

REPORT OF SITE VISIT AND AUDIT OF THE SEXUAL BEHAVIOR  
TREATMENT PROGRAM

PREPARED FOR  
DONNA BRORBY, SPECIAL MASTER, *FARRELL v. TILTON*

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CALIFORNIA DEPARTMENT OF CORRECTION AND REHABILITATION-  
DIVISION OF JUVENILE JUSTICE

BY

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## Introduction:

I conducted site visits at four facilities. The first site visit and audit was conducted at two CDCR-DJJ facilities located in Stockton, California on May 24 and 25. I was accompanied and assisted by Monitor Cathleen Beltz. On the first day of the visit I interviewed staff, observed a therapy group, met with the Personnel Department and reviewed files at O.H. Close. The second day was spent at Chaderjian where I met with staff and residents, observed a group and reviewed files. Exit interviews were conducted at both facilities.

The second visit occurred on July 26, 2007 at the Southern Reception Center and on July 27, 2007 at Stark. Present during the visits were Monitor Cathleen Beltz assisted me with the gathering of documentation and with interviews of staff and youths. Also present were Dr. Fred Martin, Dr. Paul Woodward, Barbara Edgar, Katie Riley and Rebeka Lachear.

May 24, 2007: Stockton Complex (O.H. Close and N.A. Chaderjian)

On this day myself and Monitor Beltz met with Drs. Stevens, Bowlds and Dr. Martin. There ensued a discussion of the proposed moves that have been postponed. Remodeling of the Humboldt Unit at Close and moving of the SBTP from the Feather Unit at Chaderjian have been delayed due to recent legislation and the Governor's budget. The Sex Offender Task Force continues to meet and will be convening in June, 2007.

The following issues emerged at the Humboldt Unit:

- There is still no organization chart for the SBTP and the staff still doesn't know whether SBTP will be under Mental Health, which was Dr. Martin's impression, or the Behavioral Program which was the impression of the Personnel Department.
- 60 staff attended CCOSO in San Diego within the past month. This included most of the staff working with the SBTP and represents exceptional support for training.
- Currently there are two psychologists working at Feather and next week Dr. Bowlds will be the only psychologist at Humboldt. Additionally she is being called out of the Program to sit on various committees and to supplement the Mental Health staff at DeWitt.
- Policies and procedures were being developed but the process was stopped in order to make sure that all DJJ policies were uniform and did not conflict.
- Legal issues on Informed Consent and Confidentiality have not been clarified.
- Dr. Bowlds is using a form that tracks the stages of the program for the Humboldt Unit. However, the form does not correspond to the specifics that exist in the curriculum. The form that the Task Force was developing has not been completed or implemented.

- Only 55% of the 60 program participants are in resource groups.
- Both process and resource groups are very small (4 to 6 participants). More program participants could be in resource groups if the groups were larger.
- The scheduling of groups is still vague. I attended a group that was theoretically supposed to run between 10am and 2:00pm. This group actually meets between one and two hours a session. This is not an optimal way to run groups. Traditionally groups are run on a set schedule of 90 to 120 minutes.
- The DJJ files remain inconsistent across facilities and confusing because documents are in four to five different files. Some staff keep soft files, which allow the therapist to document progress, file relevant assignments and do treatment planning. I recommend that DJJ create one SBTP file containing all information needed for effective treatment.
- I observed a group of four youths conducted by Dr. Herskovic. Three of the participants were relatively new in the program. They discussed personal issues but there was little discussion of sex offender specific issues although the participants did appear to be doing related homework.

The following issues were discussed with the Personnel Department:

- Dr. Martin is not in the loop regarding filling positions and has not been asked to sit in on hiring panels even for SBTP positions. Additionally he was not aware of how many vacancies exist in the SBTP, or that positions in his program were being allocated to general mental health duties. As just mentioned, the newly filled SBTP have been reassigned to Mental Health. I met with the psychologists at Humboldt and Chad. I know all of these individuals and was repeatedly assured that these four psychologists were the only ones functioning in the program as per the date of the audit. I was also told by Dr. Martin, Dr. Bowlds, and two employees of the Personnel Department that psychologists including one who had begun to work for the SOTP were reassigned to Mental Health. No psychologists from Mental Health were reassigned to work for the SOTP.
- Salaries for psychologists have been increased, and this has resulted in an increase in applicants.
- Applications are delayed because live scans take 2 to 3 months in DJJ vs. a reported 10 days in the adult system.
- The post and bid system continues to present a challenge to the training and retention of Youth Counselors who are interested in working with this population. This is particularly concerning since they provide the bulk of the SBTP therapy and

they generally have little relevant education or previous training when they first come to work in the SBTP units.

May 25, 2007: N.A. Chaderjian

The visit to the Feather Unit revealed the following issues:

- Staff reports that the violence that once characterized Chaderjian has been transferred to DeWitt. The SBTP participants at Chad can now go to school without being in physical danger.
- Staff feels marginalized. In the process of renovating the Feather Unit, the youths were moved to a different housing unit. The SBTP staff reported that received no notification of this move and only found out about it when the youths informed them.
- The post and bid process has significantly impacted treatment. There have been instances where staff that were qualified, interested and experienced have been replaced with staff that were unfamiliar with program operations and had little interest in working with this challenging population.
- One of the majors (Steve Gardner) has been particularly supportive of treatment.
- Moving Parole Violators into the Mojave Unit which adjoins Feather has necessitated conducting educational classes for this population in a shared dining room which has windowed doors into both the SBTP living unit and group room. Residents from Mojave routinely peer through these windows and harass SBTP residents. The group room has become a hall through which staff routinely walk, disrupting the group in the process. Teachers have frequently interrupted groups including stopping to talk to group participants just as another group member was about to make a critical disclosure. This situation would have been corrected if the SBTP could have been moved as planned but the construction process has been delayed.
- A resource group on substance abuse was observed. Dr. Kirkwood was running this group although YCCs are supposed to conduct these groups. Dr Kirkwood told me that he felt this group was too important to leave to an untrained individual who would be relying on a set of handouts. The YCC who sat in this group was on a computer at least half of the group that made a statement to the group members about how much the group was valued.
- In the Individual Change Plan the only reference to treatment goals relating to their inappropriate sexual behavior was the statement, "I am a sex offender." Not only does this statement challenge the philosophy that these youths are more than their

inappropriate sexual conduct but it is not helpful to treatment planning as it does not identify the specifics of the problem or indicate remedial plans.

- Documentation of individual participation:
  - E's group notes indicate that he participated in two hours of SBTP group per week with individual therapy one hour a week and three resource groups, at least two of which were not related to the SBTP.
  - J's record shows that he attended four different resource groups in a week, at least two of which were not SBTP-related (IMPACT and Restorative Justice). He also attended 30 minutes of individual treatment. Between May 1 and May 24, 2007 he attended one 60 minute SBTP. In April he attended two 120 minute SBTP groups.
  - T's record showed attendance at five groups between 1/4/07 and 5/3/07 although four additional groups had been documented in May with the notes being completed on May 24, 2007.
- Youth 1 was interviewed as a program participant who has done well in the program. He would have been rated as a high risk offender. He initially was in Humboldt Unit but admitted to not participating seriously in the program. He was transferred to Preston where he participated in an informal program and was transferred to Chaderjian eleven months ago. He does show good comprehension of relapse prevention and was able to describe his high risk situations and his cognitive distortions. This youth appears to have benefited from the program.
- Youth 2 was ordered by the court to complete "sex offender treatment." He was sent to O.H. Close for three months in 11/04 and then to Preston where he was in an informal program that met once a month. He was then told that he would not receive credit for his participation in the Preston program, and his sentence was extended. He had been writing DJJ administrators to transfer him into a recognized program. Since his transfer, it appears that he is being rushed through the program to make up for the delay in his treatment. He has been rated at Stage 8 of the program but has little realistic idea of his high-risk situations. He sees no need to continue sex offender treatment. Youth 2 is at very high risk to re-offend sexually and/or violently. He is being rated as having almost completed the SBTP but shows little understanding of behavior or of risky situations. I am commenting on this as it reflects on the need for a clear policy on what "completion" of the program means and what is the process for deciding when one has or has not finished the SBTP.

July 26, 2007: Southern Youth Correctional Reception Center and Clinic

Initially we met with the above mentioned staff from Central Office as well as Dr. P. Courelli, Dr. D. Leong, E. Mejia, and Ted Bonzon at the Southern Youth Correctional Center and Clinic in Norwalk, CA. Our initial meeting focused on updating personnel issues for the SBTP. Encouragingly, six psychologists have been offered positions at

Close and Chad. Staff at Southern described how the youths were on a 30 day summer break and that 36 of the 49 youths in the SBTP were participating in a Leadership School. The staff believes that the decision has been made not to move the SBTP, at least in the near future. We attended a presentation prepared by the participants in the SBTP which included a description of a number of other institutional programs. It was a pleasure to see the young men looking very handsome in the clothing provided to them through the Dress for Success Program which focuses on improving the youth's self concept by teaching them hygiene, grooming, job interview skills, etc and provides them with appropriate dress clothing. The youths also gave a presentation on the California Cadet Corps and the Restorative Justice projects which have been done on Sutter Unit (SBTP). The residents of the program gave presentations demonstrated a knowledge of basic treatment concepts such as their cycles. One participant presented a poem he had written on thinking errors. The presentation lasted for several hours.

In the afternoon staff and youths were interviewed by Monitor Beltz. She was given a list of questions and interviewed youths which were chosen by me, recording their verbatim responses which I reviewed. This was done because an inordinate amount of time at SYCRCC was taken up with a formal presentation by the youths which dealt primarily with generic programs such as the "Dress for Success" Program, the Cadet Program, and Restorative Justice program. Consequently there was not time to interview both individual youths and attend groups. Additionally I chose to observe a family therapy session in which a youth and his family agreed to a Section 1800 being filed and not to challenge this in court.

The results of the interview reflected positive views towards the staff and the program. It also as mentioned below reflected mixed opinions about whether youths knew how they might be terminated or suspended from the program. Responses to questions about relapse prevention varied depending upon the stage of the program the participant was in..

I attended a family therapy session that included a youth, his mother and his grandparents, Dr. Courelli and Ted Bonzon.

The following issues were noted:

- I observed a family therapy group that involved a young man who had done quite well in treatment and because he was doing well in treatment, he revealed that his inappropriate behavior had been more extensive than he had previously admitted. He had revealed that he had initially had not been completely candid with his treatment team or his family. It should be noted that this is completely predictable and is the pattern for almost all sex offenders in treatment. He was due to be released to a very caring family. However, Dr. Courelli and Mr. Bonzon recommended that this young man agree with the filing of an 1800 petition that would extend his commitment for up to two years. While additional offenses or additional victims should necessitate some revision of his previous work, it should not require two years of additional work. I am commenting on this as it reflects on the need for a clear policy on what "completion" of the

program means and what is the process for deciding when one has or has not finished the SBTP. While at a northern facility I observed a ward being rushed through the treatment program so that his time would not be extended, here was a youth who is doing well in treatment being recommended for a Section 1800.

- A review of records indicated that YCCs and psychologists are co-leading groups that is good. However, both individuals do notes on the groups and each files his/her group notes in different files. Therefore not only is this a duplication of efforts but the files may not be identical and may even contradict each other. Additionally psychologists record their notes on the WIN system but these are not copied and filed in the UHR per DJJ policy as there is no clerical staff to perform this function.
- YCC group notes were reviewed and the following average length of groups over the past three months were noted:
  - YCC #1=114 minutes/week
  - YCC#2=128 minutes/week
  - YCC#3=106 minutes/week
  - YCC#4=108 minutes/week
  - YCC#5=106 minutes/week
- The plan indicates that SBTP participants are to receive 180 minutes of group therapy per week. Mr. Bonzon stated that the program counts “prep time, briefing, face-to-face, debriefing.” It is my opinion that this was not the intent of the plan which I believe calls for 180 minutes of actual group therapy.
- In June the following number of wards participated in the following resource groups:
  - Gang Awareness=4-6
  - Substance Abuse=7-8
  - Relapse Prevention=7 to 8
  - Stress Management =16
  - Criminal Thinking=7-8
- Some of these youths are participating in more than one of the above listed groups. Some of these groups are offered to all youths in a facility such as Gang Awareness, and it is not clear how generic all of these groups are. For example, stress management could be based on a curriculum designed for antisocial youth in general rather than specifically designed for individuals who manage stress by behaving in sexually inappropriate ways. The youth also participate in generic groups such as the Cadet Program, and Dress for Success.
- One of the most significant concerns is that although the staff that I observed appeared to be enthusiastic, devoted and skilled, they each appeared to be “doing

their own thing.” For example, Dr. Courelli is offering a Multi-systemic Approach to working with families; it appears that this is limited to the families of the youth that she is treating rather than being something that has been adopted by the program as a whole. There was no documentation between staff suggesting that psychologists cross-refer youths to each other.

- Because the psychologists and the YCCs work under different departments, it is not clear who is providing leadership at the different SBTP sites. Therefore it is not clear who has the authority to form a uniform program. It is not even clear whether Dr. Martin has the authority to insist that YCCs and psychologists offer the amount of treatment required by the plan. When an organizational chart is provided, this should clear up the matter.

July 27, 2007: Heman G. Stark Youth Correctional Facility

We visited the Heman G. Stark Youth Correctional Center in Chino, California. We met with Drs. Poncin and Barrington, Ms. Hetheron and Mock. Files were reviewed, youths and staff were interviewed. I sat in on a group for special needs youth and later on in the afternoon on a resource group.

The following issues were noted:

- Reportedly all the positions on the SBTP have been filled with the exception of one position which is either YCC position or a parole agent position. The staff was not sure.
- It was reported that each YCC does two resource groups and four casework groups. The resource groups reportedly run two to four months with five to six members.
- In the files completed by the YCCs, there is no uniform notation of whether a note refers to a group or an individual session and rarely was there documentation of length of session.
- Psychologists were conducting groups that lasted on the average about one hour a week. Dr. Barrigan has directed them to provide three hours a week in two 90 minute sessions.
- Ms. Hetheron has developed curriculum for 17 classes as well as an extensive collection of experiential exercises. This would be a valuable tool for the whole program, provided that copyright issues can be resolved.

System Issues:

- Director of SBTP should be a Chief Psychologist position as it involves supervision psychologist staff in several institutions. These individuals may also be supervised by Chief Psychologists at their respective institutions and the Director of SBTP should be at a comparable level.
- The plan requires that the treatment be offered by “qualified staff.” That could be mean mental health professionals who have specialized training in sex offenders. It could also mean that all staff have relevant college degrees with additional training in treating youth with inappropriate sexual behavior. It could also mean that whatever educational level, the staff has comprehensive specialized training and their duties are structured, based on carefully developed and approved curriculum and they receive appropriate supervision as outlined in the plan. Those staff that were interviewed indicated that they had college degrees with some training in dealing with sexually inappropriate youths. Because educational background and training records were not provided, it is not possible to determine if all staff that are providing treatment are qualified to do so.
- While attendance at conferences is one way of receiving training and the effort and expenditure to send 60 staff to a statewide conference is very commendable, adequate training must include at minimum a written training plan which outlines an initial training period for new staff and a plan for yearly in-service trainings.
- The SBTP Task Force is being expanded to include representatives from Parole and Education. Staff have mixed feelings about this, being concerned that there may be a lack of consistency with these representatives and this would hold up decision-making processes. I concur that unless consistent attendance by assigned professionals can be insured that it might confuse and delay decision-making processes
- Use of interns---Dr. Herskovic is transferring to a position supervising interns who are to rotate through different programs. This may prove to be a valuable recruiting venue for filling SBTP slots.
- Files continue to lack standardization needed to facilitate both the provision and the monitoring of treatment. In some facilities both YCCs and psychologists both do notes on the same group that are filed in different files. This is a duplication of effort and may be confusing as groups may not be similar. Also a lack of clerical staff has limited transferring notes from the WIN system to the UHR.
- Dr. Cellini has begun meeting with the Task Force, has completed most of the Healthy Living Curriculum which I saw and has scheduled its piloting. I also observed during this visit and had previously been aware that the portions of the curriculum written by DJJ were not uniform in style with the rest of the curriculum. In fact, one module was simply downloaded from the Internet. Thus these will need to be rewritten. I met with Dr. Cellini on July 28, and we held a conference call with Dr. Martin where the Healthy Living curriculum was discussed.

- Personnel Issues
  - A rise in salaries has resulted in more applicants for psychologist positions.
  - Although it is not clear, there initially appeared to be between 8 and 10 open psychologist positions in the SBTP. Dr. Martin reports that all but possibly one casework supervisor or parole officer position have been offered to qualified individuals.
  - Several SBTP positions have been filled but then transferred to fill mental health positions. This was confirmed by two personnel staff members in Stockton.
  - Dr. Martin had not been included in the hiring panels for SBTP positions. This appears to have been corrected.
  - The YCC positions can be filled by anyone who has one year experience as a correctional officer with no degree required. These individuals are supposed to provide the bulk of the SBTP treatment. DJJ is unable to provide YCC qualifications to the expert. Those interviewed did report academic qualifications beyond the minimum. This standard could also be met if evidence can be provided that YCCs are only providing treatment as supervised co-leaders of groups and only teach resource groups where a structured, approved curriculum is provided.
  
- There are reportedly treatment programs for youths with inappropriate sexual behavior being offered at other but these programs are not included in the SBTP. These programs should either be included under the SBTP jurisdiction, or their function clarified.
  
- The SBTP Task Force had not developed a form that outlines progress in the established treatment program. Dr. Martin has now provided me with a Treatment Matrix which is now ready to be implemented.

Conclusion:

This audit initially addressed the two northern facilities where SBTP is offered (Close and Chaderjian). The southern facilities were audited in July, 2007. Dr. Cellini was met with in July as well. Formal audits have been delayed in hopes that contract issues affecting Dr. Cellini's retention would be resolved, and that the program regained the progress that was made in 2005. Dr. Cellini is now back on board and working on finalizing the Healthy Sexuality curriculum and will begin work on either the Residential or Outpatient curriculum thereafter. It is my recommendation that the Residential curriculum be developed next for two reasons. It would be relatively easy to abbreviate the Residential curriculum, choosing the most relevant sections to use as the Outpatient curriculum. Additionally the Residential Programs are currently in existent but in desperate need of standardization. A program director has been hired. DJJ has sent several SBTP staff to a national conference and more recently sent 60 staff members to a

statewide conference. At the time of the first part of this audit, the Task Force had continued to meet regularly, projects such as contracting for training in the J-SOAP, development of a form to track treatment progress and development of policies and procedure had not progressed. However, the staff have now been trained on the J-SOAP and the treatment matrix has been finalized although not as yet implemented.

The planned move that would consolidate two of the four programs seriously impacted the morale of both the staff and the participants. The uncertainty of this major change continues to impact the program. Though persistent vacancies in psychologist positions undermined the program for some time, psychologist salaries were increased and it would appear that most of these positions have now been filled. Dr. Martin had not been involved in the hiring process for the SBTP positions but now he is. However, the designation of his position as a Senior Psychologist as opposed to a Chief Psychologist places him at a disadvantage in supervising staff that may also be taking orders from the Chief Psychologists at their respective institutions. Dr. Martin needed to be involved in the hiring of all of SBTP clinical positions, and the Personnel Department has agreed. This has happened.

The problems with the program are exemplified by the situation at O. H. Close that was previously the flagship of the SBTP with the strong leadership of Rosa Rivera, three psychologists and strong YCC staff. Ms. Rivera has retired and two of the three psychologists will have left by June 2007. As of the time of the site visit in May 2007, this left the entire program to be operated by Dr. Bowlds who was frequently called away in the middle of therapy sessions to cover other institutions. Were she to leave, the program would collapse.

The SBTP needs standardization in its operation as well as documentation. This requires uniform policies and procedures, formal training on assessment and treatment techniques as well as a comprehensive curriculum. A training program for psychologists and YCCs working within the SBTP would bring all of the current and future staff onto the same page regarding the treatment model. A comprehensive training plan for SBTP and other facility staff needs to be developed which would not only include hours of training as well as who is responsible at each facility but also the curriculum including pre- and post testing. Materials for resource groups could be standardized by adopting curriculums that have already been developed across institutions. For example, The Prepare Curriculum by Arnold Goldstein, which is a collection of detailed courses for teaching pro-social skills to adolescents, could be implemented across institutions for less than \$125.

The J-SOAP and the Treatment Matrix need to be implemented. Ethical issues such as Informed Consent and Confidentiality need to be clarified. The issue of the records remains unresolved; an effective treatment program can only be conducted and monitored if the records are accessible and useable. In general, SBTP has an excellent staff that are committed and enthusiastic but are working without direction, which results in inconsistency in approaches and an inability to spread the ideas and innovations of one staff to the program in general. The fact that the SBTP team works under different

organizational divisions creates a lack of communication, duplication of efforts and a failure to have a workable method of recording treatment progress and issues. However, SBTP has made some definite progress over the past several months.

September, 2007

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Standard	Title	Description	Audit Criteria	Compliance Rate
1	<b>Policies and Procedures Which Establish and Govern the Administration of the Sexual Behavior Treatment Program</b>	Written and officially approved policies and procedures will be included in a Program Manual that describes in detail the implementation of the Sexual Behavior Treatment Program	a) The expert will review the Program Manual and all policies and procedures to insure adequacy.	<p>Compliance Goal: Approved/Disapproved</p> <p>Rating: Disapproved</p> <p>The policies and procedures were started but DJJ has deferred them until all policies and procedures can be consistent This is preventing the SBTP from implementing uniform approaches, even on issues which would not impact other programs.</p>
2	<b>Treatment Model</b>	Specific treatment programs are established to address a variety of special needs of youths with sexual behavior.	a) Expert will review group notes that document the existence of therapy groups directed at different risk levels and special needs participants. While	<p>Compliance Goal: 95%</p> <p>Rating: Partial</p> <p><sup>1</sup> *While there are no special groups for special needs offenders, there are groups for Spanish-speaking offenders</p> <p>** A group for special needs youths was observed at HGS. SRC reports that one Spanish-speaking youth was assigned to a caseload of a Spanish-speaking YCC. However, the groups are not conducted in Spanish and this youth actually speaks English well, according to</p>

<sup>1</sup> \* Indicates that this was observed on the visit to the northern facilities.

\*\* Indicates that this was observed in visit to southern facilities.

<b>Standard</b>	<b>Title</b>	<b>Description</b>	<b>Audit Criteria</b>	<b>Compliance Rate</b>
				<p>Dr. Uliani. She stated that he would benefit more from a special needs group but there are none available. Some youth with co-morbid conditions are receiving individual therapy for these issues.</p>

Standard	Title	Description	Audit Criteria	Compliance Rate
3	Screening and Assessment	Appropriate screening and assessment tools are used to evaluate risk and treatment needs initially and on an ongoing basis. Included in the assessment protocol will be an evaluation of a participant's substance abuse history. These screening and assessment tools have demonstrated reliability and validity.	a) Expert will review the protocol for the development and/or selection and administration of appropriate screening and assessment tools	<p>Compliance Goal: Approved/Not Rating: Not Approved</p> <p>*DJJ is continuing to use the SORD and this was present in all of the cases reviewed. The staff has reviewed an assessment instrument but this instrument does not meet the needs of the SBTP.</p> <p>** DJJ-SBTP has scheduled training on the J-SOAP to be conducted in the middle of August.</p> <p>** Despite the fact that Paul Woodward stated that SORD scores are emailed to all facilities with the intent that scores be placed in the youth's file, no SORD scores could be found at SRC.</p> <p>**At HGS eight of the nine files reviewed had both the SORD score as well as the SORD instrument.</p>

Standard	Title	Description	Audit Criteria	Compliance Rate
			b) The expert will access 10% of the records of program participants who have been in the program for three months and review for the presence of assessments that follow the established protocol.	Compliance Goal: 95% Rating: 50% This rating reflects the fact that psychological assessments were present in some of the files but they were not part of a consistent assessment approach that is utilized throughout the SBTP.
4	<b>Multi-modal Treatment Model-Residential Component</b>	The treatment program provides a multi-modal, multi-disciplinary and offense-specific model, which is responsive to the evolving research on treatment efficacy in the field of treating youths with sexual behavior. The residential program will be presented at OH Close YCF, NA Chaderjian YCF, Southern Youth Correctional Center Clinic, and Heman G. HGS YCF.	a) The expert will review 10% of files for the presence and appropriate-ness of group notes documenting individual progress in at least three hours of core group therapy per week.	Compliance Goal: 95% Rating: Partial *Neither O.H.Close nor Chaderjian are offering three hours of core group therapy a week. They appear to offering an average of two hours a week (See Narrative) ** Neither SRC nor Stark are offering three hours of core group therapy. They are currently offering less than two hours of core group therapy. However, Dr. Barrigan at HGS has instructed the psychologists to begin doing two 90 minute groups a week.

Standard	Title	Description	Audit Criteria	Compliance Rate
			b) The expert will review 10% of individual treatment notes documenting that each program participant receives individual work including Case Conferences and individuals sessions with treatment staff for at least three hours a week.	Compliance Goal: 95% Rating: Partial The records reflect that all of the records had evidence of case conferences but none of the participants are receiving individual therapy three times a week.

Standard	Title	Description	Audit Criteria	Compliance Rate
		6	<p>c) The expert will review for presence and appropriateness of the resource group notes documenting that at least eight difference groups are offered on a ten-week schedule. The expert will review resource group schedule and lists of participants.</p>	<p>Compliance Goal: 95%<sup>2</sup>  Rating: 30%</p> <p>*There are 9 Resource groups being offered at Close but only 21 out of 55 youths are participating in them, At Chad, 41 out of 49 youths were participating in at least one resource group but the majority of these groups were offered to all institutional residents and not operated by the SBTP.</p> <p>** At SRC six resource groups were reported. However, some of these are generic groups which are offered to all of the facility residents and are not related to SBTP. at least one group was clearly related to SBTP but only accommodated 7-8 youths.</p> <p>**I observed a resource group at HGS but it is not possible to tell from the records which youth are in resources groups and which have completed resource groups. The notes do not consistently identify what they are about. Ms. Heatherton agreed to have the YCC's document in a title what the note is about. Several residents had certificates of completion in their files others did not. Notes on one resident indicated that he had completed 8 resource groups but there were no certificates.</p>

Standard	Title	Description	Audit Criteria	Compliance Rate
			<p>d) The expert will review 10% records for the presence and appropriateness of special resource group notes documenting that at least two different special resource groups offered on a ten week schedule</p> <p>e) The expert will review documentation reflecting an effort to involve relevant family members in the treatment program in Stages Three, Six and Nine.</p>	<p>Compliance Goal: 95%</p> <p>Rating: Partial</p> <p>There were no group notes documenting special resource groups. These groups may be being conducted but there was no way to determine this from the records.</p> <p>Compliance Goal: 95%</p> <p>Rating: Partial</p> <p>*There is some work being done with families but there is little documentation of family sessions or attempts to contact families.</p> <p>** SRC maintains a family contact log and contact with families was documented in 5 of 7 files.</p> <p>**HGS does not document family involvement.</p>

Standard	Title	Description	Audit Criteria	Compliance Rate
			<p>f) The expert will review for presence and appropriateness of relevant documentation of meetings with family members.</p>	<p>Compliance Goal: 95%</p> <p>Rating: Partial</p> <p>* There were no notes documenting this.</p> <p>**I observed a family group being conducted at SRC. I presume that will be documented in the mental health record.</p> <p>**Staff at HGS report that they regularly attempt to contact families; however, they report little success in involving families in youth treatment often are unable to reach youth families at all.</p>
			<p>g) The expert will review 10% of records for presence and appropriate-ness of group notes on maintenance groups for all program participants having completed Stage 10 documenting at least one hour of treatment a week following completion of residential treatment.</p>	<p>Compliance Goal: 95%</p> <p>Rating:0 %</p> <p>There are no maintenance groups</p>

Standard	Title	Description	Audit Criteria	Compliance Rate
5	<b>Multi-model Treatment Model- Outpatient Component</b>	The treatment program provides a multi-modal, multi-disciplinary and offense-specific model, which is responsive to the evolving research on treatment efficacy in the field of treating youths with sexual behavior. This program will be provided at all facilities to medium risk youths with sexual behavior.	a) The expert will review 10% of records for presence and adequacy of group notes documenting individual progress in at least two hours of group therapy per week.	Compliance Goal: 95% Rating: 0% There are no outpatient groups as described in the master plan.
			b) The expert will review 10% of records for the presence and adequacy of individual treatment notes documenting that each ward receives individual work including Case Conference and individuals sessions with treatment staff for at least one hour every two weeks	Compliance Goal: 95%

Standard	Title	Description	Audit Criteria	Compliance Rate
			c) The expert will review 10 % of records for resource group notes documenting that at least one resource group is offered on a ten-week schedule.	Compliance Goal: 95%
			d) The expert will review documentation reflecting an effort to involve relevant family members in the treatment program in Stages Three, Six and Nine.	Compliance Goal: 95%
			e) The expert will review for presence and appropriate-ness relevant documentation of meetings with family members	Compliance Goal: 95%

Standard	Title	Description	Audit Criteria	Compliance Rate
			f) The expert will review 10% of files for the presence and adequacy of group notes from maintenance groups conducted for all wards having completed Stage 10.	
6	<b>Milieu Therapy in Residential Treatment</b>	The SBTP residential component will be offered in a modified therapeutic community/milieu therapy model in which youths are provided with opportunities to learn appropriate social behaviors and are encouraged to exercise responsibility for themselves and others.	a) The expert will review for presence and adequacy the notes of residential large group minutes documenting that such two groups are held per week for a total of four hours per week.	Compliance Goal: Present/Not present Rating: Not present No documentation. While the staff of SYRCC reportedly gave the audit team a packet containing the signatures of youth participating in weekly Therapeutic Community groups, this was in the packet I received.

Standard	Title	Description	Audit Criteria	Compliance Rate
			b) The expert will review committee and large group notes to ascertain whether program participants are participating in a variety of committees related to the operation of the residential treatment program	Compliance Goal: 85% Rating: 0% No documentation
7	<b>Individuation of Treatment</b>	The treatment of program participants with problematic sexual behavior is individualized through the provision of specialized groups and referral for ancillary therapeutic experiences.	a) Expert will review a random selection of records of program participants who have been identified with special needs and evaluate documentation that specialized services have been provided.  b) Expert will review rosters of specialized resource groups and other therapeutic experiences.	Compliance Goal: 95% Rating: Partial  * Northern programs did not have specialized groups **HGS did have a specialized groups.  All of the programs provide some degree of individual therapy which can address special programs

Standard	Title	Description	Audit Criteria	Compliance Rate
8	<b>Treatment Plans with Objective Goals</b>	All program participants will have written treatment plans that are revised quarterly with clearly stated objective goals.	<ul style="list-style-type: none"> <li>a) Expert will review a 10% of records for documentation of objective behavioral goals that are prepared and updated quarterly for all participants</li> <li>b) Expert will review those same clinical records for evidence that appropriate therapeutic interventions have been provided to assist the youth in meeting the behavioral goals.</li> </ul>	<p>Compliance Goal: 95%</p> <p>RATING: 40%</p> <p>There are periodic treatment plans at all facilities but they are not coordinated with the levels of the SBTP. Dr. Martin has now provided me with a copy of the treatment matrix which will be used to do this.</p> <p>Compliance Goal: 95%</p>
9	<b>Victim Outreach</b>	The treatment program coordinates with treatment programs and therapists of individual victims as well as agencies that address sexual abuse in the community to combat the problem of sexual assault.	<ul style="list-style-type: none"> <li>a) The expert will review the file of correspondence with community therapists.</li> <li>b) The expert will review documentation of outreach to victims' agencies</li> </ul>	<p>Compliance Goals: Present/Not Present</p> <p>Rating: Not present</p>

<b>Standard</b>	<b>Title</b>	<b>Description</b>	<b>Audit Criteria</b>	<b>Compliance Rate</b>
<b>10</b>	<b>Staff Qualifications</b>	The program employs staff who are qualified and competent to work with youth with sexual behavior in a sufficient number to insure adequate treatment and supervision as well as a diversity of relevant skills.	a) Expert will review the number and professional qualifications of SBTP staff.	Compliance Goal: 100% Rating: 50% All psychologists have academic qualifications. The expert was not provided with qualifications of YCC staff although interviews with a sampling of this staff showed that most had educational qualifications above the minimum required.
<b>11</b>	<b>Staff Training</b>	Staff is provided with relevant initial orientation and ongoing in-service training as outlined in the program plan as well as opportunities to attend professional conferences.	a) Expert will review training records of the SBTP staff.	Compliance Goal: 95% Rating: 50% DJJ sent 60 staff members to a conference but there is neither a training plan nor consistent or ongoing training in the SBTP approach. ** SRC provided evidence of an “all day team meeting and training” Training records were provided. **HGS also provided staff training records.
<b>12</b>	<b>Staff Supervision</b>	The program provides regularly scheduled	a) The expert will review a log of	Compliance Goal: 95% Rating: Not reviewed

<b>Standard</b>	<b>Title</b>	<b>Description</b>	<b>Audit Criteria</b>	<b>Compliance Rate</b>
		supervision for all staff working directly with wards.	supervision meeting. No log of supervised with provided.	
<b>13</b>	<b>Multi-disciplinary Team Reviews</b>	The program uses multidisciplinary teams which conduct quarterly treatment reviews regarding client information	a) The expert will review minutes of the multi-disciplinary teams.	Compliance Goal: 95% Rating: 95% There are minutes of Multi-disciplinary team reviews, which focus on the overall program with few specific references to progress in SBTP.
<b>14</b>	<b>Ethics</b>	The program insures that treatment is offered in a way that respects the ethical principles of the involved professions as well as insuring that	a) The expert will review written procedures regarding confidentiality and informed consent	Compliance Goal: 100% Rating: 0% Legal has been consistently requested to clarify DJJ's stance on various ethical issues but this has never been responded to.

Standard	Title	Description	Audit Criteria	Compliance Rate
		confidentiality, informed consent and due process are insured. All participants are informed and sign documents reflecting an understanding of the limits of confidentiality, informed consent to treatment and their due process rights.	b) Audit will review 10% of randomly selected files for documents signed by program participants informing them of these policies	Compliance Goal: 100% Rating: 0%
15	Program Completion	Completion of the program reflects the completion of competency-based goals.	a) The expert will review 10% of clinical files of program completers for evidence that program completion was based on the completion of competency-based goals.	Compliance Goal: 95% Rating: 0% It was noted that the absence of this contributed to one youth having a Section 1800 filed

Standard	Title	Description	Audit Criteria	Compliance Rate
16	<b>Suspension/Termination from SPTP</b>	Suspension or termination for the SBTP are based on written policies which prescribe that the reasons for such measures are clearly documented, that staff undertakes proactive intervention when program completion is at jeopardy and that the principles of due process including impartial hearings and an appeal procedure are in place.	<p>a) The expert will review 10 % of clinical records for documents reflecting program participants' understanding of program rules related to suspension and termination.</p> <p>b) Audit will review 20% of records of terminated or suspended participants to insure the they comply with policy</p>	<p>Compliance Goal: 95%</p> <p>Rating: 0%</p> <p>** Selected youth at SRC were interviewed and were not uniformly aware of what would get them suspended or terminated. No documentation in the records indicate that youth receive the orientation that the facility indicate that they receive.</p> <p>Compliance Goal: 95%</p> <p>Rating: Not Rated</p>
			c)	

Standard	Title	Description	Audit Criteria	Compliance Rate
17	Pre-release	<p>The pre-release process will be implemented 60 days before discharge and will include evaluation of proposed residence as well as the preparation of a pre-release package. Efforts will be made by the SBYP to help the program participants develop an appropriate support group, containment group or relapse prevention group.</p>	<p>a) The expert will review 20% of files of program participants who have completed the pre-release program for documentation that the program participants proposed residence has been evaluated and that the pre-release package was complete at the time of release</p>	<p>Compliance Goal: 95% Rating: Not Reviewed</p>

Standard	Title	Description	Audit Criteria	Compliance Rate
			b) The expert will review 10% of records of program participants who have completed the pre-release process for documentation (phone logs, records, etc) that efforts have been made to assist the program participant in acquiring an appropriate support group	Compliance Goal: 95% Rating: Not Reviewed
18	Aftercare	CYA will contract with community vendors to provide aftercare treatment. Additionally efforts will be made to develop parole as an extension of treatment	a) The expert will review monthly reports from community vendors to insure that they are in compliance with provisions of the contract.	Compliance Goal: 95% Rating: Not Reviewed

Standard	Title	Description	Audit Criteria	Compliance Rate
		and informed supervision	b) The expert will review documentation that the SBTP has been involved in the training of parole personnel.	Compliance Goal: Present/Not Present
19	<b>Program Evaluation</b>	CYA will conduct an evaluation of the SBTP, which will assess basic demographic factors, progress in treatment and treatment outcome including recidivism rates and their possible correlation with the above. If possible, a control group shall be identified and followed with the same variables.	a) The expert will review written proposal for the evaluation project and compliance with agreed upon deadlines	Compliance Goal Present/Not Present

<b>Standard</b>	<b>Title</b>	<b>Description</b>	<b>Audit Criteria</b>	<b>Compliance Rate</b>
<b>20</b>	<b>Program Materials</b>	CYA will contract with a publisher to produce a standardized set of workbooks/journals for the SBTP to include specialized materials for developmentally disabled, females and Spanish-speakers. These materials will be culturally sensitive.	a) Audit will review written contract with publisher for compliance with contract	Compliance Goal: Present/Not Present  Rating: Partially Present: this is presently being done partially by Dr. Cellni
<b>21</b>	<b>SBTP Program Coordinator</b>	CYA will retain a full time program coordinator of the SBTP who will orchestrate the establishment and ongoing operation of all facets of the SBTP	a) The expert will evaluate whether this position has been filled.	Compliance Goal: Achieved/Not Achieved  Rating: Achieved
<b>22.</b>	<b>Vocational Training</b>	The CYA will make vocational opportunities available for youths with sexual behavior.	a) The expert will evaluate vocational training opportunities for youth with sexual behavior.	Compliance Goal: Present/Not Present  Rating: Not Evaluated
<b>23.</b>	<b>Physical Facilities</b>	CYA will insure that adequate and appropriate physical facilities for available	a) The expert will inspect the physical facilities to insure that they are	Compliance Goal: Present/Not Present  Rating: Partial

Standard	Title	Description	Audit Criteria	Compliance Rate
		for both the residential and outpatient programs.	appropriate for conducting a therapeutic program.	The current facility at Chad is inadequate. The space is tiny and is used as a corridor. Facilities at other institutions are adequate.
24	<b>Behavioral Management System</b>	SBTP will develop a behavioral management system based upon the latest research on effective approaches which will reward prosocial behavior and provide reasonable consequences for antisocial behaviors	a) The expert will review 10% of all records for documentation, which supports the use of such a system. b) The expert will review 10% of files containing disciplinary reports for documentation, which supports use of such a system.	Compliance Goal: 95% Rating: Not Rated  Compliance Goal: 95% Rating: Not Rated
26	<b>Healthy Sexuality Programs for all wards</b>	CYA will establish Healthy Sexuality Programs for all wards of CYA.	a) The expert will review records, which document existence of such programs.	Compliance Goal: 95% Rating: 50% I went to Dr. Cellini's office and he showed me the Healthy Sexuality curriculum, which appears to be completed. The program will then need to be piloted, staff trained and

Standard	Title	Description	Audit Criteria	Compliance Rate
				the program implemented. .
27	<b>Training of Adjunct Staff in Needs of Youths with Sexual Behavior</b>	SPTP staff will provide training to educational, medical, recreational and security staffs on the needs of youths with sexual behavior.	a) The expert will review training records documenting that adjunct staff of CYA facilities have been trained in the needs of youths with sexual behavior.	Compliance Goal: Present/not Present Rating: Partial At Chad, this training was being conducted. This item was not monitored for at other facilities
			b) The expert will review the content of training materials to insure that quality training is being provided is suitable.	Compliance Goal: Present /not present Rating: Not present

In addition to review records, the expert will directly observe these activities and facilities.