouraging better choices, they are now required to understand and conduct themselves in accordance with behavioral principles, identify and rectify skill deficiencies, learn to lead groups effectively and with fidelity, and learn methods to partner with youth in the process of behavioral change. And they must understand how all the specific components of the IBTM work together to effect this change.

A brief description of these components and their interaction is in order. The description provided in the VYCF Executive Summary suffices and is reproduced here with limited additions.

In its essence, the IBTM endeavors to integrate the various activities and resources of DJJ within a behavioral framework. It is an evidence-based approach having the goal of reducing recidivism in the community through promoting behavioral and cognitive changes that build skills and develop thinking patterns that will help youth engage in more prosocial and

productive activities in the community. Staff learns how to deliver the materials with fidelity and to make all interactions opportunities for learning or practicing the skills. The structures of the whole system are also designed to support and to reinforce these processes, including supervision.

The essential elements of the IBTM are the development of youth-centered goals, the presentation of cognitive and behavioral skills, and support for the practicing of those skills in the youths' day-to-day activities. Motivational Interviewing (MI) is the method used to help youth develop goals and come to the realization that they need to make changes in order to achieve the goals they have for themselves. Cognitive Behavior Treatment (CBT) is the primary tool used to present skills to youth and to begin practicing those skills in the artificial setting of a group; key CBT groups include Aggression Interruption Training (AIT), Counterpoint, Substance Abuse Curriculum, Skill of the Week, and Advanced Practice. The Behavior Management System (BMS) should support the utilization of those skills through behavioral feedback; the BMS consists of the Reinforcement System (RS), Youth Incentive Program (YIP), and Disciplinary Decision Making System (DDMS). The RS supports behavioral change in the short term, promoting the active use of behavioral principles in all interactions between staff and youth. The YIP and DDMS should be designed to support positive behavioral change over the long term and serve to encourage youth to sustain the skills being periodically used and reinforced through the RS. In short, the RS (including those components of the DDMS system that provide immediate feedback) promotes skill practicing while the YIP and DDMS (those components that are tied to privileges) should promote skill consolidation and mastery as youth experience their lives improving the more they exercise the skills.

The primary skills that the IBTM seeks to develop include: self-monitoring, self-regulation, stress management, interpersonal/social skills, and cognitive/thinking skills. The purpose of developing such skills is for youth to first identify internal states and beliefs that lead to antisocial and other dysfunctional behaviors (self-monitoring). Then youth, with the behavioral supports afforded by the BMS, begin to practice skills that promote alternative responses to such states and the development of alternate belief systems that in turn yield different behavioral outcomes. Importantly, the youths' desire to achieve their own goals provides additional motivation for change and practice. Put differently, while the BMS can promote behavioral change even in the absence of youth motivation, the power of the BMS is increased when the youth strive to achieve their own goals within the framework of the BMS.

The CA-YASI is used to identify particular areas of risk and needs as well as protective factors for each youth. Additional history and testing, including a psychological assessment, round out the database for developing Case Plans for each youth. Individualized Case Plans should provide greater refinement of target behaviors and beliefs that underlie the critical CA-YASI domains of risk and needs for each youth by providing a case conceptualization. Case Plans should also identify the particular skills necessary to address these target behaviors and beliefs. Most importantly, Case Plans should include a stepwise plan for acquiring these skills. In short, while the BMS supports skill development broadly, each youth will have particular areas of difficulty that are addressed through the Case Plan. The Case Plan can also identify areas of strength that

can be used to support change, a simple example being guiding positive family members to help reinforce youth change.

It should be noted that virtually all components of DJJ are conceptualized as part of the IBTM. In order for this to become a reality, it is important to understand that not only must staff treat youth in accordance with the principles of the IBTM but staff must also treat each other in the same manner.

IMPLEMENTATION OF THE IBTM

DJJ leadership has worked tirelessly to implement the IBTM and there has been a tremendous investment in training and consultation. The IBTM team itself must also be commended for their diligence and efforts to grow the understanding of the IBTM in their work with DJJ staff. And the staff in general have responded to the call to change, despite going through substantial reductions in DJJ and the attendant turmoil of staff reassignment.

The IBTM has been rolled out sequentially beginning with OHCYCF, moving to NACYCF, and lastly incorporating VYCF. Not all units at NACYCF and VYCF have reached implementation and were not included in the audits.

The most important observation is that the IBTM is clearly gathering momentum as implementation proceeds. Staff buy-in is generally strong and understanding is growing. Fidelity to the components of the system is fair but is at about the level expected at this juncture. In short, implementation is proceeding at a reasonable rate.

There are no clear systematic differences between institutions though VYCF and OHCYCF have made a faster start with more CBT group observations than at NACYCF. However, this is easily corrected and systems are in place at all facilities to strengthen this important work.

This document will emphasize barriers to full implementation in the interest of helping DJJ focus its efforts where they are most needed but it is important to bear in mind that overall there is good progress. Also, while the audits and the associated summaries focus on the details of the IBTM, this document will examine larger system dynamics, recognizing that these dynamics have impacts that may not be apparent.

Training

DJJ has invested a great deal in training to prepare for the IBTM and continues to do so. However it is important to be aware that it started very strongly but has started to flag. The training numbers were much better at OHCYCF than the other two institutions. And the training for many staff has grown stale, that is, they were trained long ago but have not yet been asked to implement that training, eliminating a goodly amount of its efficacy. The most notable example is that the MI training has not been seen through and thus has been of limited value. It is very difficult to sustain the intensive training schedule that has been necessary to create the substantial cultural shift that is being sought. It is vital to sustain this effort.

It is essential to complete training timely and move directly to practice, just as is the case with the youth CBT groups where the dosage and timeliness of group delivery is key and must be followed by reinforced practice of the skills taught lest they be forgotten. So when planning training, it is important to assure that the training is done timely and that skills taught are put into use quickly and coached. This necessitates careful coordination of training and implementation.

The fact that staff have moved about frequently has reduced the efficacy of both IBTM implementation and training. Too many staff that were trained were moved to locations where there was no IBTM and in some cases were replaced by staff untrained in the IBTM, some coming from the adult system where the IBTM and its associated principles are foreign. For the trained staff, their training grew stale and the untrained staff were thrown into a situation they were unprepared to meet and the opportunities to succeed thereby undermined.

It is appropriate to lay any weaknesses in staff understanding at the feet of training. In general, staff are making great strides in understanding the IBTM. They have a sound general understanding of the shift to positive reinforcement and of the intention to help youth develop skills. But they have difficulty understanding behavioral principles, the process of behavioral change, and, not surprising given the foregoing, how all the components of the IBTM fit together to support behavioral change. This is true of staff at virtually all levels. That line staff have difficulty with this is to be expected. It is much more problematic that leadership does not have a thoroughgoing and strong understanding. All leadership, supervisory, and psychology staff need to have and be able to convey an understanding of all components of the IBTM, especially as they formally take over the responsibility for QA and coaching. This requires that they also receive at least the training that the staff receives, which is not reflected in the training documents.

<u>Staffing</u>

As noted in the section on training, excessive staff movement has been a barrier to implementation. The chief problems are that these movements made it impossible to assure that units where IBTM was rolled out were populated by trained staff and that many trained staff were unable to utilize their newly taught skills, limiting the efficacy of the training. While some of this movement was unavoidable due to unit closures, rules about staff assignments also impair DJJ's ability to effectively manage these issues.

The downsizing has also left DJJ with a hierarchy having more levels than are needed. Supervision and roles are fragmented. For instance, the person charged with creating the Case Plan has little interaction with the youth or with the unit team making it difficult to create or modify a Case Plan to address the specific and changing needs of the youth. It is thus not surprising that Case Plans tend to be very generic.

Another problem is that despite the multiple levels of hierarchy, there is no floor leader assigned to each unit on swing and night shift; there is only a SYCC assigned on day shift. Thus

there is no dedicated supervision on these shifts to assure the effective implementation and maintenance of the IBTM.

And though DJJ has good overall staffing ratios, they are not well-arrayed for the purposes of the IBTM. As there is a change over to a behavioral model, it is accordingly necessary to move resources to those positions required to do this work, largely the YCC and SYCC contingent at the unit level. At the agency level, the IBTM requires both a strong implementation team and dedicated QA resources. Historically, these have been sound but vacancies and reductions on the IBTM team (from 29 to 19 in 2012 and now at 10) threaten to unravel the process. This is especially problematic in that facility supervisors and psychologists are not yet prepared to take these processes over. It is reasonable to reduce the IBTM team once the local staff are capable of carrying the process forward and the QA processes are fully implemented. Neither is yet the case.

Another staff issue is the underutilization of psychologists in support of the IBTM. At present, most have little involvement with the IBTM. They are the best resource in DJJ in terms of understanding behavioral principles and in terms of being able to craft a case conceptualization from the array of material collected at intake. While they are not a sufficient resource to do all of the case conceptualizations, the fact that their product at intake is virtually unutilized and that they play only a limited role in the process of crafting the case conceptualization (and limited is being generous) is a gross underutilization of this skill. But the most important role they could and should be playing is working with unit leadership to ensure the fidelity of the RS, groups, and (once completed) the level system. Their role in providing individual therapy should be limited except on the mental health units. They could also be much more active in training and implementation.

It is beyond the scope of this document to go further into the staffing issues but it is important to note some examples of how these problems directly impact the IBTM implementation.

<u>Environment</u>

In order for the IBTM to be successful, it is essential that the environment support sufficient levels of reinforcement to overcome peer group reinforcement (the primary but not only source of reinforcement) of antisocial behavior. If the environment cannot provide sufficient reinforcement to overcome these, the IBTM cannot succeed. It is very important to understand that it is not that it will not work as well but may not work at all. How enriched the environment needs to be can be measured by its ability to produce behavioral change (assuming fidelity to the model). Clearly, this can be taken to an extreme if one sets the target as zero acting out and recidivism – no system can achieve this. But if youth do not on average progress through the system, reduce their acting out, and recidivate at significantly lower levels, this is evidence of a problem. Probably the best measure of this is the behavioral change of the more challenging youth. In short, healthy youth will do fine regardless so they are no measure and those with intermediate problems are important but the real need is to succeed in reducing the frequency of problem behaviors in the small percentage of youth responsible for the majority of problem behaviors.

In order to achieve any success with this population, their environment needs to be sufficiently enriched to secure their participation. This is counterintuitive if coming at this from a correctional perspective where austere conditions for progressively longer periods are the consequence of dangerous behavior. But as noted previously, punishment only is a weak change paradigm.

And these youth are the most difficult to engage so the degree of enrichment will have to be meaningful (recognizing that engagement of all youth is a goal but a few may not engage regardless of reasonable efforts at enrichment). This then drives the need for the rest of the system to be stepwise more reinforcing. But the problem is that if the process starts at the bottom by enriching the BTP units, there will be nowhere to move that provides a more reinforcing setting. Put differently, the BTP cannot be a more enriched environment than a Core unit; this will serve to actually reinforce the problem behavior needed to access the enriched BPT environment. Thus it is critical to enrich all units at once. If this is not possible, it is in fact preferable to enrich the highest level environments first to avoid the perverse reinforcement of problem behavior.

What is needed in terms of environmental enrichment is common sense. It includes the appearance of the units and the locations the youth access, noise control, the types of recreational activities available (games, music, audiovisual), access to preferred settings/activities (e.g. relative privacy, the gym, sports, movies), food, living quarters, and personal possessions.

It bears repeating that access to enriched settings must be contingent on the youth's behavior all through their time at DJJ. Continued efforts and improving behavior are the currency of access to enriched settings.

While there are limitations imposed by the physical plants available to DJJ, much is possible. But a few inherent problems bear mentioning. For instance the ability to reduce noise reduction will be limited to some degree. Another problem is that of dorm settings. Single rooms can be a useful incentive whereas dorms are not enticing. But because of safety considerations, it is only reasonable to house youth not engaging in acting out against other youth in dorms. This means that dorm units will have to be further enriched in other ways. There are also limited spaces for quiet rooms, recreation areas, and so on. But these limitations call for greater creativity and effort precisely because they must be overcome in order for the IBTM to succeed.

<u>Behavior Management System</u>

The BMS can be conceptualized as consisting of the DJJ-wide systems supporting behavioral change: RS, YIP, and DDMS. The RS has been the appropriate focus of the IBTM implementation process thus far.

RS implementation is on course but there remains work to do. It is being used on virtually every IBTM unit and most units are providing the daily reinforcement (generally, extra time in the dayroom in the evening). The weekly and monthly reinforcement is being done on some units but not others and fidelity to the RS for these is only fair at this point.

There are two primary challenges: increasing the number of checks being given and focusing positive checks more on skill utilization. In general, the RS is having the desired effects of impacting youth behavior, improving youth/staff relationships, and focusing both staff and youth on positive behavior. It is clearly having a beneficial impact on the unit culture, especially where strongly embraced. Getting it to the level of fidelity that will reap the greatest benefit will take the implementation of supervisor and psychology coaching which has yet to occur in a systematic way.

There is a current workgroup developing a replacement level system for the YIP. Like the YIP it is going to replace, it will grant youth privileges based on their behavior. Unlike the existing YIP, the intention is for privileges to be based on the presence of positive behavior more than the absence of negative behavior. It will also endeavor to be more temporally responsive. From both a conceptual and efficacy perspective, these are important changes. In addition, it will be important to identify relevant behavioral domains in which youth behavior is measured. These domains should correspond to domains of interest such as those identified by the CA-YASI, such as Social/Cognitive Skills and Violence/Aggression can be seen that the IBTM skills (self-monitoring, self-regulation, stress management, interpersonal/social skills, and cognitive/thinking skills) either naturally fall within a domain (an obvious one being cognitive skills which is explicitly mentioned both in a domain and in a skill) while others tend to cut across all domains (e.g., self-monitoring). Recognizing the link between CA-YASI domains and skill development will help assure the level system is properly integrated.

Privileges also need to be carefully matched to these domains so that the risk attendant to the advancement in privileges can be properly managed. Put differently, the behavior needed to achieve particular privileges needs to be behavior that demonstrates that it is reasonable for the youth to have access to those privileges. The level system should also incorporate DDMS information and, at least to a limited extend, RS information. Doubtless, the level system will need to be modified or "tuned" to achieve a good distribution of youth at each level, to assure that the privileges are strong enough to promote behavioral change, and to grant people privileges that they can manage safely (though providing for some degree of failure – which is an expected and essential part of a functional level system).

In general, the DDMS system does not require significant attention at this time. The chief problems of the DDMS system are its temporal lag in many instances (some of which is unavoidable because of due process considerations) and its use in modifying youth privileges. The latter is a problem in that modification of youth privileges should be done consistently for all youth so that they know exactly what to expect when they engage in specific behaviors. While some customization of privileges based on a DDMS (especially serious DDMS) on a temporary basis may be reasonable, it is a mistake to allow the DDMS to trump the privilege

system as it creates uncertainty, appears (and may be) arbitrary, and puts staff in an adversarial relationship with youth. If privilege loss is based on a pre-existing privilege system, it is the privilege system rather than the staff that takes the heat when the youth react negatively to loss of privileges. If the impact of the DDMS system on individual privileges can have its effect primarily through the level system to be developed, little further need be done with it at this time.

Long term, reducing the huge number of DDMS types and formally reducing the extent to which it can be used to limit youth privileges would be preferred.

Case Plans

Almost all Case Plans entirely lack a case conceptualization. Those that do have them are not well done; they do not focus attention on salient domains or issues for the particular youth and they demonstrate a limited understanding of the foundations of the youth's behavior. While the CA-YASI does a good job of identifying general domains of problem behavior, it does not give a clear sense of the nature or source of those problems. As a simple example, a youth may have serious problems with violence/aggression for a broad array of reasons including impulsivity related to head injury, paranoia, or using violence instrumentally (that is, violence used to obtain a particular end such as obtaining money). In order to work with youth effectively at an individual level, is important to be able to help them focus on skills that will address the particular type of problem they have. In this example, the key skills would be dramatically different in each of these cases.

This lack of a case conceptualization coupled with limited understanding of the process of behavioral change result in goals and action steps that are extremely generic and do not represent a stepwise plan for achieving the long term goal.

While this is ultimately a very important issue, it is probably premature to attempt too much in this arena. As staff become more sophisticated through their own experience in delivering CBT groups and working with youth they will be more capable of understanding what is being asked of them both in terms of a case conceptualization and a stepwise plan. At this point, it is enough to ask that there be a case conceptualization and an effort to create stepwise plan without getting too much into efforts to teach these skills.

Quality Assurance

DJJ has developed many appropriate QA systems for managing the IBTM. In addition to routine tracking and data functions, the QA process has provided a structural backbone that has been essential in the implementation process. Committees at the HQ level, facility level, and unit level address important issues and have been central in communicating steps and progress.

There are components of the QA process having to do with remediation, coaching and mentoring that have been put in place to some degree at OHCYF and VYCF. The observation and feedback being provided for groups is a sound process that needs only to be completely implemented. The main elements lacking are identification of those staff in need of

remediation (and a remediation process), identification of those who are ready to lead groups (there is no provision for this as yet), and identification of those who have achieved sufficient mastery to become coaches.

There are sound plans in place for reviewing Case Plans and for observing and coaching Case Planning sessions. But these have yet to be put in motion.

Transfers

With the exception of transfers to mental health units or SBTP, transfers should be handled much like a privilege. A transfer should be something that is earned – in either a positive or negative sense. In general, this is true of transfers to a BTP but it is not clear that this is true of exiting a BTP. But the reasons for transfers between high and low core units are almost impossible to discern from the records. It is reasonable and necessary to transfer youth for the purposes of bed management but even these transfers should be done in a systematic fashion with the youth who is a best fit for transfer being the one transferred. To accomplish this requires a formal process that explicitly seeks to achieve these goals.

Thus there needs to be a clear and formal transfer process that is based not only on youth risk, age, and sex but also on progress or lack thereof. A substantial challenge here is to balance the degree to which the system uses static and dynamic risk. In general, initial placement must be placed on static risk as this prevents the problematic mixing of low and high risk youth. But as static risk rarely decreases, it cannot be the sole measure for placement as the youth moves through the program. By appropriately using reductions in dynamic risk, high static risk youth can be advanced.

There are many ways to effect this and each have pros and cons. In general, using objective measures such as CA-YASI measures of dynamic risk (which is done), YIP, DDMS, and program participation is of value but it is also important to include the unit staff and the youth (as much as possible) in the process.

In addition, seeing the units as the youths' home and recognizing that their relationships with staff and peers are key to the change process gives due respect for the humanity of the youth and staff alike and brings better outcomes.

In addition to the transfer processes to and from specialized programs such as SBTP and residential mental health (which is functioning fairly smoothly), there should be formal processes for transfer in at least the following situations: bed space needed, a unit team recommends a transfer, and objective measures indicate the possible need for transfer based on progress. And regardless of the process, some form of appeal mechanism, especially for denied transfers, is important.

For those transferring to and from specialty units, the most important component is for the specialty unit to accept and release the youth according to pre-set admission criteria. Here

again, there can be an appeal process, but it is unwise to trump admission or release criteria except in unusual situations.

CONCLUSION

The IBTM is a central feature of the Farrell lawsuit. It represents a dramatic cultural shift for DJJ. This shift is clearly beginning to occur but is far from being complete; backsliding remains a substantial risk. This state of affairs is represented in part by the audit scores in that they show few areas of non-compliance but also a great deal of partial compliance as well as some decrement in the scores as the roll out has proceeded. And as noted in OSM 28, there are other indicators of concern such as the increased cancellation of groups at OHCYCF, which is a concerning .

Completion of staff training, full training of leadership, thorough implementation of the QA elements (especially coaching and supervision of the IBTM components), and system changes to support the efficacy of the IBTM, primarily the assumption of QA functions by operations, are the chief remaining needs.

Respectfully submitted,

Bruce C. Gage, M.D.
2/15/14

Observations and Recommendation following the Site Visit to Department of Juvenile Justice State of California

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INTRODUCTION

The California Department of Juvenile Division (DJJ) contacted us, The University of Cincinnati Corrections Institute (UCCI), to provide them with technical assistance. The technical assistance involves five components:

1. Re-Assess current DJJ programming
2. Recommend Adaptations
3. Additional Training
4. Coach Staff on IBTM implementation
5. Consultation on QA and program integrity for IBTM Implementation

On November 18-21, 2013, this writer, Eva Kishimoto, Research Associate University of Cincinnati Corrections Institute, conducted a site visit to the N. A. Chaderjlan Youth Correctional Facility and O.H. Close Youth Correctional Facility. During the visit I observed several treatment groups, met with various administrators, staff, volunteers and youth. The following is a brief summary of my observations and recommendations.

STRENGTHS

1. Met with the new IBTM Program Administrator Christienne Sanders. While she is new to this position, she has a long tenure with DJJ. Ms. Sanders was very knowledgeable about the strengths and areas of challenge for the IBTM implementation. She had a very visible presence at the facilities. She is strong in both engagement and leadership.

2. A new contingency management system was reviewed and observed. It appears to be a significant improvement over the previous system. All staff that I interviewed were actively utilizing the new system. The parameters for administering "✔" and "✚" was clear and appeared to be consistently administered. The youth understood the system and appeared to have adjusted well to it, they did not voice any complaints most reported it was easier to understand. "Points" charts were clearly visible on units and kept current. Even the volunteer "Grandparents" on the units reported it's utility in assisting them to determine the progress of the youth. Staff did note some "bugs" in the system, which were being actively addressed during my visit. However, the work that was done in planning the system and creating an electronic database has resulted in one of the best contingency management systems I have seen implemented systems with multiple sites.
3. 'Skill of the Week' is being delivered at both facilitates. 'Skill of the Week' is visible in many areas of the facility and all staff appeared very aware and supportive of it.
4. There were trainings being conducted on the CBI SA curriculum the week I was there. I had the opportunity to observe one group which demonstrated fairly good fidelity considering that it was the facilitators first day of delivering the curriculum (she was just returning from vacation).
5. There is a mechanism in place for reporting group cancellations. This was created to keep abreast of dosage and other QA indicators.

6. Both facilities had schedules for group observations. Supervisors were taking on the responsibility for observing CBT groups and, at times, providing staff with coaching and feedback.

CHALLENGES

1. Quality Assurance
    a. There was large variation in the quality/fidelity of CBT groups being delivered. A couple of groups observed were well done, but most were not particularly effective.
    b. While there is a mechanism for reporting group cancellations, it appears that, 1) groups are not adequately covered, 2) cancellations are being reported but not managed, 3)staff to participant ratios are too large and 4) fidelity was not high. For instance, a number of groups I was scheduled to observe where cancelled. In one group that I observed, the "covering staff" was not aware that she was responsible to facilitate a group until we arrived.
    c. Groups are being observed but there is no systematic way of addressing the data being collected. The information was being faxed to the IBTM but not much was being done to systematically use that information in any productive manner.
    d. A QA protocol needs to be developed for new groups. New groups need a formalized mechanism for reporting to ensure that new facilitators are quickly observed so that immediate adjustments can be made.

2. I was very disappointed to see the significant reduction in IBTM staff. What few staff are left are busy conducting various trainings across the state. There is very little capacity left for them to attend to Quality Assurance activities that are vital in achieving fidelity and sustainability throughout the system. The task of managing both quality improvement and IBTM trainings is too much for the size of the staff currently remaining. This resources needs to be more judiciously allocated.
3. There is a need for a structured learning model to permeate the facility. One major step toward achieving this is to implement unit observations and provide feedback and coaching to increase the application of core correctional practices outside of the group setting as well as during groups. One small but descriptive example is as follows: On one particular unit, meals were brought in to a large common area. Youth were sitting in rows and meals were distributed. The meals were quickly eaten with plates balanced on their laps. This was a "missed opportunity" to make this a congregate learning activity, with staff and youth interacting to model and teach appropriate socializing behavior, which is critical for their success outside of the facility. The facility needs to become a microcosm for prosocial modeling of general life skills rather than teaching them to be institutionalized individuals.
4. More clarity around the case planning process needs to happen. The role of intake unit and where the case planning should occur needs more role definition and integration.

5. Staff is very aware of the need for the youth to identify their own case plan goals. However, the value of the staff 's knowledge for targeting primary criminogenic need must be better integrated into the case planning process.
6. More structured planning and evaluation for CBI SA implementation needs to occur. Lessons learned from current implementation must be collected to inform broader dissemination of the practice.
7. Victim Awareness programs should be reviewed. While this is a statutory obligation, the amount to time and effort could be better structured toward reducing risk.

RECOMMENDATIONS

While DJJ has implemented cognitive behavioral programming, I do not believe that it is being consistently delivered effectively. The IBTM model needs to be further implemented across the entire facility. The goal should be to use a cognitive behavioral approach within a structured social learning model. Interventions based on these approaches are very systematized and emphasize the importance of modeling and behavioral rehearsal techniques that engender self-efficacy, challenge of cognitive distortions, and assist youth in developing good problem solving and self-control skills. Further developing and implementing the model with fidelity will help increase the consistency and effectiveness of interventions as well as improve the application of a behavioral management system throughout the facility, and not simply when a youth is "in group". To that end I suggest the following:

1. Adequately staff and re-allocate responsibility for quality assurance activities. While quality programming is the responsibility of every staff person, there is still a need for an entity who's responsibility it is to educate, advise and develop protocols for the collection, analysis and distribution of data. This entity should also have the capability to provide technical assistance to programs for ongoing quality improvement activities. This group must be appropriately situated within the DJJ administration to ensure direct communication with the governing executives. In my assessment, that should be the function of the IBTM group.
2. Develop a QA plan for IBTM components to support sustainability. This plan should address fidelity monitoring of both groups and units, appropriate dosage based on risk levels, oversight of programming to minimize mix between risk levels, especially low risk youth, case planning, staff coaching, supervision, etc.
3. Implement Unit Observations (similar to group observations except it is done on the interactions present in the various units). This speaks to the model being implemented across the facility not just in groups.

   Proposed Action for Recommendations 1-3: This writer can work with designated DJJ staff to set up an infrastructure for monitoring quality improvement activities within the system.
4. Clarify the assessment and case planning process. The goal for each step in the intake/case planning process needs to be clearly defined and roles can then be assigned. Persons tasked with the various "deliverables" in this process need to be well informed on the "technology" that leads to their recommendation. This is especially important when (mental health) clinicians are making

recommendations that impact criminality and risk to corrections staff, and visa versa.

Proposed Action: This is an issue being actively discussed by the court special master.

5. Train clinical staff on targeting primary versus secondary criminogenic needs and how to negotiate it with the youth achieve consensus. (Using the "Value Clarification" activity). This would consist of 1)identifying basic values of the youth 2) utilize the findings from the YAZI to identify the primary criminogenic needs, 3) assisting the youth to identify how targeting the primary criminogenic needs will strengthen their basic values or increase their success in secondary need areas.

   Proposed Action:

   - Option 1: Train IBTM staff to work with clinical staff
   - Option 2: Train both IBTM and clinical staff directly

6. CBI SA Proposed Action: Convene a task force to evaluate the current implementation of CBI SA and plan for broader dissemination.
7. Victim Awareness: There is not a large body of research that supports victim awareness or empathy in reducing recidivism. Primarily because it does not specifically target crinimogneic needs. In some cases it might address a specific responsivity area, but the overall premise is that by making the youth aware of the impact of their crime, and crimes in general it will reduce their risk. Doing so may raise their awareness of the impact of their crime but this does not necessarily reduce their risk unless it is coupled with targeting criminogince needs

especially the primary needs. Having said this, I also realize that Victim Awareness programming is a requirement in state statute and based on staff report, emphasized by the parole board. To that end, I recommend the following:

a. DJJ needs to provide consultation and information to the parole board regarding correlates of victim awareness to recidivism.
b. The current Change Company material should be augmented with more behavioral programming which targets the youths specific crinimogenic needs. Thinking reports, structured skill building and role plays should be integrated into the course work beyond the narrative type assignments currently included. General and specific responsivity should be addressed and primary crinimogenic needs (i.e. criminal attitudes, peers and personality styles) need to be targeted.