

SUPERIOR COURT OF CALIFORNIA
CITY AND COUNTY OF ALAMEDA

MARGARET FARRELL,)
) CASE NO. RG03079344
 Plaintiff,)
)
 vs.)
)
 MATTHEW CATE,)
)
 Defendant.)
 _____)

TWENTIETH REPORT OF SPECIAL MASTER

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APPENDICES

- Appendix A: Lovins, *California Division of Juvenile Justice, University of Cincinnati Quarterly Report*, (October 31, 2011).
- Appendix B: Krisberg, *Farrell v. Cate, Safety and Welfare Remedial Plan, Comprehensive Report* (November 18, 2011).
- Appendix C: *Division of Juvenile Justice Force Prevention Plan*.
- Appendix D: Sauter, *Dental Site Visit Reports of N.A. Chaderjian Youth Correctional Facility* (October 7, 2011), *Ventura Youth Correctional Facility* (October 5, 2011), *Southern Youth Correctional Reception Center and Clinic* (October 5, 2011), *California Department of Correction and Rehabilitation, Division of Juvenile Justice, Farrell v. Cate*.

I. INTRODUCTION

The Special Master submits for filing the Twentieth Report of the Special Master. This report reviews the *Farrell* Safety and Welfare Expert's and the Dental Expert's comprehensive report for their 2011 rounds of audits and summarizes and analyzes the status of the California Department of Corrections and Rehabilitation, Division of Juvenile Justice's (DJJ) compliance with the *Farrell* remedial plans. The fourth comprehensive report of the Safety and Welfare Expert (site visits, May 2011 to October 2011) and the Dental Expert's audit reports from his third round (site visits, July 2011 to August 2011) are attached to this report as Appendices B and D respectively. Consistent with an agreement by the parties, the Special Master's report limits the summarization of the experts' reports and instead identifies the major areas of improvement as well as areas of concern.

The report begins with an update on progress on the implementation of the Integrated Behavioral Treatment Model followed by the analysis of progress in the area of Safety and Welfare. When and how force is used and some issues relating to progress at the Ventura Youth Correctional Facility (VYCF), items that were discussed separately in the Eighteenth and Nineteenth Special Master Reports, will be discussed primarily in the Safety and Welfare section of the report. Some items unique to VYCF will be discussed in a separate section on VYCF. Closure of the Southern Youth Correctional Reception Center and Clinic (SYCRCC) and a review of progress regarding the recommendations made in the Eighteenth Report of the Special Master will conclude the report.

II. INTEGRATED BEHAVIORAL TREATMENT MODEL

A. Culture Change

In the Eighteenth Report of the Special Master, the progress of the first six months of the Integrated Behavioral Treatment Model (IBTM) pilot was reviewed. On October 1, the pilot successfully completed implementation of the first year of the project. The IBTM leadership team again demonstrated their skill and commitment by successfully completing almost all scheduled milestones. The only scheduled milestone that was not fully completed during this period is the integration of the assessment tool, California Youth Assessment and Screening Instrument (CA-YASI), into the electronic database, the Ward Information Network (WIN) and that is 90% complete.

Two high core units in O.H. Close Youth Correctional Facility (OHCYCF), Butte and Glenn, were chosen as the initial pilot sites.¹ First-line supervisors and most of their staff in both sites actively embraced the many challenges presented by the pilot. The amount of cultural change in this project is significant and resistance to the proposed changes is to be expected and respected. Many staff have trusted their senior leaders and engaged in the required changes without demonstration of beneficial outcomes. Other staff are slowly committing to required changes as they begin to see the benefit of the program changes.

A significant challenge is training staff to facilitate the cognitive behavioral curricula (often referred to as CBT, cognitive behavioral treatment) that serve as a cornerstone of the treatment program. The Special Master has observed several training sessions over the course of the pilot and has been impressed by the willingness of the staff to learn both the concepts and theory behind the curricula as well as the skills to be

¹ The Glenn unit staff and youth were moved into the Amador unit to be in closer proximity to the Butte unit.

good facilitators. To be expected, some staff are naturally gifted facilitators and others are scared and intimidated by this change in role and skill set. The IBTM implementation team has done an excellent job of providing coaches, resource guides and training for the staff. Staff are supported and encouraged in their efforts to develop new skills.

The IBTM project team has also developed what is referred to as an "advance practice protocol."² A youth who has begun or completed Aggression Interruption Training (AIT) and/or Counterpoint will attend a practice group for 60 minutes on the weekend. This provides an opportunity for practicing skills used in the training and thereby helps to reinforce learning. Role-play and feedback are the core group methods. Skills practiced in groups are further reinforced in the Skill of the Day.³ All of these activities require staff to change their schedule and patterns of interaction.

In June of this year, the IBTM project consultants from the University of Cincinnati Corrections Institute (UCCI) provided training for project staff and unit supervisory staff in how to assess and ensure that the quality of the cognitive behavioral programs is sufficient.⁴ The IBTM project team worked with the consultant team to develop a coaching model to ensure quality assurance of group facilitators.⁵ Research has clearly documented that program benefits such as reduction in recidivism are correlated

² For a more detailed description of the process *see* Advanced Practice Protocol 10-11-2011 (1). This protocol has not been implemented yet.

³ The "Skill of the Day" is a creative option created by the IBTM project staff to help staff support the behavior change being taught in the cognitive-behavioral groups Aggression Intervention Treatment and Counterpoint. Each week a skill is posted on the unit and all staff use the skill as an opportunity to discuss, demonstrate and reinforce desired behavior change. Didactic, modeling and role-play is used to explain and to reinforce the concept. When all units are trained in the IBTM, it will be a facility-wide practice to include teachers, therapists and adjunct staff, etc. The Skill of the Week Calendar and Protocol explains the skills and practice.

⁴ Appendix A, DJJ UCCI Quarterly Report 10 31 11 (see a complete discussion of activities completed in the last quarter).

⁵ The CBT Group Facilitator Coaching Support Form provides a thorough review of the elements of the CBT programs to ensure that each module is being delivered accurately. It is an excellent quality assurance tool.

with the level of accuracy with which programs are implemented.⁶ Creating an understanding that staff must achieve quality targets in their performance to ensure the likelihood of desired outcomes is an essential activity in creating a culture that moves beyond "institution management" to meaningful behavioral management.⁷ Defendant is to be congratulated for recognizing this and creating such a thoughtful quality assurance process. The Special Master supports the emphasis placed on quality delivery of services.

Learning to facilitate the curricula, while daunting for some staff, may be less challenging than other required changes. Changes to the structure of the day as well as changes made to the type of other activities youth may engage in require a significant shift for supervising, counseling, security and treatment staff.⁸ Other groups that have been facilitated for years by staff were eliminated and replaced with new groups and activities. The team meeting structure was modified and new activities such as the Skill of the Day are being added to the program. Changes to the WIN system will now be added to the list of changes expected of staff.⁹ Finally, the knowledge that service delivery will be monitored through quality assurance processes is no doubt an intimidating concept for some staff.

⁶ This concept is referred to as "program fidelity." This term has been and will be used by the Special Master to refer to the concept of implementing a program as it was designed.

⁷ Institutional management seeks to achieve safety and security within the facility using control mechanisms but does not seek to promote change relevant to community success. Behavior management focuses on providing reinforcement consistently applied by all staff for desired behavior through the use of social learning principles to help bring adaptive change that both reduces risk in the facility and in the community and builds skills that foster success in community living. In the case of youth, the principles must be developmentally appropriate and adaptable for youth with disabilities. Mental Health Experts, Drs. Gage and DePrato assisted in the development of this definition.

⁸ See pp. 45-46 of OSM 18 for a discussion about the challenge of adhering to the treatment group schedule.

⁹ The recommended Treatment Interventions for OHC 1.18.11 explain some of the types of changes required.

It takes time to build a level of confidence in any new skill. The level of skill building in the IBTM is significant. Anyone who has grown accustomed to a routine or pattern understands how difficult such significant changes to the way one conducts his or her profession can be. Trusting that these changes are not the latest fad or something just to satisfy the requirements of a lawsuit creates expected resistance to change. Staff may also feel that they are losing discretion regarding use of their time. Adherence to the program changes by staff in the pilot units has been good. Senior facility staff worked diligently to not allow any staffing changes in the units. It can and will take months, if not years, to fully make such a significant cultural shift. All efforts should be made to leave unit teams intact to ensure the depth and level of understanding necessary for full fidelity to the IBTM.

Elements of the IBTM have been developed and trained on throughout DJJ for several years. The IBTM pilots are pulling together these elements into a coherent program. The program changes require staff to change their patterns of interaction with youth and to develop new skills. The staff is to be congratulated for working to make changes in their professional practices. The next steps in the pilot project development plan will challenge staff to change even more.

B. Behavior Management

As the phrase, "It's the economy stupid" served President Clinton's campaign staff, the mantra of the IBTM could be "It's behavior management..." As with a broad term like the economy, the problem with behavior management is the diversity of understanding of not only what it means but also what to do about it. At the heart of the culture change known as the *Farrell* reform effort is the creation of a shared

understanding of what constitutes effective behavior management for delinquent youth and to ensure that all Central Office and facility efforts relentlessly engage only in activities that reinforce this shared understanding.¹⁰ The understanding should be grounded in a theoretical model that is supported by reliable and valid research.

The cognitive behavioral programs being implemented in the pilot units of the IBTM are based on social learning theory. The essence of social learning theory is that behaviors are learned either through one's own experience or by observing others.¹¹ Social learning theory as applied to populations who are sometimes aggressive, violent and treatment resistant assume that all staff interactions with a patient or, in this case, a youth serve either a diagnostic or intervention role.¹² In short, all staff interactions with youth should either model or teach effective behavioral management strategies. Unfortunately, many correctional staff members do not understand what constitutes effective interventions with youth. Many DJJ staff members continue to believe that some of the following strategies will reduce anti-social behavior:¹³

- É Programs that cannot maintain fidelity.
- É Drug prevention classes focused on fear and other emotional appeals.
- É Shaming offenders.
- É Drug education programs.

¹⁰ Culture is defined here as Edgar Schein does. "A pattern of shared basic assumptions that the group learned as it solved its problems of external adaptation and internal integration, that has worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems." Edgar H. Schein, *Organizational Culture and Leadership*, Second Edition, Jossey-Bass, 1997, p. 12.

¹¹ For the basic understanding of social learning theory, see the work of Albert Bandura.

¹² Mental Health Expert, Dr. Bruce Gage, provided the Special Master with a review of one such program in the article, *Changing a Culture: A Brief Program Analysis of a Social Learning Program on a Maximum-Security Forensic Unit*, Kelly R. Goodness, Ph.D. and Nancy S. Renfro, M.Ed.

¹³ This list was taken from a presentation made by Dr. Edward Latessa, the lead consultant with the IBTM project. More detailed explanations can be found in the early work of Dr. Larry Sherman at the NIJ, *Preventing Crime: What Works, What Doesn't, What's Promising*. Updates on this work can be found in several cost benefit analyses by the Washington State Institute for Public Policy (<http://www.wa.gov/wsipp>).

- É Non-directive, client-centered approaches.
- É Bibliotherapy.
- É Freudian approaches.
- É Talking cures.
- É Self-Help programs.
- É Vague unstructured rehabilitation programs.
- É Medical model.
- É Fostering self-regard (self esteem).
- É öPunishing smarterö (boot camps, scared straight, etc.).

The Special Master and most *Farrell* experts have all experienced both treatment and custodial staff who believe that one or more of the above approaches are effective in reducing anti-social behavior in youth. Anyone who has worked in corrections for 20 years or more likely believed in one or more of these strategies. Only in the last 20 years has the body of evidence evolved enough to provide greater insight into what works best with juvenile offenders. The change in practice is not unlike what happens in the medical profession. New research shows past practice to not be effective but getting practitioners to believe that what they have been doing is not effective is difficult so they continue to engage in ineffective practices.

Helping DJJ management and line staff understand what works to reduce problematic youth behavior is done best following the model of the IBTM project which is literally to ensure conformance to a model and then let the results of the project shape staff opinion. There is a pervasive belief among many DJJ staff that the current way of providing services is effective. Data regarding the use of temporary confinement and levels of violence and use of force discussed later in this report are clear evidence that this is not the case. There are pockets of effective service delivery throughout DJJ but all too often, good intervention performed by one staff member is undermined by the less

effective behavior of another staff member. Consistent adherence to effective behavior management principles is the next significant hurdle for the IBTM project.

While there is anecdotal evidence as well as some intermediate measures that appear to demonstrate the implementation of the cognitive behavioral programs are positively impacting both youth and staff, without a clearly structured behavior management program that complements the group work, the IBTM will not yield the best possible results.¹⁴ To that end, the IBTM project team has developed a prototype of a behavioral management system that incorporates the current DJJ Disciplinary Disposition Management System (DDMS), youth incentive and Alternative Behavior Learning Environment (ABLE) systems. In their October 31, 2011 progress report, the UCCI consultants noted:¹⁵

Integrating additional reinforcers provides incentives to youth for following the facility rules, and provides reinforcement to youth trying to use the skills taught during core programming to manage their stay at DJJ. These strategies, along with the skills youth are being taught in programming, should help to address overall misconduct and some of the use-of-force issues at DJJ.

The experience of the UCCI consultants is consistent with experience of other juvenile and adult corrections systems. The key to reducing youth violence and misconduct lies in the ability of the staff to reinforce desired behavior. This issue will be discussed in greater detail when the Mental Health Experts provide an assessment of the mental health

¹⁴ The Special Master has been provided anecdotal information about staff who were resistive to the concept of the IBTM and who are now indicating that the program is making a difference in the behavior of some youth. The IBTM project staff has done a qualitative analysis of 21 youth who have completed their series of CBT counseling group sessions and early indicators are that for 15 of the youth notable progress is evident as measured by a reduction in disciplinary reports. These are youth on a high core unit and they are showing a reduction in the level of fights and other problematic behaviors. This data is not included because of its preliminary nature and the descriptive nature of the analysis identifies youth.

¹⁵ DJJ UCCI Quarterly Report 10 31 11, p. 4.

system in DJJ. Repeated examples of staff reinforcing undesirable behaviors were noted in the assessment process.¹⁶

The implementation of cognitive behavioral programs alone will not result in the type of change in behavior of youth that both parties desire. The program content must be reinforced in all staff and youth interactions. This will require most staff to relinquish some beliefs about what works to change negative youth behavior. While there has been significant training for mid-level treatment staff about how to effectively interact with youth, line custodial and treatment staff remain untrained in significant numbers. The IBTM project team is remedying this situation by targeting training for those staff that will next implement the cognitive behavioral curricula and have created a coaching class for staff not formally trained in the curricula. A "train the trainers" training is scheduled for February of 2012. This will expand the base of trainers in preparation of expansion of the pilot to other units in OHCYCF and other facilities.

The implementation of the behavior management program will require changes to existing policies, procedures and protocols. The UCCI consultants' note:¹⁷

Up to this point, elements of the behavior management system have not been piloted, as they are still being designed. Because the BMS tends to involve substantial changes to the system, and to policy, programming elements tend to be underway before behavior management elements. Nonetheless, the IBTM should have at least some components of the BMS being piloted and reviewed during Phase III of program implementation.

The greatest challenge for staff will be the introduction of a consistent and evidence-based behavior management system. The challenge will be greatest for those staff working with the most high risk and violent youth. This can be seen in the Behavioral

¹⁶ The assessment of DJJ facilities by the Mental Health Experts will be presented to the parties in December of 2011.

¹⁷ DJJ UCCI Quarterly Report 10 31 11, p 4.

Treatment Units (BTP) at VYCF. The program guide is based upon the concepts and principles of the IBTM. The guide is well done and the training in it is equally well done.¹⁸ At this time, given some of the serious staff assaults and repeated assaults by youth on each other, it is very difficult for some staff to believe that the development of a more effective behavior management system can induce change in the youth.¹⁹ As is often the case in facility settings, changes in behavioral management systems are often developed and implemented out of sheer desperation when existing practices fail to control the challenging youth. Reliance on control which typically translates to only negative consequences has been a proven failure with juvenile delinquents. As is the case at VYCF, what happens is the staff literally run out of consequences because they have removed all privileges from the youth. Ironically, the components referenced by the UCCI consultants are being introduced in units not trained yet in the IBTM because current practices have failed to influence youth behavior.

A very promising indicator that the principles of the IBTM are beginning to influence practice agency-wide is the response of Defendant to problems at VCYP with the BTP units and the use of Temporary Intervention Programs (TIP) and Temporary Detention (TD). Defendant has implemented some immediate changes that are consistent with the IBTM and recognizes that ultimately the long-term solution lies with full implementation of the IBTM. Some of these changes are discussed in Section III of this report.

C. Next Steps

¹⁸ The Special Master observed IBTM staff members train VYCF BTP staff, managers and educators on June 23, 2011. Refresher training and coaching was provided to BTP staff and managers on November 3, 2011.

¹⁹ The Special Master thanks the staff of the BTP units at VCYP for sharing their candid feelings and observations with her.

Del Norte and Calaveras, two more units at OHCYCF have completed training in the cognitive behavioral programs and began implementation on October 1st. Other units at OHCYCF will follow in 2012. Discussions are underway about possible implementation at some units at VYCF. The Special Master recognizes the sense of urgency about transferring the IBTM to all units but cautions that implementation requires adequate support staffing from the trainers and coaches. For example, while the quality of the BTP training is excellent, inadequate on-site coaching limits the transfer of concepts from the training site to the facility units. Success of the IBTM pilot to date has been based on the heavy reliance on coaches and trainers being on site. Additional coaches and trainers will be needed if the schedule for implementation is to be expedited.²⁰

Another challenging issue is the integration of mental health psychologists into the IBTM. Efforts in this area have been mixed.²¹ A December meeting with the Mental Health Experts to discuss this issue will include the IBTM project team. The time has come for Defendant to propose the model for integration of mental health services into the IBTM. Defendant has been unable to do this in part because of not having Mental Health Experts to work with. This situation is now remedied so decisions can be made.

The integration of the CA-YASI into the WIN system is essential to gaining staff support for the IBTM. Dual entry has been at best discouraging for case managers and

²⁰ This sentiment is echoed in the UCCI consultant report, *see* DJJ UCCI Quarterly Report 10 31 11, p. 4. “As this body of staff decreases with layoffs and transfers, the ability to expand programming with fidelity also becomes limited. The rate of expansion will need to be closely monitored to ensure that adequate training and coaching is being provided, and that changes to the existing protocols are continually made based upon feedback from the pilot experience.”

²¹ There appears to be a lack of clarity on the part of mental health leadership on this issue. Psychologists who have an interest seem to participate while others do not. There is not a consistent strategy or direction.

limited access to case plans by youth counselors and officers has greatly limited the possibility of effective intervention and engagement by staff in the living units as well as other providers such as teachers. The integration of the CA-YASI into the electronic database is scheduled to be completed by the end of December 2011. Finishing this project should be a priority for Defendant.

Finally and of perhaps greatest significance, Defendant must stop treating the IBTM as if it is only a pilot project. The IBTM is central to virtually every significant issue that is not in compliance in the *Farrell* case. Defendant continues to make good progress in meeting the mandates of the lawsuit and continues to struggle in changing the culture of DJJ from one of "institution management" to behavioral management.²² Without this cultural change, Defendant cannot be relieved of judicial oversight.

Recognizing the challenges of working in an environment that has both cumbersome personnel rules and stringent labor regulations, it is imperative that line staff and managers not be moved from units. It takes a minimum of two to three years for cultural change of this magnitude to take hold. Evidence of understanding this can be demonstrated through adequate staffing and resources of the IBTM project team and ensuring that there is consistent leadership on the team. Continuity of staffing is essential not just on the living units but also in the implementation team. It is essential that this team be allowed to travel as needed. The UCCI consultant team, the Safety and Welfare and Mental Health Experts share these views.²³ The UCCI consultants summarize this well.

²² See Footnote 7 above for the definition of these terms.

²³ The UCCI recent quarterly report, The SW Expert current comprehensive report and a recent Mental Health Expert assessment of VYCF all discuss the need for consistent leadership in the IBTM team and some discuss the need for travel.

Overall, uncertainty related to potential layoffs and staff transfers has made keeping the momentum of the IBTM difficult. Continuity in leadership has helped the continued progress of the IBTM. Key positions on the IBTM have been saved from transfer or termination. Continued protection of all the IBTM positions will be necessary to make continued progress on implementing the IBTM across DJJ.

III. SAFETY AND WELFARE

The Safety and Welfare Expert, Dr. Barry Krisberg, conducted a full round of site audits between May 2011 and October 2011. Data referred to as "the fourth round" indicates this time period unless otherwise specified. Dr. Krisberg provided his draft and final revised version of his comprehensive report to the parties and the OSM on November 15, 2011. The comprehensive report for the fourth round of site visits is attached as Appendix B.²⁴

Progress in the area of safety and welfare can be difficult to measure. There are objective and subjective measures of issues like safety. The Safety and Welfare Remedial Standards and Criteria ("standards and criteria") that were developed by DJJ and the Safety and Welfare Expert and approved by the Plaintiff provide one measure of progress. During past rounds of audits, the Safety and Welfare Expert used these standards and criteria to audit DJJ facilities and Central Office.

For the fourth round, a new audit protocol was developed and implemented whereby the California Department of Corrections and Rehabilitation's Office of Audit and Court Compliance (OACC) in conjunction with DJJ staff conducted a pre-audit of each of the facilities and Central Office approximately 45 days prior to the expert's site visit. The OACC report assigned a rating for each audit item identified in the standards and criteria with explanation and rationale to support its ratings. The Safety and Welfare

²⁴ Appendix B, Dr. Barry Krisberg, "Farrell v. Cate, Safety and Welfare Remedial Plan Comprehensive Report" (January 2, 2012).

Expert and OSM reviewed and analyzed OACC reports and spot-checked the data to assess the validity of the assigned ratings. The purposes of the new audit protocol are twofold -- to help Defendant to sustain reform by developing its own internal quality assurance capability and to enable the Safety and Welfare Expert to direct his focus on the more substantive issues to expedite reform effort.

The safety and Welfare Expert also used other quantitative data to assess Defendant's progress. These data include "Facility Safety Data" that are compiled in Defendant's CompStat system and the Performance-based System (PbS), a nationwide database that collects data on various numerous outcome measures in two collection cycles each year. In addition, Dr. Krisberg made qualitative assessments of the progress of Defendant's remedial efforts through personal observations during his onsite visits, interviews of youth and staff, and review of quantitative data.

A. Findings Overview

The Special Master agrees with Dr. Krisberg's findings and observations. In summary, Dr. Krisberg found:

- Despite challenges and uncertainties, all three remaining DJJ facilities and Central Office have continued to make progress toward compliance with the remedial plan requirements as delineated in the standards and criteria. The improvement was most significant at OHCYCF where the overall percentage of items in substantial compliance increased by approximately 14 percent, from 73% to 87% between rounds. Dr. Krisberg urged caution against placing too much reliance on these compliance percentages to measure the success of reform efforts since these audit items are not weighted and primarily focused on compliance rather than performance.
- After years of reform efforts, Facility Safety Data and PbS outcome measures show there have not been significant declines in violence and fear at the facilities. Dr. Krisberg again urged caution in interpreting these data, especially those in earlier period, as the data may not be totally accurate and thus precludes meaningful comparisons. Moreover, there are other factors that could cause an increase in violence that are extremely difficult to quantify. For example, the

effect of several rounds of facility closures and the significant decline in youth population has resulted in a smaller but higher risk and need population that is more closely concentrated in a few facilities and this creates new management challenges.

- From a qualitative standpoint, Dr. Krisberg opined that OHCYCF is well run and the IBTM pilot projects are progressing well. The N.A. Chaderjian Youth Correctional Facility (NACYCF) has made a remarkable turnaround and is ready to embark on meaningful reform. Serious challenges still confront VYCF that require strong leadership at the facility and closer oversight and intervention by the Central Office. Dr. Krisberg describes the situation at OHCYCF and NACYCF as “In general, I found Superintendent Erin Brock exerts great leadership at [OHCYCF and NACYCF] and her management team is committed to deliver high quality treatment and services to youth. Overall the levels of compliance with the Safety and Welfare Remedial Plan are quite good.”²⁵
- Some key areas remain “works in progress” to varying degrees. They include use of force, restrictive housing programs, IBTM and a comprehensive gang strategy. Other key issues that have not been adequately addressed include gender responsive programming and facility improvements to avoid a “prison-like” atmosphere and environment at DJJ facilities.

B. Revised Audit Process

The new audit protocol was a great success as both the Safety and Welfare Expert and the Office of the Special Master (OSM) found the work performed by OACC highly professional, thorough, and objective. As a result, the final expert and OSM ratings reflect few deviations from the OACC’s ratings. An analysis of the rating variances disclose the following:

- The Safety and Welfare Expert and OSM changed some of the ratings as a result of events or actions taken after the OACC’s 45-day pre-audit. For example, at NACYCF, OACC rated audit Item 8.3.2b regarding facilitating ongoing family contact to be in partial compliance because its sample was only able to identify 71% of documented instances where call and/or attempts took place. Subsequent to the OACC pre-audit, additional data were produced to demonstrate that all youth were provided with an opportunity to make at least four phone calls per month. Some declined while others were unable to make the calls because of logistical reasons. This rating was upgraded to substantial compliance.

²⁵ Observations of Dr. Barry Krisberg, Safety & Welfare Expert, for OHCYCF (Round 4) and NACYCF (Round 4).

- Some variances occurred as a result of the Safety and Welfare Expert's qualitative judgment. For example, at NACYCF, OACC rated audit item 6.5 regarding staffing at BTP unit to be in partial compliance because a Case Worker Specialist position was being performed by a Parole Agent I. The Safety and Welfare Expert upgraded this item to substantial compliance because all other positions in the BTP unit had been filled and the Parole Agent I carried out the duties of the Case Worker Specialist. Another example is audit item 3.2 regarding providing training to staff on the use-of-force-policy. OACC had rated this item to be in substantial compliance because Defendant had revised the policy and more than 85% of the facility's staff have received training on the revised policy. After issuing substantial compliance ratings for this item in previous rounds, the Safety and Welfare Expert rated this item not applicable during this round. All parties agreed that the policy has proven to be unclear, ineffective, and is in the process of being rewritten and that further staff training will be needed after the policy is revised.
- Input by Mental Health Experts is needed to resolve some of the audit items. In the standards and criteria, there are about six audit items related to the Central Office and two items for the facilities that are in need of clarification from the Mental Health Experts regarding disposition. The Special Master and the Safety and Welfare Expert will consult with the Mental Health Experts regarding these items prior to the next round of audits.

The following tables provide a summary of rating variances between OACC ratings and the Safety and Welfare Expert and OSM's final ratings. It should be noted that rating variances occurred within specific categories as some items were upgraded while others were downgraded.

VYCF

| | SC | PC | NC | NA | NR | Total |
|--------------|----|----|----|----|----|-------|
| OACC Rating | 52 | 15 | 8 | 4 | 3 | 82 |
| Final Rating | 48 | 16 | 11 | 7 | 0 | 82 |
| Variance | -4 | +1 | +3 | +3 | -3 | |

OH Close

| | SC | PC | NC | NA | NR | Total |
|--------------|----|----|----|----|----|-------|
| OACC Rating | 60 | 6 | 3 | 2 | 7 | 78 |
| Final Rating | 60 | 6 | 1 | 7 | 4 | 78 |
| Variance | 0 | 0 | -2 | +5 | -3 | |

NACYCF

| | SC | PC | NC | NA | NR | Total |
|--------------|----|----|----|----|----|-------|
| OACC Rating | 54 | 15 | 3 | 3 | 8 | 83 |
| Final Rating | 59 | 9 | 1 | 10 | 4 | 83 |
| Variance | +5 | -6 | -2 | +7 | -4 | |

Central Office

| | SC | PC | NC | NA | NR | Total |
|--------------|-----|----|----|----|----|-------|
| OACC Rating | 122 | 15 | 4 | 7 | 0 | 148 |
| Final Rating | 113 | 15 | 4 | 16 | 0 | 148 |
| Variance | -9 | 0 | 0 | +9 | 0 | |

C. Responding to Youth Violence

The OSM analyzed selected Facility Safety Data by comparing each facility's average rates of youth-on-youth violence²⁶ against average rates of use of force and Level 3 DDMS for the first six months of 2010 and 2011. The data show that OHCYCF, considered by the Safety and Welfare Expert as a well-run facility, has had the highest average rates of youth-on-youth violence during those periods. For example, the average youth violence rate for the first six months of 2010 at OHCYFC was .53 per 100 youth days in comparison to .28 and .29 for NACYCF and VYCF, respectively. However, despite having the highest rates of youth violence, OHCYCF's rates of use of force and

²⁶ Violent incidents include fights, group disturbances, and batteries on staff, gassings, and sexual assaults. Most of these violent incidents involved fights among youth and group disturbances.

Level 3 DDMS were proportionally much lower than the other facilities. During the same time period, OHCYCF's use of force rate of .24 was about half of .46 at NACYCF and .50 at VYCF and its rate of Level 3 DDMS was 1.6 in comparison to 2.0 at NACYCF and 4.3 at VYCF. Similar, but less dramatic, pattern exists for the first six months of 2011. These data suggest that OHCYCF staff, in comparison with the other facilities, were less prone to use force or issue level 3 DDMS when youth engaged in violent behavior.

The following table provides a comparison of youth violence rates to use of force and Level 3 DDMS rates for the first six months of 2010 and the first six months of 2011. OSM compiled the data using DJJ's Facility Safety Data for the same periods. The rates are based on 100 youth days.

| Year/Facility (First six months) | Youth Violence Rate (Average) | Use of Force Rate (Average) | DDMS Rate (Average) | UOF Rate to Violence Rate | DDMS Rate to Violence Rate |
|----------------------------------|-------------------------------|-----------------------------|---------------------|---------------------------|----------------------------|
| 2010 | | | | | |
| OHCYCF | .53 | .24 | 1.6 | 45% | 3.0/1 |
| NACYCF | .28 | .46 | 2.0 | 164% | 7.1/1 |
| VYCF | .29 | .50 | 4.3 | 172% | 14.8/1 |
| 2011 | | | | | |
| OHCYCF | .60 | .23 | 2.6 | 38% | 4.3/1 |
| NACYCF | .31 | .27 | 1.5 | 87% | 4.8/1 |
| VYCF | .53 | .67 | 4.0 | 126% | 7.5/1 |

The facilities' practice of placing youth into restrictive housing provides another key indicator of the staff's capacity to deal with youth who engaged in violent behavior. Despite having the highest rate of youth violence, OHCYCF's placement of youth on the TD and TIP programs were far below those of the two other facilities. For the first six

months of 2011, the total number of youth placed on TD/TIP at OHCYCF was 368 in comparison to 539 at NACYCF and 1,035 at VYCF.²⁷ Evidently, the staff at OHCYCF is more adept at using other means of intervention besides restricted housing.²⁸ The following chart provides a summary of the number of TD and TIP placement at the three facilities during the first six months of 2011:

| | Temporary Detention | Treatment Intervention Plan | Total |
|--------|---------------------|-----------------------------|-------|
| OHCYCF | 7 | 361 | 368 |
| NACYCF | 8 | 531 | 539 |
| VYCF | 958 | 77 | 1,035 |

As discussed in Section II, the Special Master strongly believes that Defendant's current effort to implement the IBTM is the key to creating effective intervention strategies to address youth behavioral issues. In addition, in its effort to address the issues identified in a self-commissioned study on use of force, Defendant recently developed a Force Prevention Plan that incorporated IBTM principles and included a strong component for positive incentive programs. This effort will complement the implementation of IBTM, which is further discussed in the following section of this report on use of force.

D. Use of Force

After the release of report by a self-commissioned internal study group on the issue of use of force, Defendant's use-of-force policy and practices were discussed at length in the Eighteenth Report of the Special Master. In her report, the Special Master

²⁷ Compiled by OSM based on email from Mark Blaser to Deputy Special Master John Chen dated November 15, 2011.

²⁸ Other possibilities include the IBTM is having an impact and/or the nature of the OHCYCF populations is significantly different from that of the other two facilities.

reviewed and analyzed reports of *Farrell* Experts, an outside force expert, and the internal study group and made a series of recommendations. The use-of-force recommendations from OSM 18 include:

- Provide staff with appropriate training and skills in addressing youth behavior issues.
- Re-examine and revise the current use-of-force policy, especially the application of controlled and immediate use of force.
- Devote greater effort, especially by mental health professionals, to intervene and accommodate youth with certain mental and/or physical conditions.
- Re-examine and revise the current force review committee model to improve accountability and provide greater emphasis on intervention, de-escalation and prevention.
- Reduce application of chemical agents in living units.

The Special Master again discussed this issue in her Nineteenth Report to the Court in which she analyzed and assessed Defendant's effort and progress to implement an effective use-of-force model. In her report, the Special Master assessed Defendant's preliminary implementation plan and commented on the timeframe and challenges confronting Defendant's implementation plan and efforts. During the ensuing Case Management Conference that was held on September 15, 2010, the Court directed the parties to meet and confer to reach a stipulated agreement on the course of action and timeframe for completion to achieve the desired outcome as envisioned in the Safety and Welfare Remedial Plan.

The Special Master believes Defendant has made significant progress on this issue since the September Case Management Conference. The notable accomplishments include:

- A Crisis Intervention Plan has been completed for every youth in Defendant's system by October 31, 2011 and will be updated continuously.²⁹ Each living unit has a binder that contains the youth's crisis support plans for reference by staff. It is unclear at this time what quality assurance process Defendant has in place to ensure consistency in the content of the plans among the living units and the facilities as well as the quality of the plans with respect to addressing the youth's treatment needs. Defendant should consider devising a system to monitor quality and consistency.
- Weekly interdisciplinary team meetings are being conducted at each living unit to improve communication, discuss training interventions, discuss youth behavior issues, update the youth's Crisis Intervention Plan when necessary, and other related areas.³⁰ Again, Defendant should consider devising a monitoring system to ensure meaningful and productive outcomes through these weekly meetings.
- Defendant executed a contract with an outside force expert, Michael Gennaco, for consultation and advice in revising the current model for reviewing force incidents at the facilities and at the Central Office. A new force review model/protocol is scheduled to be adopted by January 16, 2012 and an assessment will be made to determine the effectiveness of the new model by June 29, 2012.
- The parties have reached agreement on a Force Prevention Plan that delineates the vision, goals, tasks to be performed, deliverables and performance indicators for effectively managing use of force in DJJ. The Force Prevention Plan incorporates the principles of the IBTM and encourages and promotes increased application of positive incentives throughout the DJJ system. All tasks in the plan are to be completed by the end of 2011-12 fiscal year except for Law Enforcement Training and Research Associate (LETRA) training which will be completed in two phases. The first phase will deliver LETRA training to staff in mental health units, behavior treatment program units, and high core unit by July 6, 2012. Staff in the remaining living units will receive LETRA training by July 6, 2013. Once adopted, the tasks, timeline and deliverables of the Force Prevention Plan will be tracked through project management software by staff in DJJ's Policy Unit. The Force Prevention Plan is attached as Appendix C.³¹
- Defendant has completed a draft of the revised use-of-force-policy, which is currently being reviewed by the Plaintiff. While the draft policy may need further refinements, it is the opinion of the Special Master that the draft policy represents a vast improvement over the current policy in terms of content, substance and clarity. Once the new policy is adopted, Defendant needs to assign high priority to promptly developing specific procedures to implement the policy.

²⁹ See memorandum, Yvette Marc-Aurele, Use-of-Force Project Manager, to Dorene Nyland, Associate Director of Quality Assurance. November 3, 2011.

³⁰ *Ibid.*

³¹ Appendix C, Division of Juvenile Justice Force Prevention Plan.

It is the opinion of the Special Master that the recently developed Force Prevention Plan and the revised use-of-force policy, if properly implemented, will address many of the previously identified concerns and will greatly enhance Defendant's ability to accomplish the purpose and intent of the Safety and Welfare Remedial Plan. The Special Master acknowledges and commends Defendant's actions and efforts in this undertaking. The Special Master also urges Defendant's management to closely monitor the implementation progress of this project and intervene if necessary to ensure the desired outcome is timely achieved.

E. Temporary Detention (TD) and Treatment Intervention Plan (TIP) Programs

Concerns regarding this issue originated at VYCF in February 2011 when the OSM made a site visit and found a youth who had been in his cell for 28 hours straight but WIN records reflected that he received one hour out-of-cell time within the previous 24-hour period. The Special Master expressed her concerns to DJJ and OACC about insufficient out-of-cell time (as well as inaccurate reporting of out-of-cell time) and questioned whether the same problem exists at other DJJ facilities.

In response to the Special Master's concerns, the OACC immediately launched an investigation into the issues raised. In a report issued in March 2011 that was generally directed to restricted programs (Temporary Detention, Treatment Intervention Programs, and Program Change Protocol), the OACC auditors found that, among other things, VYCF youth indeed were systematically not receiving even DJJ's established

requirement of three hours out-of-cell time daily.³² In response, DJJ management sent a team of Central Office staff to assist VYCF in determining . . . what systems have already been put in place to address the identified deficiencies . . . identify the causes of deficiencies and . . . develop strategies to help to address the deficiencies.³³

Since the release of the OACC report, both the Central Office and VYCF's management have intensified their monitoring efforts to ensure compliance with the requirement of three hours out-of-cell time daily. Through the WIN system, a weekly report is produced to identify, on a daily basis, the number of out-of-cell minutes recorded for each youth on TD or TIP status at each of the facilities. When the weekly report indicates that a youth did not receive the three hours out-of-cell time, the facility is required to provide an explanation along with a corrective action plan to rectify the situation.

During a site visit to VYCF in May 2011, the OSM found an internal memorandum, dated March 15, 2010, that prescribed an education protocol for youth placed on TD/TIP status.³⁴ The memorandum required the living units to notify the school administration if a youth is extended on TD/TIP status beyond 72 hours. Once notified, the school principal shall prepare a plan identifying the method for providing "alternative education services" to the youth on TD/TIP status beyond 72 hours. The memorandum further stated, "The current requirement of providing education services through the door along with three hours of independent work daily shall be sufficient to

³² The three hours out-of-cell time is an internal policy that requires a minimum of three hours of out-of-cell time where youth are housed in individual cells rather than in open dorms. The Plaintiff has not endorsed this policy.

³³ See letter, Rachel Rios, Director (A) to Special Master, April 21, 2011.

³⁴ See memorandum, Doug P. McKeever and Sandra Youngen to Superintendents and Principals, March 15, 2010.

meet this protocol.³⁵ This requirement could be construed to have been met if any education service is provided "through the door," even for as brief a period as ten minutes.

In September 2011, OACC auditors conducted a follow-up review of services and conditions of confinements related to youth placed in restricted programs at VYCF. In a report issued on October 10, 2011, OACC auditors found that WIN data indicates youth in VYCF are consistently receiving an average of 180 (100%) mandated out-of-room minutes while placed on restricted program. OACC auditors validated the WIN data through youth and staff interviews. The OACC report also contained the following findings:

- Discrepancies exist between WIN out-of-room minutes and those recorded in living unit log books for youth placed on restricted program.
- VYCF's High Risk Core Treatment Program, Casa Los Caballeros (CLC), is operating as a BTP and regularly programs youth in groups segregated by ethnicity/gangs.
- CLC was operating a modified program also known as a Program Change Protocol (PCP) from August 16, 2011 through August 31, 2011, without submitting the required program status report to the Central Office, nor were they tracking mandated services for youth included in the modified program.
- The BTPs utilize "solo programs" without the appropriate treatment components.
- Headquarters monitoring of restricted programs lacks effectiveness.
- Education services are provided to youth on restricted program approximately 50% of the required time.

The OACC report indicated that it was the DJJ Court Compliance Education Team Lead who completed a review and made the determination that education services provided to youth placed on restricted program met the minimum standard approximately

³⁵ Neither the Plaintiff nor the Education Experts have endorsed this education protocol.

50% of the time in August 2011. It is unclear what criteria were used for determining the minimum standards. Presumably, it was based on the education protocol prescribed in the March 16, 2010 internal memorandum that, in the opinion of the Special Master, fails to provide adequate education services. The OACC report noted that:

“There are quality assurance issues regarding the provision of educational services that still must be explored. They include the acceptability of in-room versus out-of-room educational services, time requirements per restricted program youth and the length of time after a program restriction services are required to be provided. Currently, educational services are not offered until after what would be the initial three days of missed school and the practice of providing an in-room homework packet may not meet standards for the delivery of meaningful educational services as required in the Education Remedial Plan.”³⁶

In August 2011, the OSM initiated a review of the TD/TIP programs as a result of concerns expressed by the Plaintiff. The review objectives included the following:

- Gain a better understanding of the magnitude of TD/TIP programs and how they are being used.
- Determine whether youth received their mandated services, particularly education services, while on TD/TIP status.
- Determine what treatment/intervention services youth received while on TD/TIP.

To accomplish the review objectives, the OSM reviewed and analyzed TD/TIP data for July and August of 2011 and made site visits to NACYCF and VYCF. A site visit to OHCYCF was not deemed necessary because DJJ data showed that the number of youth placed on TD/TIP status was relatively low. During the site visits, the OSM interviewed youth and staff and reviewed records at the facility. Youth interviews were limited to youth in the mental health units, BTP units and high core units. The following provides a summary of the OSM review findings and observations:

³⁶ See report of the Office of Audits and Court Compliance, Restricted Program Mandated Service, Follow-up Review, Ventura Youth Correctional Facility, October 2011, p. 7.

- Among the three DJJ facilities, OHCYCF and NACYCF have discontinued the practice of placing youth on TD status and rely on TIP exclusively. Thus, any entries in WIN indicating youth on TD status from these two facilities were results of data entry errors. Meanwhile, VYCF continues to place youth on TD in large numbers. The following provides a comparison of TD/TIP placement among the three facilities for July and August of 2011:

July 2011

| | NACYCF | OHCYCF | VYCF |
|--------------------|--------|--------|------------------|
| # of TIP Incidents | 100 | 33 | 23 |
| # of Youth on TIP | 76 | 26 | 21 |
| Average # TIP Days | 1.9 | 1.6 | 6.8 |
| # of TD Incidents | 0 | 0 | 159 |
| # of Youth on TD | 0 | 0 | 96 |
| Average # TD Days | 0 | 0 | 2.6 |
| Youth on TIP/TD | 0 | 0 | 19 ³⁷ |

August 2011

| | NACYCF | OH Close | VYCF |
|--------------------|--------|----------|------------------|
| # of TIP Incidents | 106 | 43 | 23 |
| # of Youth on TIP | 76 | 38 | 22 |
| Average # TIP Days | 2.1 | 2.4 | 9.8 |
| # of TD Incidents | 0 | 0 | 222 |
| # of Youth on TD | 0 | 0 | 119 |
| Average # TD Days | 0 | 0 | 1.84 |
| Youth on TIP/TD | 0 | 0 | 13 ³⁸ |

- In addition to having the highest number of TD/TIP incidents, the number of youth placed on TD/TIP status on multiple occasions was also much higher at VYCF. For example, OHCYCF and NACYCF respectively had a total of five youth and 30 youth placed on TIP status multiple times in August 2011. At VYCF, there were more than 100 youth placed on TD/TIP status multiple times during the month. One youth was on TD/TIP eight times and four youth on TD/TIP seven times during the month.

³⁷ Of the 21 youth placed on TIP during July 2011, 19 were also placed on TD status during the month.

³⁸ Of the 22 youth on TIP during August 2011, 13 were also placed on TD status during the month.

- The average duration of TD/TIP placements ranged between 1.6 days and 2.6 days in the two-month sample with the exception of TIP placements in VYCF, which averaged 6.8 days in July 2011 and 9.8 days in August 2011. However, both the OACC auditors and OSM found that many incidents occurred consecutively which resulted in youth being on TD/TIP for extended periods.
- The facilities did not always provide youth with the education services in accordance with the minimal standards in the education protocol outlined in the March 15, 2010 internal memorandum. At NACYCF, the primary reasons were youth refused education services or the instructor cancelled education services because it would interfere with the youth's program time. At VYCF, youth on TD/TIP were denied their mandated education services for the following reasons:
 - Youth refused education services. Youth interviewed stated that they refused the one-hour of education time because it is deducted from their three hours of out-of-room program time. This practice does not appear to be consistent among the living units as some staff interviewed indicated that they would deduct one hour of program time if youth refused education services.
 - Educational providers were not always notified since an overwhelming number of TD placements were less than 72 hours. However, a significant number of youth were on TD for more than 72 hours because of consecutive placements and the custody staff did not always track these consecutive placements accurately and timely. According to the Assistant Superintendent, action is being taken to rectify this condition.
 - Some educational providers were mistakenly under the belief that the 72-hour requirement was for three school days rather than three calendar days.
 - There is insufficient education staff to deliver the services in light of the high number of TD/TIP incidents at the two high core units.
- Facility staff are supposed to enter into WIN program code "R2E" for education services provided to youth on TD/TIP. For the nine youth sampled (all non-high school graduate/non-GED), there were no R2E entries in any of the youth's attendance history from August 8, 2011 to September 30, 2011. All nine youth were assigned to the BTPs or the high core units and were on TD/TIP for more than three consecutive days during August 2011.
- At VYCF, it is logistically difficult, if not impossible, to provide youth with the full complement of mandated education services at some of the living units. Given the high number of youth on TD and TIP status in the high core units, the school principal indicates that he does not have staff resources to provide one hour of education services to each youth on TD or TIP. In addition to TD/TIP,

there are other situations such as the entire living unit being placed on program change protocol status or youth placed on "solo program" status that create logistical challenges in delivering education services.

- All youth interviewed at NACYCF and at VYCF stated that an overwhelming portion of their three hours of out-of-room program time were spent on unstructured activities at the dayroom or at the exercise yard with little or no staff interaction.
- At VYCF, all youth interviewed indicated that they have had little interaction with staff in the form of counseling or treatment services while on TD/TIP status. Staff interviewed stated they typically engaged in unstructured dialogue with youth on a daily basis throughout their period of confinement. These activities were rarely documented in the counseling notes.
- Staff at VYCF did not appear to be familiar with TIP requirements. When questioned, even the program administrator did not know whether the facility had a policy on TIP. The Assistant Superintendent was able to produce a document prescribing procedures for TIP, which apparently has not been widely circulated.

Defendant has begun taking action to remedy the issues identified by the OACC auditors and OSM. Actions to date include the following:

- On November 2, 2011³⁹, a memorandum was issued to the superintendents and the principals rescinding the March 15, 2010 memorandum on education protocol for youth on TD/TIP. The facilities are instructed to "provide full access to education to all youth including youth on TD/TIP after the third school day."
- On November 3, 2011, the Central Office staff delivered refresher training to all VYCF managers, first and second-line supervisors, and casework specialists on TIP protocol and procedures.⁴⁰
- On November 9, 2011⁴¹, a memorandum was issued to the superintendents eliminating all TD placements effective November 14, 2011.
- A multi-disciplinary team, consisting of Central Office and facility staff, has been formed to develop a Treatment Intervention Program policy by January 2, 2012⁴².

³⁹ See memorandum, Mike Minor, Deputy Director (A) to Superintendents and Principals, November 2, 2011.

⁴⁰ Per telephone conversation between Mark Blaser and Deputy Special Master John Chen on November 16, 2011.

⁴¹ See memorandum, Mike Minor, Deputy Director (A) to Superintendents, November 9, 2011.

⁴² See memorandum, Mike Minor, Deputy Director (A) to Superintendents and Principals, November 2, 2011.

- An implementation plan has been developed in draft form and was presented to the Plaintiff on November 18, 2011. The plan, patterned after the recently developed use-of-force implementation plan, ensures that the vision, goals, tasks, milestones, deliverables and performance indicators are consistent with the principles of IBTM. The parties have scheduled a meeting on November 30, 2011 to discuss the draft plan.

The Special Master believes the above actions represent positive steps toward the implementation of a cohesive program to deliver meaningful treatment and service to youth housed in a restrictive setting. Ultimately, the issue will be addressed through the full implementation of the IBTM. In the meantime, however, immediate action is needed to ensure youth at VYCF receive appropriate treatment, education and recreation activities when they are in a restricted status. In his comprehensive report, the Safety and Welfare Expert opined that this issue is not material at OHCYCF, manageable at NACYCF, but critical at VYCF. The Special Master agrees with the Safety and Welfare Expert's assessment that this matter requires strong facility leadership at VYCF and close Central Office oversight and supervision in the upcoming months to ensure youth receive appropriate treatment and services while in restrictive housing programs.

F. Meeting the Purpose and Intent of the Safety & Welfare Remedial Plan to Reduce Violence and Fear

In his comprehensive report, the Safety and Welfare Expert opined that the decline in youth population and facility closures may cause the apparent lack of quantifiable data to show substantive reduction in violence and fear in recent years. The Special Master concurs with the Safety and Welfare Expert's opinion. More importantly, however, the Special Master believes the problem mainly lies with DJJ staff not having adequate skills and tools to effectively identify the cause of violence and to assist each youth to address their unique behavior issues on an individual basis.

Violence is normal with youth and especially anti-social youth who come from chaotic environments and who have not learned to regulate their emotions. The challenge for any program working with juvenile delinquents is to create an environment that uses typical youth violence as teaching and treatment moments to help youth learn constructive ways to regulate their emotions and behavior. A further reduction in violence will not occur until the quality and quantity of the behavior management strategies of all staff align with proven evidenced-based practices that teach youth how to constructively regulate their behavior. Without an integrated behavioral treatment program, it is highly unlikely Defendant will achieve any further reductions in violence.

Facility leadership is another critical factor in the facility's effectiveness in dealing with youth who engage in incidents of violence. It is the opinion of the Special Master that the Stockton Complex benefitted from years of stable and strong leadership. Such has not been the case at VYCF. One common measure of the effectiveness of leadership in a facility setting is the behavior of the residents. Effective leaders understand and implement the principles of effective behavior management with both staff and residents that result in a facility milieu that is safe and fosters constructive behavior.

Under the *Farrell* consent decree, DJJ staff have been provided with a broad array of training designed to improve and enhance staff capability in providing treatment and in responding and engaging effectively with youth. In the absence of a formal system to continuously assess and reinforce staff knowledge and skill gained through such training, Defendant depends on the ability of facility leadership to determine what constitutes an effective response to youth violent behavior. A review of data suggests the practices vary

significantly among the DJJ facilities. The Special Master believes this is in part a reflection of the knowledge and capacity of the leadership at the different facilities.

IV. VENTURA YOUTH CORRECTIONAL FACILITY FOLLOW-UP

The issues confronting VYCF have been discussed at length in the Special Master's Eighteenth and Nineteenth Reports. The issues first surfaced in early 2010 when concerns were raised during the Case Management Conference on March 28, 2010 about education staffing at the facility's BTP unit. In April 2010, the parties, the Safety and Welfare Expert and the Special Master, made a site visit to VYCF. During the site visit, several issues were identified, solutions proposed and actions agreed upon including the following:

- Superintendent will audit to see if Program Service Day (PSD) is understood in each unit and whether there are sufficient structured activities in each unit consistent with DJJ policy.
- Requirements for a youth to move from a high core unit to a low core unit are written and posted to be understandable to youth.
- Gather data regarding which youth receive the required educational hours, which do not and the reasons why not. DJJ was to provide short and long-term goals to get all youth in school for the required number of hours.
- Superintendent will review violence data for the school area to understand if this needs to be addressed and if so, how?
- The Superintendent will work with the staff and the youth to develop a plan to reduce violence in the school environment. Possible elements include: incentive system which includes how to reinforce lack of violence and a description of conflict resolution strategies that align with and reinforce what the treatment teams are trying to accomplish.
- ABLE will be evaluated to determine if it is adequate for students who cannot receive education services in the school environment. The same process would be used for the housing units.
- The Superintendent will share his methods for ensuring that he and his management team define the new organizational culture.

- Train remaining staff in BTP protocol and practices and determine whether BPT model is being followed and if not, what is going to be done.

In her Eighteenth Report, the Special Master noted that only the first two of the agreed upon tasks had been completed at that time. Meanwhile, in violation of Defendant's own policy, some youth in the BPT unit were confined in their room more than 21 hours a day and were denied their mandated educational services.⁴³

In her Nineteenth Report, the Special Master described the following problems and Defendant actions taken to address:

- Training on the BTP protocol.
- Ensuring adequate out-of-cell-time.
- Providing mandated education services.
- Integrating youth into the general populations.

Defendant actions taken to address these concerns were analyzed in the OSM 19. Progress was notable in training BTP unit staff, management and educators about the BTP program protocol, the creation of more program and recreation space and training staff on how to document youth activities. The Special Master further noted that, on August 4, 2011, the Honorable Jon S. Tigar issued an order to show cause as to why Defendant should not be held in contempt for violation of Court orders of out-of-cell time. The hearing is set for January 26, 2012. Order Granting Motion to Enforce Court-Ordered Remedial Plans and to Show Cause Why Defendant Should Not Be Held in Contempt of Court, August 4, 2011 (August 2011 Order), at 5. On the same day, the Honorable Jon S. Tigar issued an order to hire adequate teaching staff within 90 days and to ensure adequate classroom space within 150 days. August 2011 Order at 5.

⁴³ See Section III, pp. 22-24 for a more detailed description of these issues.

Since the release of the Nineteenth Report, the Special Master has toured the facility with the Secretary of California Department of Corrections and Rehabilitation on September 8, 2011 and with the Mental Health Expert on November 8, 2011. In addition, the Deputy Special Master visited the facility on October 6 and 7, 2011 to review the facility's TD and TIP Programs. We observed that, in general, the staff at VYCF has been making a concerted effort to address many of the previously noted deficiencies. Staff efforts are particularly notable because the facility management and staff were confronted with the daunting challenge of consolidating and moving living units to facilitate transfer of approximately 120 new youth as a result of the closure of the SYCRCC. Also notable is that the problems appear to be limited to the two BTP units and the two high core units.⁴⁴ The other living units continue to program normally. The youth in the BTP units and the high core units together represent approximately one-third of VYCF's total youth population prior to the transfer of SYCRCC youth.⁴⁵

The Special Master found the following successes particularly encouraging:

- As noted in the Nineteenth Report of the Special Master, BTP training was provided to the living unit staff on June 23 and 24, 2011 based on the BTP program guide. The program guide is consistent with IBTM and solidly grounded in the principles of social learning. The Special Master attended the first day of training and found it to be highly useful, informative and well delivered. The trainers returned to VYCF on August 17 and 18, 2011 to provide follow-up training, mentoring and coaching to the BTP unit staff. Additional training was delivered to the BTP units' staff in Motivational Interviewing (August 22 to 24 and August 29 to August 30), Anger Interruption Training, Cog B (August 30 to August 31), and Counterpoint (August 26 to August 30 and October 17 to October 21).⁴⁶
- One of the facility's serious challenges has been the lack of spaces to program youth and to deliver mandated services. The group recreation areas at VYCF

⁴⁴ See OSM review of TD/TIP programs at VYCF and NACYCF.

⁴⁵ *Ibid.*

⁴⁶ See memorandum, Michael Minor, Deputy Director (A) to Special Master Nancy Campbell, November 10, 2011.

were completed on September 30, 2011. The areas are used for program and outside recreational space for youth in the BTP units⁴⁷. In addition, the modular construction program is on schedule to be completed by January 1, 2012⁴⁸. In May 2011, Defendant entered into an agreement with the Prison Industry Authority (PIA) to purchase and install nine modular units at VYCF. Each modular is 24x40 and will be modified to two separate 12x40 units. The modular will add program spaces to the BTP units, the high core units, and the adjacent core units. Two modular buildings will be located in the rear of each BTP units to maximize access by youth in those living units⁴⁹.

- Staff shortage is another problem that plagued VYCF in recent years. The problem, at least for now, has been mitigated by the closure of SYCRCC. A total of 73 SYCRCC staff volunteered to transfer to VYCF and eight of those were teachers⁵⁰. As a result, of volunteer transfers or involuntary ðredirects,ö almost all of the facility's vacancies have been filled as of November 2011.⁵¹ While future vacancies could occur as a result of the state's lengthy and complicated staff reduction process, the facility essentially has a full complement of staff for the first time in recent years.
- As noted in its October 10, 2011 report on follow-up review of youth in restricted programs, the OACC found WIN data in August 2011 suggest youth were consistently receiving an average of 180 mandated out-of-room minutes per day while being placed on restricted program. When refusal minutes are factored in, youth were offered an average of 187 minutes per day. In comparison, the OACC in its March 2011 report found WIN data reflected that youth in restrictive programs only received an average of 73 out-of-room minutes per day in February 2011. The data were consistent with the results of youth and staff interviews during both reviews. However, the OACC report also raised an important question about the accuracy and reliability of the WIN data as significant discrepancies were identified between WIN and living unit log notations. The facility has appointed a Mandated Service Coordinator at the beginning of the new school year (August 8, 2011) to monitor the status of students on TD/TIP programs⁵².
- Unlike its experience with the youth from the Hemen G. Stark Youth Correctional Facility, VYCF to date has not encountered any major problems (i.e., group

⁴⁷ *Ibid.*

⁴⁸ *Ibid.*

⁴⁹ See email, Mark Blaser to Deputy Special Master John Chen, November 10, 2011.

⁵⁰ See email Mark Blaser to Deputy Special Master John Chen, November 18, 2011.

⁵¹ Statement of Michael Minor, Deputy Director (A), in a meeting with Mark Blaser and Deputy Special Master John Chen on November 18, 2011.

⁵² See memorandum, Michael Minor, Deputy Director (A) to Special Master Nancy Campbell, November 10, 2011.

disturbance, gang or racial related violence) resulting from the transfer of approximately 120 youth from SYCRCC⁵³.

Commitment to resolving issues at VYCF are significant and evidenced by the level of service Central Office staff is providing. After the problem of excess confinement was identified during the Special Master's visit in February 2011, staff from the Central Office made a total of 53 trips to the facility from March 2011 to November 2011⁵⁴. Some of the visits were *Farrell*-related activities such as accompanying the *Farrell* experts during site visits. However, the majority of the Central Office staff visits to the facility were to provide training, guidance, technical assistance and other troubleshooting activities. Given its current budgetary constraint, every travel assignment is closely scrutinized and must be approved at least by the Acting Director. The number of Central Office staff visits to VYCF demonstrates that Defendant is taking this matter very seriously.

While the facility appears to be moving in a positive direction, there is much more that needs to be accomplished. As discussed in the previous section of this report on TD/TIP programs, it is clear that some youth in restricted programs are not receiving the full complement of education services. The Defendant must also address the issue of the significant variance between WIN and living unit logs and take action to ensure the accuracy and reliability of WIN data. In addition, while the facility may be meeting the policy mandate of three hours of out-of-room time daily, most of the time the youth were engaged in unstructured activities during the time they were out of their rooms. The Defendant should, through policy, directives and training, clearly emphasize and convey

⁵³ Statement of Michael Minor, Deputy Director (A) in a meeting with Mark Blaser and Deputy Special Master John Chen on November 18, 2011.

⁵⁴ See email, Mark Blaser to Deputy Special Master John Chen, November 18, 2011.

the expectation to all staff that the three hours of out-of-room time is a minimum requirement and that staff must constantly encourage and involve youth in meaningful activities in a structured setting.

Staff understands the concept that the BTP should provide more counseling and treatment services to youth. AIT and Project Impact are being delivered on the units but still only the first two modules of Counterpoint.⁵⁵ Moving from a punitive culture to one of positive behavioral management will take time. This is a clear example of where a behavioral management plan that is based on social learning will significantly benefit both staff and youth. Without additional tools and skills, the staff will remain challenged by the violent and difficult behavior of the small subset of youth on the BTPs.

In her Nineteenth Report, the Special Master discussed the issue of Defendant's inability to integrate a group of youth in the BTP into the general population. This small population is extremely challenging and presents unique challenges for DJJ. The older age of the youth combined with deeply entrenched racial and gang biases makes it difficult to know what the best strategies are to work with these youth. Defendant is in the midst of contracting with a community-based organization (CBO) that has worked with gang-affiliated youth in the community. The CBO is to develop a curriculum based on art and poetry to work with this population. It is hoped that this effort combined with the research contracted for by Defendant to understand and to develop an effective gang strategy will provide insight into the best behavioral management strategies for these youth.⁵⁶

⁵⁵ See memorandum, Michael Minor, Deputy Director (A) to Special Master Nancy Campbell November 10, 2011.

⁵⁶ Defendant has received initial results from the survey research being conducted by Professor Cheryl Maxson at University of California, Irvine.

The Special Master believes the facility's ability to achieve successful outcomes ultimately depends on the capability of the staff and the facility's leadership. Implementation of IBTM will eventually address the staff capability concern. In the meantime, Defendant is making efforts to provide training to staff to enhance and improve staff skills in youth behavior management. The critical issue currently confronting Defendant is to provide a strong and stable facility leadership team. The Superintendent position has been vacant for some time and Defendant is in the final stages of the selection process. It is critical to appoint a superintendent who will be actively involved in the day-to-day operation of the facility and who has an in-depth knowledge and understanding of effective evidence-based juvenile interventions. VYCF staff are to be commended for their efforts to resolve the issues discussed above during a time when they do not have a permanent leadership.

V. DENTAL CARE

Dental Expert, Donald T. Sauter, DDS, MPA, completed his third round of dental audits between July and August 2011. The audit results and findings are attached as Appendix D⁵⁷. OHCYCF, having achieved two rounds of full substantial compliance, was not audited this round. The Dental Expert will do a partial review of OHCYCF next round to ensure continued substantial compliance in all areas. The Dental Expert did a courtesy audit of SYCRCC so that he could review and provide feedback regarding the reception functions for the southern region.

A. Facility Compliance

⁵⁷ Appendix D, Dental Site Visit Reports for VYCF, NACYCF and SYCRCC by Donald T. Sauter, DDS, MPA,

The Dental Expert assigned an overall rating of substantial compliance for NACYCF. The facility has achieved an overall substantial compliance rating in two successive rounds. Dr. Sauter attributed the facility's success to the hard work and drive of the Supervisory Dentist. He also opined that, without close oversight and guidance to the facility's dental staff, the overall substantial compliance rating is likely unsustainable. Dr. Sauter will conduct a follow-up review of NACYCF and OHCYCF next year to ensure that these two facilities in the Stockton Complex are able to sustain their substantial compliance rating⁵⁸.

The Dental Expert assigned two overall ratings for VYCF – one for "clinical screens" and one for "questions." The audit items for clinical screens were primarily based on quantitative analysis of data whereas the audit items for questions were primarily based on the Dental Expert's qualitative judgment. For the clinical screens section, Dr. Sauter found the facility to be in substantial compliance. For the questions section, Dr. Sauter assigned a rating of "conditional substantial compliance." In order for the conditional substantial compliance rating to be converted to substantial compliance, Defendant must submit data to the expert within 90 days following the receipt of the Dental Expert's report on October 6, 2011 showing a significant and sustainable reduction for the audit item regarding broken appointments.

The following provides a summary of the Dental Expert's ratings for each of the audit items:

| Audit Item | VYCF Rating | NACYCF Rating |
|---|------------------------|------------------------|
| 1. Access to Care | | |
| Youth Orientation to Dental Care Access | Substantial Compliance | Substantial Compliance |
| Access to Oral Hygiene Supplies | Substantial Compliance | Substantial Compliance |
| Urgent Care | 100%, Screen 4 | 100%, Screen 4 |

⁵⁸ See email, Dental Expert Don Sauter to Deputy Special Master John Chen, October 12, 2011.

| | | |
|--|----------------------------------|---------------------------------|
| Nurse Training | Substantial Compliance | Substantial Compliance |
| Broken or Failed Appointments | Non-Compliance ⁵⁹ | Partial Compliance |
| 2. Quality of Care | | |
| Screening and Examinations | 100%, Screen 1 | 100%, Screen 1 |
| Primary Prevention | 100%, Screen 2 | 100%, Screen 2 |
| Dental Caries Stabilization ó Secondary Prevention | 100%, Screen 5 100%, Screen 3 | No Rating |
| Caries risk assessment | 100%, Screen 1 | 100%, Screen 1 |
| Dental classification of long term youth | 58%, Screen 12 | 90%, Screen 12 |
| Dental Extractions | 100%, Screen 7 | 100%, Screen 7 |
| Routine Restorative Treatment | 91%, Screen 8 100%, Screen 9 | 100%, Screen 8 90%, Screen 9 |
| Comprehensive Exam and Treatment Plan | 91%, Screen 10 | 100%, Screen 10 |
| Removable Partial Dentures | No Rating, Screen 11 | 100%, Screen 11 |
| Availability of Specialists | Comment Only | Comment Only |
| Dental Care of Mental Health Patients | 100%, Screen 6 | 100%, Screen 6 |
| Quality Management | | |
| Quality Assurance | Partial Compliance | Partial Compliance |
| Peer Review | Partial Compliance | Partial Compliance |
| 3. Physical Resources | | |
| Equipment and Instruments | Substantial Compliance | Substantial Compliance |
| 4. Human Resources | | |
| Dental Care Staffing | Comment Only | Comment Only |
| Licensure and Required Certificates | Substantial Compliance | Substantial Compliance |
| Infection Control | Substantial Compliance | Substantial Compliance |
| 5. Dental Program Management | | |
| DJJ Dental Policies and Procedures | Substantial Compliance | Substantial Compliance |
| DJJ Dental Management Structure | Comment Only | Comment Only |

B. Areas for Improvement and Implementation Success

Defendant appears to be on the way to reach full compliance with the Dental Remedial Plan. As previously noted, Both OHCYCF and NACYCF have achieved substantial compliance in two successive rounds of audits. If Defendant can address the issue with broken appointments, VYCF could improve its overall rating from partial compliance in the prior round to substantial compliance in this round. If current efforts can be sustained and VYCF achieve an overall rating of substantial compliance in the

⁵⁹ The Dental Expert issued a “provisional partial compliance” to be converted to partial compliance if DJJ produce data to show sustainable reduction in broken appointments within 90 days following the receipt of the report on October 6, 2011.

next audit cycle, monitoring for the dental plan could be transferred from the Dental Expert to Defendant by the fall of 2012.

The remaining challenges facing Defendant at this time is whether the facilities can continue to sustain their current substantial compliance ratings. In analyzing the Dental Expert's reports on VYCF and NACYCF, the key impairments appear to be:

- Uncertainties about whether Defendant will be able to maintain stability and adequate staffing level for the dental units. Both VYCF and NACYCF still need to hire a second full-time dental assistant to comply with the new business rules. The staffing issue at VYCF apparently is being addressed, at least temporarily, through staff transfer from SYCRCC.⁶⁰ However, although NACYCF now has a full-time dentist and one full-time Registered Dental Assistant, both individuals were not placed into permanent positions as of October 6, 2011 and were in the process of being transferring back to their original adult facility. Due to the realignment, DJJ will be receiving a "bumped" dentist from CDCR. DJJ will have no say in which person they receive nor will they be able to screen the person's credentials and qualifications. In addition, the Dental Expert's reports found that the improvements at the two facilities were largely attributed to the Supervisory Dentist's hard work and organization skills. If Defendant's budget dilemma results in change in employment status of the Supervisory Dentist, it could cause serious impairment to Defendant's progress and efforts to achieve full compliance with the Dental Remedial Plan.
- The issue of broken appointments also posed challenges to both VYCF and NACYCF's ability to deliver services to youth. The Dental Expert's rating for this audit item was partial compliance for NACYCF and "conditional" partial compliance for VYCF. Conflicts with Program Service Day (PSD) schedule apparently is the primary factor that resulted in reschedule of dental appointments, Dr. Sauter opined that the dental staff needs to adjust their hours further to fit the needs of the PSD. The dental clinic needs to be open later each day so more wards can be treated after the school is dismissed at 2:30. The adjustment in the dental schedule will require custody officers to be available later in the day to escort the dental patients. In the upcoming month, the Special Master will work with Defendant and the Farrell Experts to explore ways to facilitate coordination in order to further minimize scheduling conflicts.
- The facilities quality management systems still need improvement as both VYCF and NACYCF received partial compliance ratings for the two audit items under this category. The two audit items are quality assurance and peer review.

⁶⁰ See memorandum, Carol Salazar, Standards Compliance Coordinator, Health Care Services, to Dental Expert Don Sauter regarding VYCF dental audit, October 26, 2011

Defendant needs to follow the Dental Expert's recommendations to improve the facilities' quality management systems.

If Defendant can address these challenges and thereby maintain the substantial compliance ratings for all facilities, this will be the first area that monitoring will be transferred in full from a *Farrell* expert to Defendant.

VI. CLOSURE OF SOUTHERN YOUTH CORRECTIONAL RECEPTION CENTER AND CLINIC

The closure of the SYCRCC that was announced on June 13, 2011 has been completed successfully.⁶¹ The closure of this facility was extremely complex because of several factors. This is the first closure in several years where Defendant had to engage in more complex negotiations with labor because of the recently agreed upon contract.⁶² Activation or de-activation of any unit required labor negotiations. To effect required cost savings, both the Central Office and facilities were undergoing staff reductions that resulted in not just fewer staff but changes in staff assignments. The youth population was higher than original projections. Perhaps the greatest factor that increased the complexity of this closure was the need to transfer the reception center, transportation and Mental Health Residential Unit (MHRU) functions. Finally the decrease in the female population required a reduction to one living unit for females, which means combining girls with very different risk and needs together.

The closure ceremony was held November 17, 2011 at the facility. Defendant did an excellent job adhering to the proposed project timeline.⁶³ Seventy-seven staff

⁶¹ As with past closures a small group of youth remains at the facility to assist with final cleanup activities. The transportation hub will not be moved until the end of November.

⁶² Defendant had operated under "implemented terms" not a full contract for the last several years. The contract was finalized April 1, 2011.

⁶³ See Proposed Transition Plan SYCRCC 11-08-11.

transferred from SYCRCC to VYCF.⁶⁴ Staff was transferred in advance of youth transfer to ensure a safe and secure process. As noted above, the transferred staff helped to eliminate most of the long-held vacancies that have plagued the facility for several years.

Defendant sought input from both Plaintiff and the experts on several occasions. Conference calls with experts were held on September 9th and October 25th. Closure issues were discussed with Plaintiff at meetings of parties.

Plaintiff had concerns regarding whether the influx of new youth would result in an increase in violence in the facility and whether the caps on the number of youth in living youth set by the Court would be violated. Similarly, the Special Master has concerns that VYCF has not yet been able to address the challenging behavior of a small group of youth who are very effective in creating disruption in both BTP and high core units. Adding more youth to the facility with the least effective behavior management processes does not appear to be a management decision that anyone thinks is wise but Defendant has a mandate and no other options for locating the youth.

The Special Master was on site on two occasions when youth from SYCRCC were being transferred to VYCF. The process appeared to be designed to reduce the fears of youth and there was no apparent increase in violence. As noted in Section III of this report, the violence at VYCF appears to be limited to existing units and is not a result of transfer of youth from SYCRCC. The *Farrell* living unit caps have not been exceeded.⁶⁵

By all measures, the transition process was well designed and implemented in a timely and thoughtful fashion. As in the past, the focus on closing of a facility drains energy and enthusiasm from staff, increases the anxiety of youth and takes the focus off

⁶⁴ See SYCRCC Staff Transfers.

⁶⁵ See Living Units and Farrell Caps (1). This document was prepared upon request from the Special Master by Defendant.

reform. Defendant continues to struggle with how to move reform forward in a chaotic and unstable environment. The disruptive impact of executive and legislative decisions is turning out to be one of the greatest hindrances to Defendant's efforts to reform. Judicial oversight can only benefit the youth and citizens of the State of California if all the branches of government commit to the reform effort.

VII. CONCLUSION

In OSM 18, the Special Master made 13 recommendations to the Court regarding changes needed for implementation of the *Farrell* remedial plans. Most of the recommendations relate directly to the critical issues regarding how staff manages difficult and often dangerous behavior of youth. The recommendations require a significant cultural shift in the conceptual framework of what Defendant considers to be effective strategies to create both a safe and secure facility environment *and to consistently provide the type of reinforcement that teaches youth the skills needed to reduce their risk to the community*. Understanding that these two functions are only **not** mutually exclusive but work to support the same goal of building skills that foster success in community living is the central issue of the *Farrell* reform effort. The Court has repeatedly framed this issue as the need for "cultural change" and has made it clear that despite the progress in most of the remedial plans, the progress in this area has not been sufficient. The Special Master believes that progress is finally being made in this area.

In reviewing the OSM 18 recommendations, the Special Master notes that despite the significant size and scope of the recommendations, five have been fully implemented, six show good progress and two show no progress because actions and/or decisions required in other recommendations must be finalized by the parties for the activity to

begin. The recommendations from the OSM 18 report are listed below. Fully completed items are italicized, those in bold have had no action and those in regular typeface have shown significant progress. Defendant is ready to begin implementation of most of these items but needs agreement from Plaintiff to move forward.

1. *Revise the Crisis Prevention and Management Policy to show a continuum of interventions and include immediate force as the most restrictive intervention method.*
2. *Revise the Crisis Prevention and Management Policy to ensure that a Crisis Prevention Plan is completed for all youth with 60 days of arrival at a facility.*
3. *Complete a Crisis Prevention Support Plan for all youth designated mentally ill and/or disabled within 90 days and all remaining youth within 180 days.*
4. Revise the use-of-force review process to focus on training staff to reduce their reliance on force and to learn how to de-escalate and prevent use of force through cognitive behavioral management practices.
5. The Use-of-Force-Implementation Committee and IBTM staff adopt a recommendation for behavioral management training that teaches how to de-escalate and prevent the need for force. The recommended training should be provided to all direct care staff, within 180 days. Scheduling preference should be given to staff at VYCF.
6. Immediately issue a directive to stop using chemical agents on single youth or female youth who do not engage in assaultive behaviors or pose an imminent danger to self or others.
7. **Conduct a pilot project that reduces the use of chemical agents on a mental health unit and substitutes the behavioral management strategies.**
8. Design and provide training and coaching in the behavior management skills as identified in the Integrated Behavioral Treatment Model (based on knowledge acquired through recent Dialectical Behavior Therapy (DBT) pilot projects).
9. Examine the role of mental health professionals and explore means to increase their involvement in force incidents involving youth with a disability and/or mental health designation.
10. *Provide DJJ Education Services with an exemption from the hiring freeze so that youth in all of DJJ's facilities will receive at least the mandated 240 minutes of education services per day, including youth on the BTP "high core" units and*

youth on Temporary Detention and Temporary Intervention Programs.

11. *Provide immediately training to all staff on VYCF's BTP units, VYCF's managers and administrators and all staff on other facilities' BTP units so that the facilities BTP units operate consistently with the rehabilitative intent of the BTP policy.*
12. Negotiated placement of planned modular buildings at VYCF and other sites, which will afford education staff additional instruction space, and unit staff additional program treatment and/or group space must be completed no later than January 2012.
- 13. Provide training regarding the IBTM to senior headquarters and institution staff as well include Youth Correctional Officers in IBTM training and Cognitive Behavioral Primer.**

The parties have collaborated to create a process for responding to situations that potentially require force that is rooted in the social learning principles that underpin the IBTM. The parties are very close to finalizing a stipulation that codifies a use-of-force process that encourages and teaches staff how to avoid the use of physical and chemical restraints and how to use violent behavior as a therapeutic opportunity to support youth to learn new behaviors that enhance their ability to live in a community without resorting to violent and/or other forms of anti-social behavior.

The Special Master urges the parties to finalize agreement on the use-of-force process so Defendant can move forward with all of the elements of the use-of-force plan. The Special Master is confident that once this plan is put fully into effect, the current problems with over-reliance on confinement of youth will be reduced. As noted by Dr. Krisberg, the Safety and Welfare Expert, two out of three of the DJJ facilities do not overly resort to confinement. The remaining institution, VYCF, Dr. Krisberg indicates, suffers from a lack of consistent and effective leadership. This is not to say there are not many dedicated and skilled senior managers and line staff at VYCF who work tirelessly

to serve youth but the efforts are not sufficient and likely will remain so without permanent leadership.

In the final analysis, the only thing that reduces inappropriate use of force and over-use of punitive measures such as confinement is educating staff about what really works to prevent the need for such measures. What really works is behavioral management strategies developed to do more than to punish. Behavioral management strategies that use anti-social behavior as the platform for developing pro-social behavior has been proven to reduce not just safety and security problems in facilities but to help reduce the risk that youth will re-offend. The Special Master congratulates Defendant for gains made in monitoring and compliance efforts. To move past compliance to the cultural change required by the Court, the California Department of Corrections and Rehabilitation must commit the resources needed to train and coach staff. The Special Master believes in most cases this is not a question of more staff (and in some cases it is fewer staff) but of having the right staff. The right staff understands the principles of social learning and knows how to use them to develop a behavior management system that reduces risk, not just gains compliance.

The Special Master respectfully submits this report.

Dated: January 5, 2012

Nancy M. Campbell
Special Master

CALIFORNIA DIVISION OF JUVENILE JUSTICE
UNIVERSITY OF CINCINNATI QUARTERLY REPORT

October 31, 2011

Submitted by: Lori Lovins, MSW, LISW-S

Project Description

The University of Cincinnati Corrections Institute (UCCI) is working with the California Division of Juvenile Justice (DJJ) in the implementation of evidence-based cognitive behavioral programming. UCCI's involvement with DJJ began with assisting them to develop an implementation plan for the Integrated Behavioral Treatment Model (IBTM), which was to be submitted by October 1, 2010. The IBTM is critical to the six remedial plans submitted to the courts in response to the Farrell lawsuit. Monitors appointed by the court are overseeing implementation of the IBTM, as well as the six remedial plans. While several components of the IBTM had been implemented prior to October 1, 2010, other components had not or had been implemented with limited fidelity. The IBTM Implementation Plan specifies what components are in place and what components will be addressed with the assistance of UCCI.

Two facility units housing high risk youth at OHCYCF in Stockton, CA were selected by DJJ as the pilot implementation sites. Eventually, the program components successfully piloted at these sites will be implemented DJJ wide. This will allow for program adaptations to be made before wide-scale implementation occurs. Likewise, these sites can serve as model training units for DJJ. The development and implementation of evidence-based programming involves a collaborative effort between DJJ headquarters, OHCYCF unit staff, and UCCI. A multidisciplinary implementation team (MIT) was developed, as well as subcommittees charged with addressing programming deficiencies. IBTM deliverables were identified for each subcommittee, which are outlined in the IBTM Implementation Plan. Subcommittees meet regularly to address program needs and ensure deliverables are being met.

The following report represents a summary of services rendered by UCCI within the last quarter (August 1—October 31, 2011). Included in this is an August site visit, which will be summarized here. The report will also specify progress being made toward meeting IBTM goals, continued areas of need, as well as upcoming tasks.

August Site Visit

A site visit was conducted by Edward Latessa and Lori Lovins on June 23, 24 and 25, 2011. This visit afforded UCCI the opportunity to spend time on each of the pilot units, observe treatment groups, provide a coaching session on the group observation form, as well as meet with IBTM members and OHC/DJJ administrators and managers regarding the IBTM progress and continued program needs. Court monitors, including the Special Master, also accompanied the visit,

participating in several of the same meetings and observations. Site visit findings will be discussed below.

Progress in Implementation of the IBTM

DJJ established a multidisciplinary implementation headquarters team, as well as 4 subcommittees: 1) *Assessment and Case Planning*; 2) *Treatment/ Scheduling*; 3) *Behavior Management*; and 4) *Quality Assurance*. Both DJJ headquarters staff and unit staff are represented on these committees to develop strategies for program implementation. Phase II (7 through 12 month) deliverables were due by September 30, 2011. All deliverables were submitted by the due date. Phase III will involve extension of program implementation beyond the pilot units.

Assessment/Case Management Committee: The case planning process has been completed. The clinic is now assessing the CA-YASI in its entirety within the youth's first 30 days, rather than limiting assessment to the static factors. The full CA-YASI score can then be used to assign youth to units. This also allows the CA-YASI and discussion of risk factors to be integrated into the Initial Case Review which involves a board member/representative. Unit case managers are still expected to complete the case plans within the youth's initial 60 days, based on the CA-YASI assessment. The protocol specifies that the CA-YASI be reassessed every 120 days by the youth's case manager. As of the last meeting, IT was still working on finalizing the integration of the CA-YASI with the WIN electronic system.

Treatment/Scheduling Committee: Now that core programming is being delivered on a routine basis on each of the pilot units, which is being tracked via records of group cancellation, concentration this quarter has been on expansion of programming beyond CounterPoint and Aggression Interruption Training (AIT). First, skill of the week groups have been developed and implemented. These are brief unit-based daily sessions that offer a mechanism for additional practice of social and coping skills. Use of these sessions serves the purpose of both increasing the amount of programming youth receive, and assisting to expand cognitive behavioral concepts beyond the core treatment groups, making treatment a more universal language in DJJ. Skill of the week has been implemented on both pilot units, and IBTM staff are working to expand its use to additional OHC living units and then the other DJJ facilities. IBTM staff have provided coaching to unit staff and youth as to how these sessions should operate. Furthermore, as use of this strategy is expanded beyond the pilot units, IBTM staff are developing a formal coaching class that will be used to coach staff not yet formally trained in CounterPoint or AIT (as the strategy used to teach skill of the week builds off of these curricula).

An AIT train-the-trainer was tentatively scheduled for the first two weeks in November, but the IBTM decided to postpone this training, in order to be better prepared. Based on UC's availability, the training was rescheduled for early February. In the interim, all staff selected as trainers will be identified and observed delivering at least 3 AIT groups with an acceptable rating on the group observation form. This is a qualification for participation in the train-the-trainer. Additionally, IBTM staff, most of whom will also be trained as trainers plan to use this time to conduct additional AIT sessions to again fulfill the requirements for the training. Since Phase III marks the beginning of moving program implementation to the non-pilot sites, it will be important to have increased

capacity in delivering the core interventions. Some non-pilot staff have been trained by UC, or were trained prior to UC's involvement, and have been conducting these treatment groups.

A structure for delivering advanced practice sessions has been developed. Coaching for these sessions will be provided by UC at the next site visit, and these sessions will be implemented on the pilot units. A very comprehensive staff resource guide was also developed by DJJ as a Phase II deliverable. The IBTM is working with unit staff on how to make access to this guide as user-friendly as possible. Finally, Butte has been piloting the appointment of youth assistants who are Level A youth that have completed core programming, and can provide supportive roles for staff in preparing for and delivering group sessions (e.g. scribe, co-actor during role plays, preparing material).

During the August site visit, the treatment groups observed by UC were appropriately delivered. However, additional coaching will support staff in fully understanding the model and delivering the sessions with high fidelity. Hence, the IBTM team was instructed that increased unit coaching was needed, particularly now that coaching was provided by UC on the quality assurance forms. UC also worked with IBTM and subcommittee staff to lay out a framework for skill of the week and the advanced practice group. These were finalized later by the IBTM. Finally, a meeting was held with the chief psychologist at DJJ, who assured increased involvement in core program delivery by mental health staff (who have been included in the UC training). However, a follow-up email was distributed in September that provided rationale for why the mental health team's involvement will remain limited.

The Quality Assurance Committee: UCCI has worked with the QA subcommittee to develop a group observation form that can be used to assess the fidelity of core treatment programming. A coaching session on use of this tool was provided by UC at the August site visit. IBTM staff developed a video of a treatment group being delivered to DJJ youth, which was used for the coaching session. There has been discussion about developing additional video clips as models for staff in effectively delivering the core programming. Regarding the QA form, the IBTM has recently sent an observation schedule to three of the OH Close units, where feedback will be provided on the delivery of core programming. Priority is being given to individuals identified as prospective trainers in AIT; however, CounterPoint groups are being observed as well.

The Quality Assurance team, along with DJJ's research team, has developed a proposal for formally studying the effectiveness of the IBTM programming. During the August site visit, a meeting was held to discuss the DJJ research plan. Feedback with given by Dr. Latessa as well as a large group of DJJ staff and consultants. This research proposal is currently being finalized. The research team was later asked to limit the scope of the study, given the limited number of staff in the research department. Components, such as the qualitative focus groups, were removed from the initial proposal.

The quality assurance team is beginning to develop a more formal protocol for case conferences, assuring that the CA-YASI is tied in to case reviews, and that a similar model is used across units. The team also plans to develop quality assurance forms for monitoring case conference delivery, once the protocol is complete. The team is also reviewing the behavioral assessment and progress

forms sent by Dr. Latessa, which may help to monitor youth progress in meeting treatment goals and generalizing concepts learned in treatment groups.

The Behavior Management Committee: This committee has been working to refine the draft behavior management system description that integrates the Youth Incentive Program, DDMS and ABLE into a more cohesive system. This document is designed to provide clear instruction for staff on the expectations around reinforcing positive behavior and sanctioning negative behavior. The primary attention has been on augmenting the current Youth Incentive Program, so that additional daily and intermittent reinforcers are added to promote positive youth behavior. Examples include a daily reinforcer for program/facility compliance and use of skills, and a "character coupon", which focuses on the development of prosocial and character building behaviors, such as respect, integrity and responsibility. Integrating additional reinforcers provides incentives to youth for following the facility rules, and provides reinforcement to youth trying to use the skills taught during core programming to manage their stay at DJJ. These strategies, along with the skills youth are being taught in programming should help to address overall misconduct and some of the use of force issues at DJJ.

Areas of Need/Concern

Continued attention needs to be paid toward fidelity to AIT and Counterpoint, as well as incorporation of supporting sessions. There will continue to be additional treatment elements added, such as orientation, advanced practice and substance abuse groups. The responsibility for program delivery will need to be further explored. Currently, the bulk of group facilitation seems to lie on Youth Correctional Counselors and other unit staff. Other options will need to be explored so that youth receive an adequate dosage of treatment in areas linked to offending. Mental Health clinicians continue to have limited integration into case review and programming on the non-mental health or behavioral units. Overall, DJJ has sufficient staff to conduct programming, but other staff options need to be explored as CBT programming is expanded.

Up to this point, elements of the behavior management system have not been piloted, as they are still being designed. Because the BMS tends to involve substantial changes to the system, and to policy, programming elements tend to be underway before behavior management elements. Nonetheless, the IBTM should have at least some components of the BMS being piloted and reviewed during Phase III of program implementation.

Expansion of core programming to non-pilot units will be limited until staff receive additional training in the two core curricula. IBTM staff have expanded some programming elements, such as skill of the week to non-pilot sites, and have begun to provide coaching to units that are able to conduct core programming. As expansion grows, additional coaching on the non-pilot units by the IBTM staff will be needed. As this body of staff decreases with layoffs and transfers, the ability to expand programming with fidelity also becomes limited. The rate of expansion will need to be closely monitored to ensure that adequate training and coaching is being provided, and that changes to the existing protocols are continually made based upon feedback from the pilot experience.

Overall, uncertainty related to potential layoffs and staff transfers has made keeping the momentum of the IBTM difficult. Continuity in leadership has helped the continued progress of the IBTM. All phase II deliverables were met, in addition to projects such as skill of the week, that helps to meet the overall IBTM goal of improved programming for youth. Key positions on the IBTM have been saved from transfer or termination—continued protection of all the IBTM positions will be necessary to make continued progress on implementing the IBTM across DJJ.

Upcoming Tasks

The train-the-trainer for AIT has been rescheduled for the week of January 30th and the week of February 6th. This will involve training 10-12 staff as trainers of AIT, and a new group of 16-20 participants will be trained as facilitators of AIT.

In addition to working on the 7-12 month deliverables, subcommittees will be concentrating on the following tasks during the next quarter:

Assessment/Case Planning: Working with the QA subcommittee on developing a structured protocol for case conferences. Ensure that electronic integration of the YASI and WIN is complete.

Treatment/Scheduling: Incorporate orientation sessions for youth awaiting core programming and advanced practice groups for youth that complete core programming. Identify staff capacity for delivering the full spectrum of interventions.

Behavior Management System: Complete BMS description and begin to pilot daily reinforcement system elements on the pilot units before expanding DJJ wide. Determine training/coaching needs on additional BMS elements.

Quality Assurance: Provide increased fidelity monitoring of new and core interventions via a coaching schedule. Work to expand QA monitoring forms beyond group observation.

UCCI Technical Assistance

The following provides a detailed list of UCCI time spent on the DJJ project in the quarter ending October 31, 2011:

Consultation/Training/Coaching

| Contact Type | Purpose | Name | Date | Time |
|---------------------|-------------------------|----------------------------|-------------|-----------------|
| Conference Call | Call QA committee | Lori Lovins | 8/4/11 | 1.5 hours |
| Site visit | Call DJJ administration | Lori Lovins; Ed Latessa | 8/23-8/25 | 3 days + travel |
| Conference Call | Call with BMS chairs | Lori Lovins | 10/25/11 | 1 hour |
| Conference Call | Call with QA Committee | Lori Lovins | 10/26/11 | 2 hours |

Note that Lori Lovins was on leave the month of September

UCCI Off-Site Development/Planning Work

| Name | Hours |
|-------------|--------------|
| Lori Lovins | 20 |

Summary

The MIT and subcommittees worked diligently to meet the IBTM 7-12 month deliverables. The units have made a concerted effort to deliver core programs regularly. Focus has been on work with the BMS, QA and treatment/scheduling committee. The teams will continue to work toward expanding the IBTM beyond the pilot sites.

Farrell v. Cate
Safety and Welfare Remedial Plan
Comprehensive Report by Dr. Barry Krisberg
January 2, 2012

Purpose

This report is intended to offer the Court and the parties my general observations on the progress and the challenges in the Division of Juvenile Justice's (DJJ) most recent efforts in implementing the Safety and Welfare Remedial Plan. The report contains data that was provided by DJJ staff and compiled with the assistance of the Office of Special Master (OSM).¹ I am especially indebted to Deputy Special Master John Chen for assembling and updating crucial quantitative data that is contained in this report.

Data for this report also come from a series of 2-3 day site visits that were made to all DJJ facilities during 2011². In addition, I conducted a comprehensive audit of DJJ headquarters' compliance with the requirements of the Safety and Welfare Remedial Plan. Deputy Special Master John Chen accompanied me in each of the site visits and the headquarters audit. Under a newly adopted audit protocol, the California Department of Corrections and Rehabilitation Office of Audit and Court Compliance (OACC) conducted a pre-audit of each of the facilities and DJJ headquarters approximately 45 days prior to my site visit and issued a report. The OACC report assigned a rating for each audit item identified in the S&W Standards and Criteria with explanations and rationales to support the assigned ratings. Mr. Chen and I reviewed and analyzed the OACC report, reviewed the related proof-of-practice documents, and performed spot-checks to validate OACC ratings. In cases in which our ratings differed from OACC's ratings, we identified and explained the differences in the agreed-upon format (audit grid) of the S&W Standards and Criteria. The results are discussed in greater detail in a later section of this report.

I visited every open DJJ facility with the exception of the Pine Grove Camp. These visits would generally last between two to three days. During these visits, I would tour the facility, with special attention to the restricted housing and high core units. These were units in which the most significant Safety and Welfare issues had surfaced in the past. I would also conduct interviews with DJJ managers and staff, and interview approximately 10 youth who were selected at random from the daily facility roster. Youth interviews were conducted in private and confidential settings. After each site visit, I offered an informal debriefing to DJJ officials. I also reviewed reports produced by the OSM and other Court Experts in areas in which there was overlap with my audit responsibility in the S&W Remedial Plan.

¹ Assistance in compiling data was provided by John Chen of the OSM. Special Master Nancy Campbell was generous in her time to discuss many of the issues identified in this report. In addition, I want to extend my appreciation to Dorene Nyland, Tammy McGuire, Judy Nahigian, and Doug Ugarkovich who coordinated the assembling of information from DJJ. Many other DJJ staff contributed to the information used for this report. The opinions expressed in this report are solely my own.

² The Pine Grove Camp was not included in these site visits.

I had complete and open access to any and all information that I requested from DJJ. There were a range of research and management reports produced by DJJ. Periodically, I received information from the plaintiff's counsel and other interested advocates who expressed concern about treatment of youth in DJJ. I generally discussed these matters with DJJ top managers and requested additional report and data to the extent appropriate to enable me to evaluate these situations. I also receive regular updates on CompStat data for every facility and reports from the Performance-based Standards (PbS) data collection. I was always invited and often attended DJJ meetings that involved use of force as well as other meetings involving the progress of the Farrell remedial plans.

In this report, I have not attempted to cover all of the items in the S&W Standards and Criteria. I have, instead, chosen to focus on critical aspects of the S&W Remedial Plan that are particularly noteworthy or pose greatest challenges for DJJ. I will offer some quantitative indicators of performance as well as my opinions and suggestions to help facilitate DJJ's effort to achieve and sustain meaningful reform.

DJJ's Reform Effort Continues to Face Challenges and Uncertainties

DJJ's reform efforts continue to face challenges and uncertainties, most of which are beyond its immediate control. I have touched upon most of these challenges in my last report but, in my opinion, the situation is even direr as the state's fiscal dilemma remains unresolved and continues to deteriorate. To their credit, DJJ management and staff continue to make concerted efforts and strides toward reform and improvement despite this extremely difficult and challenging environment. Through much of this past year, there were serious questions as to whether the Governor and Legislature would completely phase out DJJ and turn over its responsibilities to the counties under Realignment. It was decided to postpone this decision for one year pending further planning.

In their effort to present a balanced budget for Fiscal Year 2011-12, state leaders during the last phase of the budget deliberation process inserted a provision in the Budget Act known as a "trigger." Should the anticipated revenues fall below projected amount by \$1 billion or more, it could trigger various revenue enhancement and cost-cutting measures, one of which calls for the counties to reimburse the state \$125,000 annually for each youth housed in DJJ facilities. If this trigger is enacted, it is likely to me with stern opposition from financially challenged counties.

There is also a considerable uncertainty among DJJ staff as to the commitment by the Governor, the Department of Finance, legislative leaders, and CDCR management to continue retaining DJJ as a state function. In addition to the budget "trigger," the DJJ staff interviewed expressed concerns about lack of supportive statement from any of the state leadership regarding the future of DJJ, which caused further anxiety and a potential decline in staff morale.

Meanwhile, DJJ youth population continues to decline. During the first six months of 2011, the average youth population in DJJ was 1,221 in comparison to 1,279, during the same period in 2010 and 1,501 in 2009. It is anticipated that the youth population will further decline due to various changes in state laws. For example, state laws specify that non-violent and non sex offenders be kept in county programs (SB 81), mandating the parole release 90 days before youth

hit their maximum confinement times, and not permitting parole violators to be sent back to DJJ. As a part of the state's budget agreement in 2010, the responsibility for managing DJJ parolees and revocation cases was transferred from the state to the county probation departments.

The decline in youth population, coupled with the need for budget cuts, resulted in more DJJ facility closures. Preston Youth Correctional Facility was closed in May 2011 and efforts are currently underway to close the Southern Youth Correctional Reception Center and Clinic by November 2011. Each facility closure poses tremendous challenges to the administrators and staff at DJJ headquarters and all facilities and diverts attention and resources from the needed reform efforts (see OSM 16th for further discussion about the adverse operational impact of facility closures).

The available budgetary resources to support reform efforts have been significantly reduced. DJJ's budget has been reduced along with the rest of the CDCR. Some of the reductions, such as the recent downsizing of DJJ headquarters staff, are unavoidable and appropriate given the decline in youth population and closure of facilities. However, other budget austerity measures appear to save little state funds but have considerable adverse impact to the reform efforts. For example, travel restrictions may hamper headquarters staff's ability to provide oversight and timely address issues at the Ventura, which is facing a myriad of problems in the Behavior Treatment Units and the high core units. Another example is the gender-responsive program. Despite the fact that the parties agreed that DJJ is to retain a team of nationally respected experts in gender-responsive programs to provide staff training and mentoring and to assist in the implementation of evidenced-based programs for female youth, this course of action has not been pursued because of budgetary considerations. The gender-responsive program is discussed in greater detail in latter part of this report.

I believe it is essential for California to maintain a cost-effective state-run system for youthful offenders. As a result of the significant decline in youth population and their diversion to county programs, the current youth in DJJ system are those youth with some of the greatest needs for treatment and services that cannot be met through fragmented county-run systems. Examples of programs that may not exist in many counties include mental health units, sex behavior treatment units, and accredited schools. Counties are also facing a severe budget crisis and are closing local programs and reducing services. Elimination of the state-run system transfers these challenging youth to the ill-prepared counties, which ultimately may result in higher costs to California taxpayers.

Under *Farrell v. Cate*, the state has made significant investments toward an improved system of care for the youthful offenders. As a result, the DJJ costs escalated drastically to more than an average of \$240,000 per youth annually, which is unsustainable. Under Acting Director Rachel Rios, DJJ has made progress in reducing its costs of housing youth in its facilities. Despite the substantial decrease in operating costs, evidence suggests that DJJ is capable continuing making improvement and progress in its reform efforts. The annual cost per youth figure is expected to decline further as additional efficiency measures are being undertaken. Given the fact that over 70% of its costs are labor-related and California's labor costs are the highest among the states, it is unlikely that these costs will be dramatically reduced in the near future. It is also worth noting

the Governor and the Legislature has invested hundreds of millions of dollars in designing and commencing the DJJ reforms.

In my opinion, few if any counties in California currently have the ability and resources to deliver treatment and services at a level comparable to DJJ. Ultimately, the transfer of more former DJJ youth to county programs may well result in more lawsuits when the counties are unable to provide the youth with needed protection, treatment programs and medical and mental health services.

Under the above scenario, some counties will undoubtedly send more youth charged with serious crimes and acute treatment needs to state prisons. While this action may be a politically and legally expedient, sending youth to state prisons contrary to the CDCR's stated mission of providing rehabilitative treatments and ill-serves public safety or the needs of a highly vulnerable youth population.

DJJ's Compliance with S&W Standards and Criteria

As previously mentioned, a new audit protocol has been developed under Special Master Nancy Campbell in which the CDCR's Office of Audits and Court Compliance conducts an audit of the facility or DJJ headquarters approximately 45 days prior to site visits. The Farrell Experts and I supported this approach because it serves two purposes. First, it helps DJJ to sustain reform by developing its own internal quality assurance system for self-monitoring. In addition, it enables the Farrell Experts to focus on the more targeted issues to expedite reform effort.

During the last round of audits, I found the work of OACC staff to be highly professional, thorough, and objective. There have been very few instances where the OSM or I had to change the ratings assigned by OACC. Some of the changes occurred due to additional documentation and changes in facility practices after OACC's 45-day visit. Other changes resulted from my professional judgment on key compliance issues...

Overall, the number and the percentage of items found to be in substantial compliance increased for DJJ headquarters and for each of the three facilities audited. Improvement was greatest at O.H. Close where the percentage of items in substantial compliance increased by 14%, from 73% to 87%. At Chad and at DJJ headquarters, the percentage increases were 10% and 6%, respectively. The improvement was least evident at Ventura where the percentage of items in substantial compliance increased by 3%, from 66% to 69% between rounds three and four.

The above data suggest that DJJ is continuing to make steady efforts toward reform. However, while encouraged by the across the board increases in substantial compliance ratings, I urge caution in placing too much reliance on the compliance percentages to assess the success of DJJ's reform efforts. The original S&W audit items are not weighted relative to difficulty and complexity in implementation and criticality to the reform efforts. Moreover, as the primary focus of the S&W Standards and Criteria is to determine compliance, these ratings by themselves do not constitute adequate measurement of performance of the facility's reform efforts on the fundamental issues that were initially raised in the Farrell v Cate consent decree.

Based on the compliance ratings as well as my qualitative and quantitative assessment of conditions at various facilities I believe OH Close indeed has made significant improvements and is on the verge of substantive reforms through the implementation of the Integrated Behavior Treatment Model. Based on youth interviews at Chad, I believe that facility has made a very significant turnaround from the days when many urged that Chad be closed. On the other hand, despite the marginal improvement in the percentage of items in substantial compliance at Ventura, I found the conditions at the facility's BTP units and high core units had deteriorated since my 3rd round of site visit.

The following tables provide a summary of the different categories of compliance ratings in the current round and the previous round of audits for each of the active facilities and DJJ headquarters:

OH Close

| | Number of Items Rated | Number/Percentage in Substantial Compliance | Number/Percentage in Partial Compliance | Number/Percentage in Beginning/Non-Compliance |
|----------------------|-----------------------|---|---|---|
| OACC's 45-day Review | 71 | 62 (87%) | 6 (8%) | 3 (4%) |
| Prior Round | 78 | 57 (73%) | 10 (13%) | 11 (14%) ³ |

Chad

| | Number of Items Rated | Number/Percentage in Substantial Compliance | Number/Percentage in Partial Compliance | Number/Percentage in Beginning/Non-Compliance |
|----------------------|-----------------------|---|---|---|
| OACC's 45-day Review | 72 | 54 (75%) | 15 (21%) | 3 (4%) |
| Prior Round | 74 | 48 (65%) | 22 (30%) | 4 (6%) ⁴ |

Ventura

| | Number of Items Rated | Number/Percentage in Substantial Compliance | Number/Percentage in Partial Compliance | Number/Percentage in Beginning/Non-Compliance |
|----------------------|-----------------------|---|---|---|
| OACC's 45-day Review | 75 | 52 (69%) | 15 (20%) | 8 (11%) |
| Prior Round | 74 | 49 (66%) | 23 (31%) | 2 (3%) ⁵ |

³ OACC does not use the beginning compliance rating, at OHC nine of 11 items were rated beginning compliance during the last round.

⁴ Two of four items were rated beginning compliance during the last round.

⁵ Two of two items were rated beginning compliance during the last round.

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

Headquarters

| | Number of Items Rated | Number(Percentage in Substantial Compliance) | Number(Percentage in Partial Compliance) | Number(Percentage in Beginning/Non-Compliance) |
|----------------------|-----------------------|--|--|--|
| OACC's 45-day Review | 141 | 122(86%) | 15 (11%) | 4 (3%) |
| Prior Round | 140 | 112(80%) | 22(16%) | 6(4%) ⁶ |

Reducing Fear and Violence

Reducing the levels of violence and fear among staff and youth in DJJ facilities has always been at the heart of the Farrell case. According to the S&W Remedial Plan:

“Reform is not possible if youth or staff fear for their safety. Unfortunately, this is a situation that prevails throughout much of DJJ. Reducing violence and fear in DJJ facilities is therefore the first step to reform. All other objectives, including the goals of gang integration and placing youth as close to their family and community and possible, must be subordinated to this objective. Once safety and order are returned, reform becomes possible and other objectives can be pursued.”

The S&W Remedial Plan contains many components designed to reduce fear and violence such as violence reduction committees at each facility, smaller living units, improved staff training in communication and de-escalation techniques, clearer policies and procedures, a revamped DDMS system, new behavioral treatment programs, the use of Crisis Resolution Teams, and the collection of data to monitor trends in violence in DJJ facilities. The results of several rounds of audits in accordance with S&W Standards and Criteria suggest that DJJ has taken measures to comply with the various remedial plan requirements.

DJJ is continuing to make progress in obtaining more accurate data on violence in its facilities. Nevertheless, there are still questions regarding the accuracy, reliability, and completeness of its data. For example, in an internal study report of use of force practice, DJJ staff found inconsistencies among the facilities in reporting cases to CompStat and that there was insufficient audit trail to validate the data in the system. As with my previous reports, I urge caution in interpreting long-term trends of violence at the facilities as the data may not be fully compatible.

Despite years of reform effort, the data show that there has not been significant decline in violence and fear among youth in the DJJ facilities. In my last report, I noted that the absolute number of violent incidents dropped by more than half (2,348 to 1,128) comparing the first six

⁶ Four of six items were rated beginning compliance during the last round.

months of 2005 to the first six months of 2010.⁷ However, because of significant decline in DJJ youth population, the overall rate of violent incidents per 100 youth actually increased by about 19% over the same period. From the first six months of 2010 to the first six months of 2011, the overall rate of violent incidents per 100 youth days declined by approximately 12%, from an average of .49 to .43 per month. However, when excluding the data of the two closed facilities (Preston and SYCRCC), the overall rate of violent incidents per 100 youth days increased by about 8% over the same period for the three remaining facilities. The transfer of youth due to facility closures may be one factor that contributed to the increase in violence at the remaining facilities.

Similar pattern emerged for the most serious Level 3 DDMS cases involving violent behavior and serious violations of DJJ rules. While the absolute number dropped, the overall rate per 100 youth increased by approximately 12.5% comparing the first six months of 2006 to the first six months in 2010. Between the first six months of 2010 and 2011, the average monthly rate of Level 3 DDMS cases declined by approximately 13%, from 12.2 to 10.6. When excluding the two closed facilities, the remaining three facilities' Level 3 DDMS cases remained virtually the same (8.2 compared to 8.1) between the two periods.

Staff assault cases remained high at Ventura. During the first six month of 2010, there was a total of 55 staff assault cases in DJJ, 28 cases (51%) occurred in Ventura. For the first six month of 2011, there were 48 such cases in DJJ and 24 cases (50%) occurred in Ventura.

Over the last three years, the number of group disturbances in DJJ went up. During the first six months of 2011, DJJ facilities had 40 group disturbance incidents in comparison to 31 such incidents during similar period in 2010 and 35 in 2009. Nineteen of the 40 group disturbance incident in the first six months of 2011 occurred at Ventura. There is no question that Ventura is the facility that is most in need of urgent management attention.

The number of lockdowns and limited programs for youth increased substantially despite decline in youth population. During the first six month of 2011, DJJ facilities had 26 lockdowns and limited programs in comparison to 15 such incidents during similar period in 2010 and 10 in 2009. Of the 26 lockdowns and limited programs in the first six month of 2011, Ventura and Chad each had 7 and OH Close had four such incidents. I would strongly recommend that the Court and the OSM carefully monitor this issue in the immediate future.

The PbS contains outcome measures that survey youth and staff perceptions of their safety.⁸ In summary, the PbS safety concerns among staff remained fairly constant at all facilities. Over the last five collection cycles, the PbS field average of percentage of interviewed staff who expressed safety concerns ranged from 16.4% to 23%. The percentage of interviewed staff at the three DJJ facilities who expressed fear ranged from a low of 6% at OH Close in the April 2009

⁷ Violent incidents include fights, group disturbances, and batteries on staff, gassings, and sexual assaults. Most of these violent incidents involved fights among youth and group disturbances. Reports of sexual assaults among youth were rare.

⁸ PbS data can be examined for each facility over time and can be compared with the "field average" which consists of all facilities that are participating in the PbS data collection. It is not a true national average but offers one benchmark with which to compare the DJJ facilities.

collection cycle to a high of 32% at Ventura in the October 2010 collection cycle. Among the three facilities, only Ventura had more than 20% of staff who expressed safety concerns during the collection cycles (21% in April 2009, 25% in April 2010 and 32% in October 2010).

The safety concerns expressed among youth remained fairly constant at OH Close and Chad but slightly above the PbS field average. Youth at Ventura have expressed increasing concern about their safety in recent collection cycles. Over the last five collection cycles, the PbS field average of interviewed youth who feared for their safety ranged from 15.7% to 23%. At OH Close and Ventura, the percentage ranged between 20% at OH Close in April 2009 and 38% at OH Close in October 2010. At Ventura, the percentage of youth interviewed who feared for their safety has been well below PbS field average until the October 2009 collection cycle. The percentage increased from 27% in October 2009 to 33% in April 2010, to 37% in October 2010, and 44% in April 2011.

It is difficult to explain with great precision the exact cause of the apparent lack of progress in reducing violence and fear at the DJJ facilities. I also urge caution in placing too much reliance on these data as there are numerous factors that could affect impact these measurements. For example, based on past experience, facility closures in DJJ have often led to more violence at the remaining institutions as youth and staff readjust to their new surroundings. This explanation may be plausible at Ventura as violence and use of force rates increased significantly after the closure of Heman G. Stark Youth Correctional Facility and the transfer of some of these youth to Ventura. However, it should be noted that other facilities also received youth from Stark and did not encounter the same degree of problems as Ventura, which raises questions about facility leadership and capability of staff to manage youth behavior issues. Moreover, the lack of violence reduction in all DJJ facilities raises legitimate questions the need to revisit and refine some of the original action items prescribed in the S&W Remedial Plan. This action plan constituted a “best guess” of what would reduce violence some years ago. These ideas should be periodically revisited.

In addition to the ultimate viability of several action items in the S&W Remedial Plan, I believe the problem may also reside with execution of the action items. For example, the purpose and intent of the Violence Reduction Committee was to have facility staff at different levels and disciplines to critically analyze data, trend, and patterns regarding violence at the facility and at each living unit to identify measures to prevent violence and use of force. In absence of clear guidance and direction from DJJ headquarters, at least some of the monthly meetings have become perfunctory discussions without the emergence of concrete action steps to curb or prevent violence. Another example is DJJ has made significant investment in providing training to staff but there is scant evidence that this training, in absence of systemic follow-up mentoring and coaching, has resulted in the desired positive changes in staff behavior.

Use of Force (UOF)

It is my opinion that the UOF in DJJ is still too high. A review of CompStat data over the last 30 months suggests that UOF rate has declined at OH Close, remained fairly constant at Chad, and increased significantly at Ventura. The overall UOF rate (including Preston and SYCRCC) remained flat as indicated in the following chart:

Use of Force (Rate per 100 Youth Days)

| | Mar 09 | June 09 | Sept 09 | Dec 09 | Mar 10 | June 10 | Sept 10 | Dec 10 | Mar 11 | June 11 |
|---------|-----------|------------|------------|-----------|-----------|------------|------------|-----------|-----------|------------|
| All | .32 | .28 | .33 | .26 | .39 | .40 | .42 | .29 | .41 | .32 |
| OHC | .29 | .36 | .17 | .06 | .19 | .30 | .31 | .19 | .26 | .15 |
| Chad | .25 | .19 | .26 | .33 | .47 | .41 | .52 | .25 | .33 | .29 |
| Ventura | .24 | .23 | .56 | .50 | .55 | .53 | .60 | .49 | .75 | .56 |

In 2009, the Court Experts conducted a very preliminary analysis of UOF in DJJ and issued a report that suggested there was a disproportionate use of force in DJJ’s specialized mental health units.⁹ In response, DJJ management convened a multi-disciplinary task force to conduct an in-depth study of this issue. I participated in this study along with Disability Expert Logan Hopper and Deputy Special Master John Chen by providing input and guidance to the task force members.

The DJJ task force report essentially validated most, if not all, of the findings of the Court Experts’ preliminary analysis. Some of the specific issues raised include lack of clarity in the UOF policy, staff ill-equipped to understand and respond to youth behavior issues, flawed UOF review processes at the facility and at the division level, poor documentation, and inadequate and unreliable data. The UOF issue was discussed extensively in OSM 18th and OSM 19th and during the ensuing case management conferences. DJJ has formed an implementation team to make improvements to the system and the processes and I understand the parties are in the process of entering into a stipulated agreement on the corrective action to be taken to address the myriad of issues. Reducing the amount of UOF remains as a key organizational concern for DJJ.

Reducing Restricted Housing Programs

In 2001, DJJ was housing between 300 to 400 youth in the Special Management Programs (SMPs) on any given day. Too many youth were languishing in the SMPs and in Temporary Detection (TD) programs for very long periods of time and been confined to their room 23 hours a day with minimal educational, recreational, and counseling services.

To its credit, DJJ completely eliminated SMPs with the closure of the last SMP unit at Stark in 2010. I was actively involved with DJJ working groups that designed two new programs, the Treatment Intervention Program (TIP) and the Behavioral Treatment Program (BTP) that are intended to reduce or eliminate the use of more traditional restricted programs. Of the three remaining DJJ facilities, OH Close and Chad have discontinued using TD and replaced it with the TIP program. Ventura continues to use both TD and TIP program, sometimes interchangeably.

⁹ This was reported in the memo on UOF in Mental Health Units that was drafted by Barry Krisberg with the review and approval of Logan Hopper, Eric Trupin and Terry Lee, “Use of Force in DJJ Facilities and Mental Health Youth’ prepared in 2009. This report compared aggregate DJJ data on the use of force in regular living units and special mental health units from 2007 to 2009.

From my standpoint, I do not see TIP being a major issue at OH Close. Data compiled by OSM showed that OH Close had a 33 incidents in July 2011 that resulted in 26 youth been placed on TIP during that month. For August 2011, 43 incidents occurred that resulted in 38 youth been placed on TIP. The average duration of each TIP placement was 1.6 days in July and 2.4 days in August. This should not pose significant problems in the facility's ability to provide program, treatment, and services to youth.

The situation at Chad appears to be more serious, but fixable. The facility had 100 incidents that resulted in 76 youth been placed on TIP during July 2011 and 106 incidents involving 76 youth been on TIP in August 2011. The average duration of each TIP placement was 1.9 days in July and 2.1 days in August. While more challenging, the facility should still be able to deliver needed services to this group of youth.

The situation at Ventura is far more troubling and merits immediate attention by DJJ management. The TD issue originally surfaced during an OSM site visit in May 2010 that found youth placed on TD were confined to their room 23 hours a day with virtually no counseling, treatment, or services. A subsequent audit by OACC confirmed the problem, which prompted a series of remedial actions by DJJ headquarters and the facility's management. A follow-up audit by OACC in October 2011 found that improvements have been made regarding the youth's out-of-room time. There remains to be serious operational issues concerning youth shuffling between TD and TIP for most of the month and Ventura staff that I interviewed did not have clear understanding of the difference between the two programs. The OACC report suggested that DJJ headquarters was not providing adequate oversight of the restricted programs by noting other programs such as youth on "solo" status and program change protocols. As noted in earlier reports, Ventura was using excessive amounts of mechanical restraints in its BTP units and High Core Units, this practice is now being reversed by DJJ management.

Data compiled by OSM from Ventura indicate that there had been 159 incidents that resulted in 96 youth been placed on TD (some multiple times) for an average duration of 2.58 days per incident in July 2011. There were another 23 incidents that resulted in 21 youth placed on TIP for an average of 6.8 days per incident. Of the 21 youth on TIP, 19 were also on TD, some multiple times during the month.

The numbers for August 2011 are equally concerning. There were 222 incidents that resulted in 119 youth been placed on TD for an average duration of 1.84 days per incident. There were another 23 incidents that resulted in 22 youth been placed on TIP for an average duration of 9.8 days per incident. Of the 22 youth that were on TIP, 13 were also on TD during the month.

Besides the large number of youth having been placed on TD and TIP, OACC report also identified other programs such as youth on solo program and youth on program change protocol that could adversely affect youth treatment and services. It is logistically not possible to deliver adequate quantity and quality services to youth under this environment.

I also looked at PbS data (Order 08 and 09) on youth isolation and room confinement but these data seem inconsistent with the above observations. DJJ needs to assess the validity of data PbS data being collected on this issue.

Time Adds and Time Cuts and Other Sanctions

Data compiled by CDCR's research unit suggest that DJJ has made progress in reducing institution stays through fewer time adds and more time cuts. During the 2009 calendar year, 421 Program Projected Board Date (PBD) extension hearings were held that resulted in a total of 1,681 months in program time adds and 610 PBD credit hearing were held that resulted in a total of 1,402 months in program time cuts. In comparison, 313 PBD extension hearings were held in 2010 that resulted in a total of 1,202 months in program time adds (a decrease of 479 months or 28%) and 662 PBD credit hearings were held that resulted in a total of 1,543 months in program time cuts (an increase of 141 months or 10%). This ratio is favorable even when taken into consideration the decline in youth population between the two years. Similar patterns emerged for time adds and time cuts from disciplinary and revocation hearings. From 2009 to 2010, time adds from disciplinary hearings declined from 2,891 months to 630 months while time cuts increased from 92 to 152 months. Over the same period of time, time adds from revocation hearings declined from 114 months to 101 months while time cuts increased from 414 months to 616 months.

On another note, I recently looked the practice of DJJ staff referring youth to law enforcement agencies for possible criminal prosecutions which are above and beyond the sanctions permitted by the DDMS process. For example, several youth were referred for criminal prosecutions for masturbating in the presence of staff by DJJ management. Several of the other referrals for prosecution seemed to be for relatively minor misconduct. I was told that union agreements pushed these policies. While it is true that DJJ Headquarters is reviewing all of these decisions and thus reducing disparity in the practice across facilities, it is unclear to me if the Headquarters review is more than a "rubber stamp" of local decisions. There are some behaviors by youth that may warrant the most serious consequence of criminal prosecutions, but I believe that DJJ should examine this practice more closely. The fundamental question is whether the current use of criminal prosecutions is consistent with the emerging principles of the Integrated Behavior Management Program being implemented in DJJ.

Implementing an Integrated Behavior Treatment Model

The implementation of IBTM pilot project has begun at two living units at OH Close. I toured both living units while conducting the S&W site visit at the facility. While the implementation of the IBTM is still in its early stages, the progress at OH Close is encouraging. There is a real commitment to implement the IBTM with high quality. The management at OH Close is strongly supporting the effort. One can sense the building of a real team work approach in the pilot living units. Staff are enthusiastic about the model and the youth report that the current programs involving cognitive behavioral therapy and anger management counseling are valuable to them. It is also clear that staff at OH Close have found value in the training and coaching being offered by Ed Latessa and his staff.

The challenges to the IBTM include the lack of a well defined and written program description and the need to develop operational manuals. Moreover, DJJ continues to try to hinge the IBTM implementation on the CAYASI assessment process that has neither been proven to be reliable or valid. My interviews with OH Close suggest that there is still little real understanding by DJJ staff of the CAYASI and how it could be utilized to drive effective treatment programs. My advice to DJJ would be to quickly replace CAYASI with a truly evidence-based assessment process. Spending more money on CAYASI seems a poor investment, especially given the research findings produced by UC Irvine researchers.

To really meet the vision of the Farrell v. Cate consent decree, the IBTM must also be articulated with all other DJJ policies involving behavior management. The core question should always be “how does this practice or policy support or enhance the IBTM model” While still a work in progress, the IBTM has become a useful reform tool. DJJ still must offer up the specifics in terms of the staffing, ongoing training, and budgetary needs to expand the IBTM beyond the two pilot living units. The research division has designed an evaluation protocol for the IBTM and it is essential that DJJ find the funds to support an ongoing evaluation and refinement of the core aspect of the S&W Remedial Plan.

Towards a DJJ Comprehensive Gang Strategy

The comprehensive gang strategy is still a work in progress. DJJ commissioned a literature review on effective gang reduction in juvenile facilities but the results were meager. After a long process, DJJ did hire Dr. Cheryl Maxson of UC Irvine, a nationally renowned expert on gangs in California, to conduct an analysis of gang issues and make recommendations. Dr. Maxson has completed the data gathering phase of the study and is now developing recommendations to DJJ for both policies and programs. The study is anticipated to be completed in the next 90 days and contains the most comprehensive look at gangs in DJJ that has ever been conducted. Dr. Maxson’s findings offer substantial guidance to DJJ on improved gang prevention and intervention programs. Upon completion of the study, DJJ could, with the assistance of Dr. Maxson, formulate a gang strategy and provide appropriate training to staff.

DJJ has continued to fund its IMPACT program at each facility. The DJJ research division will conduct an evaluation of this program in the next year. Youth who have participated in IMPACT are very positive about the program. DJJ has also reached out to other nationally known gang experts for additional ideas.

Continued Failure to Provide Gender Responsive Programming

In my last report, I wrote about the failure of DJJ to live up to its agreement of hiring a team of nationally respected experts in gender-responsive programs to provide staff training and mentoring and to assist in the implementation of evidence-based programs for young women. DJJ stated that it had failed to get approval for these fairly modest expenditures because of the CDCR's budget dilemma. DJJ was able to get training on gender responsive programs offered by OJJDP. This training was valuable, but it is unclear if any future training will take place, or how this effort will be supported by policies and procedures.

Meanwhile, the female population at Ventura continues to decline and is expected to reach around 30 in the near future. Further, my visit to Ventura suggested that the treatment and conditions of the women there are deteriorating as the management there had to focus on the violence and group disturbances in the male living units. To accommodate the additional youth to be transferred from SYCRCC, DJJ is consolidating the two female living units into one. This will undoubtedly alter the dynamic of relationship and living arrangements among the female youth and must be monitored closely. If DJJ is unable to fulfill its commitment of hiring a team of experts to provide gender-responsive training, the parties should meet and agree on another option to provide more meaningful program opportunities to the female youth. I continue to recommend that DJJ work with the counties to transfer out all of the young women at Ventura.

Improving DJJ Facilities

As with the comments in my previous reports, I found the outmoded and deteriorating DJJ facilities continue to be a problem that impedes reform. Space limitations and "prison-like" environments are likely to continue to frustrate efforts to improve the quality of care with DJJ. With the current effort to close SYCRCC, the remaining facilities face additional challenges of providing suitable living and program spaces for the transferred youth. Unfortunately, there is no solution in sight as the state's and CDCR's budget priorities preclude any new construction or major renovation of existing DJJ facilities in the foreseeable future. The Court and the parties will need to examine this facility issue in more detail as it is unclear as to how DJJ can ever comply with its obligations to provide adequate facilities under the Farrell consent decree.

In the interim, DJJ managers have a good system of reporting maintenance problems and following through on routine repairs. DJJ is also moderately expanding program space on a temporary basis by acquiring modular units. In May 2011, DJJ and the Prison Industry Authority entered (PIA) into an agreement to install nine modular units at Ventura to alleviate a critical shortage of program space at the facility. According to DJJ, PIA has committed to complete installation of these temporary units by January 1, 2012.

Concluding Observations

Although the results of the quantitative data on violence and UOF remain less than completely encouraging, I believe DJJ has made strides in laying the foundation for meaningful reform under the S&W Remedial Plan. My opinion is based on observations during site visits, many youth and staff interviews, and quantitative and qualitative data. OH Close has been a well-run facility in recent years and is now piloting the IBTM program which, based on my observation during the last site visit, is progressing well. During my last visit to Chad, I noticed a remarkable transformation at the facility based on the positive comments by the youth and staff. However, I still have very serious concerns about Ventura, which is in need of stronger leadership at the facility and better oversight and intervention by DJJ management.

The decline of youth population over the years, which necessitated several rounds of facility closures, posed serious operational challenges to DJJ management and staff at all levels. On the positive side, the system should be more manageable with the reduced youth population and three facilities. Through the last round pre-audits of the Safety and Welfare Remedial Plan by OACC, recent audits of the TD/TIP program by OACC, and the internal study on use of force, DJJ demonstrated that it has the capacity to engage in objective and meaningful self-assessments. When issue or problems are identified, the current DJJ management is very committed to problem solving to remedy the situations. The era of “trained incapacity” at the top levels of DJJ appears to be over.

At the same time, the decline in the DJJ youth population resulted in a greater concentration of high-risk youth with acute treatment needs. Staff must be provided with enhanced skills, more tools, and they need to work cohesively to effectively respond to the behavior issues with this group of youth. Based on my observation of the IBTM pilot project at OH Close, I believe this approach is very promising and should be implemented on an accelerated pace. Similarly, Use of Force remains a key area of concern and I believe that the current DJJ management placed high priority on reducing the amount use of force it in the upcoming year. Another area of focus should be on clarifying and reducing the use of restricted housing and room confinement. Central to improvement in this area must be close attention to adherence to the requirements of the program service day and more accurate reporting of youth participation in a range of productive educational, vocational and counseling experiences.

Finally, if DJJ is genuinely committed to the philosophy of the IBTM then the DDMS, the Youth Grievance System, the Youth Orientation Process and other aspects of daily life must be altered to be consistent with the best evidence on effective correctional interventions. Further, DJJ must think creatively about how to assist youth who are existing DJJ facilities if there are to be any improvements in the traditionally high rates of failure of DJJ youth. Acting Director Rios is already proposing new roles for counseling staff to assist in the reentry process.

Supportive Data

CompStat

Youth-on-Youth Violence (Rate per 100 Youth Days)

| | Mar 09 | June 09 | Sept 09 | Dec 09 | Mar 10 | June 10 | Sept 10 | Dec 10 | Mar 11 | June 11 |
|---------|--------|---------|---------|--------|--------|---------|---------|--------|--------|---------|
| All | .45 | .40 | .45 | .36 | .58 | .43 | .56 | .41 | .50 | .35 |
| OHC | .17 | .52 | .42 | .25 | .54 | .66 | .30 | .33 | .62 | .45 |
| Chad | .46 | .24 | .48 | .31 | .52 | .34 | .30 | .18 | .52 | .30 |
| Ventura | .15 | .17 | .82 | .36 | .50 | .52 | .85 | .77 | .57 | .41 |

Level 3 DDMS (Rate per 100 Youth Days)

| | Mar 09 | June 09 | Sept 09 | Dec 09 | Mar 10 | June 10 | Sept 10 | Dec 10 | Mar 11 | June 11 |
|---------|--------|---------|---------|--------|--------|---------|---------|--------|--------|---------|
| All | 13.4 | 12.3 | 11.0 | 9.9 | 11.7 | 12.2 | 11.4 | 9.5 | 11.4 | 7.7 |
| OHC | 3.0 | 3.4 | 2.7 | 1.1 | 1.5 | 1.6 | 1.5 | 1.5 | 2.6 | 1.5 |
| Chad | 1.3 | 1.5 | 2.5 | 1.9 | 2.6 | 2.2 | 2.1 | 1.5 | 1.7 | 1.8 |
| Ventura | 1.6 | 1.5 | 2.4 | 3.8 | 3.9 | 4.2 | 3.6 | 3.6 | 4.0 | 2.5 |

PbS

Safety 13 – Percent of interviewed youth who report that they feared for their safety within the last six months...while at this facility

| | April 2007 | October 2007 | April 2008 | October 2008 | April 2009 | October 2009 | April 2010 | October 2010 | April 2011 |
|---------------|------------|--------------|------------|--------------|------------|--------------|------------|--------------|------------|
| OHC | 19% | 13% | 17% | 25% | 20% | 28% | 22% | 38% | 21% |
| Chad | 29% | 35% | 35% | 29% | 31% | 32% | 23% | 32% | 28% |
| Ventura | 35% | 28% | 8% | 18% | 15% | 27% | 33% | 37% | 44% |
| Field Average | 20.5% | 17.5% | 19.1% | 17.5% | 15.7% | 17.5% | 23.0% | 22.4% | 20.0% |

Safety 14 -- Percent of staff who report that they feared for their safety within the last six months.

| | April 2007 | October 2007 | April 2008 | October 2008 | April 2009 | October 2009 | April 2010 | October 2010 | April 2011 |
|-----|------------|--------------|------------|--------------|------------|--------------|------------|--------------|------------|
| OHC | 14% | 9% | 2% | 7% | 6% | 11% | 19% | 8% | 14% |

| | | | | | | | | | |
|---------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Chad | 8% | 10% | 10% | 15% | 20% | 16% | 18% | 15% | 20% |
| Ventura | 4% | 15% | 6% | 10% | 21% | 15% | 25% | 32% | 17% |
| Field Average | 16.8% | 19.7% | 16.0% | 18.1% | 16.4% | 17.2% | 19.8% | 23.0% | 23.0% |

Division of Juvenile Justice Force Prevention Plan

Vision

The Division of Juvenile Justice is committed to implementing a cognitive-behavioral approach to assessing, understanding, and treating youth. Staff proficient with cognitive behavioral skills will form interdisciplinary teams to work collaboratively with youth in analyzing behaviors to build on strengths and mitigate areas of need identified in an individualized case plan. Each staff member (youth correctional counselor, case manager/casework specialist, parole agent, youth correctional officer, teacher and if needed, psychologist and/or psychiatrist) will share an understanding of the youth's assessment data and target goals and base their responses to a youth upon the identified goals of the individualized case plan.

The program will encompass an effective quality assurance process to continuously emphasize and re-enforce sound practices and appropriate treatment. Force will be used only as an absolute last resort when staff or youth safety is an immediate concern.

Goals

- Clearly define and convey management expectation that staff must use a continuum of options/tools to intervene and de-escalate situations involving youth behavior issues and that force is to be used only as an absolute last resort when staff or youth safety is an immediate concern. (Policy revision and training on new policy)

| Deliverables |
|--|
| 1. Revised policy by November 22, 2011. |
| 2. One hundred percent of staff trained on revised policy by July 6, 2012. |

- Promote and enhance staff proficiency in the skills and principles of de-escalation techniques, crisis intervention, and the IBTM through training, mentoring, coaching, and team building to support the youth's individualized treatment needs. (Training, individualized crisis intervention support plan, weekly team meetings, identify coaches and mentors).

| Deliverables |
|--|
| 1. One hundred percent of staff receives Core Correctional Practice training by June 29, 2012. |
| 2. LETRA training to staff in all mental health, BTP, and high core units by July 6, 2012. All living units by July 6, 2013. |
| 3. All staff to receive psychotropic medication training by March 21, 2012. |
| 4. Crisis support plan prepared for all youth by October 31, 2011. Plan is updated continuously. |
| 5. Weekly meeting minutes with evidence of review and feedback by facility |

| |
|--|
| and headquarters management. |
| 6. Listing of mentors and coaches on specific topic areas by December 14, 2011. |
| Performance Indicators |
| 1. Number of use of force incidents by living unit and incidents involving use of chemical agents. |
| 2. Number of Level 3 DDMS by living unit. |

- Encourage and promote increased application of positive incentives throughout the DJJ system. (Expand incentive programs, pilot projects)

| |
|--|
| Deliverables |
| 1. Implementation plan for behavior management system by December 15, 2011. |
| 2. Allocation of youth incentive funds for specific programs/activities by December 15, 2011. |
| 3. Behavior training to all direct care staff by May 1, 2012. |
| 4. Adopt strategy for pilot projects by December 2, 2011. |
| 5. Evaluation report of pilot project results by May 31, 2012. |
| Performance Indicators |
| 1. Number of use-of-force incidents by living unit and incidents involving use of chemical agents. |
| 2. Number of Level 3 DDMS by living unit. |

- Continuously emphasize and re-enforce the need for staff to collectively practice de-escalation techniques, crisis intervention, and the IBTM principles to maintain a positive and safe environment for youth to interact with one another.
 - Modify the focus of the force review committee to a multi-disciplinary approach in identifying preventive measures to avoid force.
 - Encourage the living units and the facilities to engage in more meaningful analysis of force trend and patterns to identify areas that require greater focus and attention.
 - Identify, recognize, and publicize positive practices engaged by staff to prevent the need for force and to limit force to as few circumstances as possible. When appropriate, adopt and expand such practices to other facilities or living units.
 - In addition to the force review committee, adopt other management oversight and quality assurance processes to monitor force use.

| |
|---|
| Deliverables |
| 1. Adopt a new force review model/protocol by January 16, 2012. |
| 2. Assess the effectiveness of the new force review model and make appropriate modification by June 29, 2012. |
| 3. Continuously generate and disseminate useful data to staff starting |

December 16, 2011.

4. Reassess the usefulness of the data by June 30, 2012.

Performance Indicators

1. Number of use of force incidents by living unit and incidents involving use of chemical agents.

This report summarizes the findings of my August 3-4, 2011 review of the California Department of Correction and Rehabilitation (CDCR) Division of Juvenile Justice (DJJ) N.A. Chaderjian Youth Correctional Facility (Chad) dental program. Chad houses male youth and, on August 3, had a census of 369. Dr. Viviane Winthrop, DJJ Supervisory Dentist, joined me at Chad along with Malvina Lassiter, DJJ Compliance Auditor.

I did not examine any youth directly; consequently, assessments of care were made primarily from reviewing dental records and via staff interviews. The organization, methodology and references for this report have been described previously¹.

This was my fourth visit to Chad. It was apparent Dr. Winthrop had provided guidance on the preparation of the advance material binder. Dr. Winthrop and the Chad dental staff, worked diligently to retrieve dental records.

Chad has a new full time dentist, Dr. Diehl. Her previous work in DJJ helped her get a fast start at Chad. Chad also has a new Registered Dental Assistant and is sharing an Office Technician (OT). Dr. Winthrop has visited Chad on numerous occasions to work on equipment issues and patient scheduling. She created an Excel spreadsheet tracking system and implemented it statewide. It allowed her to quickly assess the status of individual youth and the institution population as a whole. I was so impressed with her tracking sheet I used it to select dental records in conducting this audit.

Dr. Winthrop has a good working relationship with security at Chad and uses her considerable social skills to maximize patient escort by the custody department. She has

¹ See, for example, any first round DJJ dental site visit report.

also worked well with facility staff and administrators during the installation of equipment moved from Heman G. Stark Youth Correctional Facility (Stark) and Preston Youth Correctional Facility (Preston). Chad now has digital radiography, which it needs in its mission as a Reception Center for DJJ.

Ms. Lassiter observed while Dr. Winthrop and I teamed up to complete the audit tool. Monitoring had reached a stage of maturity at which Dr. Winthrop could prepare to take over some sections of the audit tool. At Ventura Youth Correctional Facility (Ventura), I had delegated some questions and screens to Dr. Winthrop that I spot-checked. She executed these sections with skill and integrity, so I added to her area of analysis during the Chad site visit².

During my last visit to Chad, I found the infection control procedures inadequate. Problems with tracking biological monitoring of the autoclave had resulted in non-compliance at that time. Improvements have now been made in the biological monitoring and infection control, and both follow state and federal guidelines.

Delivery of youth to the dental clinic on time has improved significantly. Steps are being taken to compile a list of “excused absences” defined as justifiable reasons for youth to not be escorted to a scheduled dental visit. Problems I found in the past with appointment tracking have been corrected following implementation of Dr. Winthrop’s system. It is important that youth be escorted to the dental clinic to refuse treatment in person so the dentist can explain potential problems that could occur from the lack of treatment.

Chad clearly had major improvements under the supervision of Dr. Winthrop.

Youth Orientation to Dental Care Access –

I reviewed the DJJ Ward Rights Handbook. Written information on access to dental care is adequate.

Access to Oral Hygiene Supplies –

An inspection of the canteen list of dental supplies was conducted. Toothbrushes, toothpaste and floss loops are available for distribution to the youth. Refills are

² Questions and Screens audited by Dr. Winthrop are labeled in the appendix.

distributed in the dorm or at the dental clinic if the youth has an appointment. American Dental Association approved toothpaste is available in the commissary. Access to oral hygiene supplies is adequate.

Urgent Care –

Ten dental records were reviewed of youth who were on the dental sick call list for complaints of pain in the three months preceding this visit. All records reviewed documented the patient's dental pain complaints having been addressed in a timely manner either by nursing or dental staff. Nurses were involved in assessment and stabilization of the dental pain. Documentation of pain medication and/or antibiotics prescribed by the nurses was present in all ten records.

Nurse Training –

Advance material documentation was provided of nurse training in the use of specific written protocols for assessment and stabilization of dental pain in the absence of a dentist. A DJJ PowerPoint presentation on dental screening and stabilization of dental emergencies is used to train the nurses at Chad. Based on the nurses' response to complaints of dental pain, however, additional training needs to be provided.

Broken Appointments –

A broken dental appointment occurs when a youth fails to arrive at the dental clinic at the designated treatment time. It can be the fault of the youth or of the staff who are supervising the ward at the time of the appointment. Broken appointments interfere with timely treatment of the youth and lower the total amount of dental care provided to the Chad population. Broken appointment data for the Chad dental program was reviewed for Nov 2010 – May 2011 (Chad data). Using raw data, Chad had a broken appointment proportion well above 10%. Certain issues that regularly prevented the dental clinic from having the youth delivered to their scheduled appointment include:

- Lock downs – examples: fighting, fog, and electrical failures

³ RN Protocols for Dental Emergencies still in draft as of this date

⁴ Dr. Winthrop and I collaborated on this section of the report

- Gang separation and activities such as Victims' Week (where movement is slowed dramatically)
- Refusal of treatment ⁵
- Dental equipment malfunctions
- Youth out to court with no dental clinic notification

Some appointments were rescheduled due to conflicts with the Program Service Day school schedule. Having the dental clinic open and close later in the day can minimize school conflicts.

When we calculated the broken appointment proportion after eliminating the above list of "excused absences", it was 10.48%⁶. I consider the current proportions as partially compliant, as flexing the dental schedule and better defining "excused absences" should facilitate substantial compliance in the future.

Screenings and Examinations -

Ten dental records were reviewed of youth who had been received at Chad in the 120 days months preceding my visit. These records contained comprehensive oral examination and treatment plans, a dental classification, screening radiographs, caries risk assessment, and documentation of oral hygiene education.

Primary Prevention -

Using the same ten records all had documentation of dental prophylaxis, oral hygiene education and fluoride treatment at the time of the initial dental prophylaxis.

Dental Sealants

Dental sealants are being provided based on caries risk and tooth morphology. The American Academy of Pediatric Dentistry recommends sealant placement and topical fluoride treatments as part of primary prevention of dental caries based on risk.

Oral Hygiene Education

All of the initial oral hygiene education is provided at the Reception Centers. Dental staff was interviewed about oral hygiene education. They provide one-on-one oral

⁵ Youth need to be escorted to dental to refuse treatment in person

⁶ 10.48% is close enough to the audit requirement of < to 10% to rate partial compliance.

hygiene education to the patients⁷. An instruction sheet on the use of floss loops is used to supplement the oral presentation. Dental records reviewed contain adequate documentation of oral hygiene instruction and some contain notes about poor patient compliance. It appears that oral hygiene education is consistent with accepted standards of care.

Dental Caries Stabilization - Secondary Prevention –

Ten dental records were reviewed for documentation of restorative care to prevent tooth loss in youth who complained of cavities. None of the youth had caries that needed stabilization to save teeth. Other screens reviewed indicate that caries are being stabilized. I give no rating here as there was inadequate data.

As part of secondary prevention of dental caries during the teenage years through early adulthood, the American Academy of Pediatric Dentistry recommends prioritization and treatment of dental caries that have progressed beyond the demineralization stage.

Caries risk assessment -

Ten dental records were reviewed of youth who had been received at Chad in the 120 days preceding my visit to evaluate dental classification and caries risk assessment. Applicable records documented that youth were given a caries risk assessment either at the Reception Center or at a parent facility (Screen 1). Inadequate applicable records were found to rate Screen 3.

Dental classification of long term youth -

Ten dental records were reviewed of youth who have been at Chad at least twelve months prior to my visit. Nine out of ten long-term youth had their dental treatment completed, had a class 1 DJJ dental classification, and were in recall status .

Dental Extractions -

Seven dental records were reviewed of youth who had dental extractions. All records contained a diagnostic radiograph, signed informed consent form, and a reason for

⁷ The dentist was observed providing oral hygiene education.

⁸ Dental Classifications: Class 1- Youth requiring no treatment, Class 2 - youth requiring routine but not early treatment. To be started or reviewed within one year of date of diagnosis, Class 3- Youth requiring early treatment of conditions-To be started within 120 days, Class 3+ dental caries with moderate or advanced extension into the dentin (up to approximately 90% toward the pulp) with no pain; treatment or evaluation to begin within 60 days from date of diagnosis, Class 4 – Youth with painful conditions- To be treated immediately. , Class 5 -Youth requiring prosthetic appliances- To be started when determined by the treating dentist. Draft DJJ Dental Care policy.

extraction.

Routine Restorative Treatment

Ten records of patients having received routine restorative treatment were reviewed. All had appropriate diagnostic radiographs (Screen 8). Nine records had documentation of a dental prophylaxis; caries risk assessment, and meaningful oral hygiene instructions prior to routine restorative treatment (Screen 9).

Comprehensive Exam and Treatment Plan-

A comprehensive dental examination is conducted at a Reception Center. Dental carious lesions are listed in descending order of severity so the parent institution can more effectively triage teeth that are a priority for stabilization to prevent tooth loss. DJJ 8.074 *Initial Dental Examination* form was used in all records. Ten dental records were reviewed of patients who had received restorative treatment. All records contained comprehensive exams and treatment plans.

Removable Partial Dentures –

Seven dental records were reviewed of patients who received removable partial dentures. All seven records had documentation of periodontal and caries stabilization prior to the fabrication of removable partial dentures.

Availability of Specialists

Medical and dental records of patients requiring the care of dental specialists were reviewed. Oral surgeons are available on contract and utilized for patients who cannot be treated by the institution dentist.

Dental Care of Mental Health Patients -

Dr. Winthrop selected five records of youth who were in Intensive Behavioral Treatment Program (IBTP)⁹. All the IBTP youth were provided care consistent with that received by the remainder of the Chad population. Inability to treat youth due to behavioral problems was not noted in any of the documents reviewed.

Quality Management

Quality Assurance-

The Chad Dental Quality Management Subcommittee minutes were reviewed. While meetings were held quarterly, plans for improvement were not developed nor tracked.

⁹ Records selected by the senior psychologist

Dental quality management tools need to gather information that can be used to create plans for improvement.

Peer Review -

Dental peer review documentation was reviewed. Peer reviews did not include the examination of patients.

Equipment and Instruments –

The dental clinic has two dental operatories, and an office area within the laboratory and sterilization area. Dr. Winthrop had the new equipment from Stark and Preston installed at Chad. The clinic was cleaned and reorganized. Digital radiography was in place and functioning. The instruments are in good condition and well organized thanks to Dr. Winthrop. There appeared to be adequate expendable supplies and dental materials.

Dental Clinic Staffing

Chad now has a full-time dentist and one full-time Registered Dental Assistant. As of October 6, 2011, DJJ could not assure the new dentist and dental assistant of permanent positions. As a result, the current dentist and dental assistant are in the process of transferring back to their original adult facility in CDCR. Due to the Realignment, DJJ will be receiving a “bumped” dentist from CDCR. DJJ will have no say in which person they receive nor will they be able to screen the person’s credentials/qualifications.

The new business rules call for one full-time dental assistant at both Chad and OH Close. DJJ needs to hire two full-time dental assistants for the Northern California Youth Correctional Complex.

Licensure and Required Certificates -

Licensure and required certificates for the dental staff were reviewed. All necessary documents were present.

Infection Control –

Infection control procedures were reviewed. Flow and handling of instruments to be sterilized was appropriate. Instruments were in sterile packs and dated. Eye protection was provided for the patients. The dentist and her staff wore adequate personal protective equipment.

Autoclave biological monitoring logs were reviewed. The University of Southern California (USC) Spore Check System policy specifies that the service will call if a test fails and will fax documentation of the failed test. If no tests fail, then the policy states that summary negative test results will be supplied to the facility annually. A written summary can be obtained at any time upon request. As of October 6, 2011, Chad plans to send biological monitoring samples by overnight delivery service to USC for testing. Biological monitoring procedures were acceptable at Chad but documentation needs to be kept up-to-date for verification by internal and external reviewers.

DJJ Dental Policy and Procedures -

The new draft DJJ dental policy was present. Dental staff had signed a sheet stating they had reviewed the policies and protocols. The dental policy has been approved in headquarters and will be disseminated on October 19, 2011.

DJJ Dental Management Structure

Dr. Winthrop has done a remarkable job leading the dental staff at Chad and at OH Close. She has been an effective trainer and mentor. She has been a driving force in obtaining a second Substantial Compliance rating. Dr. Winthrop will be providing dental care here as part of her duties and thus be able to monitor and help sustain substantial compliance.

- Hire a second full-time dental assistant to meet the requirements of the new business rules

- Reduce the number of scheduled youth who do not arrive for their appointments to $\leq 10\%$
- Create a system for tracking broken appointments that reflects the actual utilization of available dental treatment time.
- Youth should be escorted to the dental clinic to personally refuse treatment so the dentist can explain potential problems that could occur from lack of treatment.

- QAMP identify and study problems in the dental program using accepted standards of health quality management and improvement.
- Develop clinical peer review tools to supplement current procedures.

Key: SC = Substantial Compliance, PC=Partial Compliance, NC=Non-Compliance, N/A= Not Applicable

| | | | | | |
|--------------|--|--|--|--|--|
| | | | | | |
| Question #1 | Dental policies and procedures are on file and reviewed by all dental staff-local policies are consistent with statewide policies | | | | |
| Question #2 | Adequate dental operatories, instruments, supplies, and dental clinic space exist to meet the needs of the patient population | | | | |
| Question #3 | Infection control procedures are followed in accordance with state and federal laws and guidelines | | | | |
| Question #4 | A review of dental charts, appointment logs, and statistics reveals that less than 10% of patients failed to arrive at the dental clinic for a scheduled dental appointment. | | | | |
| Question #5 | The dental Quality Assurance Monitoring Program (QAMP) subcommittee meets quarterly. A review of Dental QAMP minutes shows that meaningful content was discussed with studies conducted to improve quality and quantity of dental care. <u>TDO #06-62 DJJ Inst. and Camps Manual 1T-59 section 6247.5</u> | | | | |
| Question #6 | Youth are provided with ADA approved floss, toothbrushes and toothpaste. | | | | |
| Question #7 | All dentists and dental health care workers show evidence of immunity to or immunization against the hepatitis B virus. <u>CDC Guidelines</u> | | | | |
| Question #8 | Review Youth Orientation Brochure/Handout. Determine if youth are provided adequate instruction as it relates to access to care. | | | | |
| Question #9 | Documentation of current and appropriate credentials is on file at the facility for all dental staff. | | | | |
| Question #10 | Documentation of initial and periodic dental peer reviews and actions taken if necessary. | | | | |
| Question #11 | Documentation of adequate written protocols for use by registered nurses to make a determination of urgency of dental sick call requests <u>TDO #06-62 DJJ Inst. and Camps Manual 1T-59 section 6247.5</u> | | | | |

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---------------|-------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Weight | State ID # | 93478 | ME177 | 93487 | E0987 | 93506 | 93503 | 93484 | 93469 | E0991 | 93437 |
| 85 | Screen #1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 80 | Screen #2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 100 | Screen #3 | N/A | 0 | N/A | N/A |

Screen #1: Within 14 days a dentist performs a comprehensive oral examination and treatment plan; caries risk assessment, dental classification, necessary screening radiographs, and meaningful oral hygiene instructions. **TDO #06-62 DJJ Inst. and Camps Manual 1T-59 section 6247.5.**

Screen #2: Dental hygienist or dentist performs dental prophylaxis, oral hygiene education and fluoride treatment where appropriate within 120 days (up to 150 days will be considered in compliance) ***Primary Prevention- Academy of Pediatric Dentistry Guidelines***

Screen #3: Youth with a high caries risk (Class 3) are scheduled for caries stabilization within 60 days of arrival in DJJ
TDO #06-62 DJJ Inst. and Camps Manual 1T-59 section 6247.5

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---------------|-------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Weight | State ID # | 93271 | 93433 | 93047 | 92618 | 93191 | D7092 | 92984 | ME126 | 90858 | 92866 |
| 100 | Screen #4 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 90 | Screen #5 | N/A |

Screen #4: Complaints of dental pain or dental emergency (such as avulsed teeth) are stabilized by a dentist or health services staff within 24 hours.

Screen #5: Complaints of cavities or broken teeth are stabilized to prevent tooth loss

| | | 1 | 2 | 3 | 4 | 5 |
|---------------|-------------------|-------|-------|-------|-------|-------|
| Weight | State ID # | 93533 | 93543 | 92372 | 92310 | 93094 |
| 80 | Screen #6 | 1 | 1 | 1 | 1 | 1 |

Screen #6: Has policy mandated dental treatment been rendered.

¹⁰ This screen is to check to see that youth with significant mental health problems are receiving policy mandated care even if their behavior makes that care delivery more challenging.

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---------------|-------------------|-------|-------|-------|-------|-------|-------|-------|
| Weight | State ID # | 93212 | 93433 | 93291 | 92363 | 92953 | 91449 | 92037 |
| 100 | Screen #7 | 1 | 1 | 1 | 0 | 1 | 1 | 1 |

Screen #7: A diagnostic radiograph, signed informed consent form, and a reason for extraction are present for teeth extracted.

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---------------|-------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Weight | State ID # | 93207 | 93204 | 93199 | 93228 | ME095 | 93247 | 92739 | 93059 | 93046 | 93221 |
| 85 | Screen #8 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 85 | Screen #9 | 1 | 1 | 1 | 1 | 0 | 1 | 1 | 1 | 1 | 1 |
| 75 | Screen #10 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |

Screen # 8: Diagnostic radiographs are present for restorative procedures

Screen # 9: A dental prophylaxis, caries risk assessment, and meaningful oral hygiene instructions, are documented prior to routine restorative treatment.

Screen # 10: A comprehensive examination and treatment plan is documented prior to routine restorative treatment.

| | | 1 | 2 | 3 | 4 | 5 | 7 |
|---------------|------------------|-------|-------|-------|-------|-------|-------|
| Weight | State ID# | 92739 | 92919 | 93291 | 91694 | MD972 | EO832 |
| 80 | Screen #11 | 1 | 1 | 1 | 1 | 1 | 1 |

Screen # 11: Partial dentures to replace front teeth and partial dentures for youth with inadequate opposing natural teeth completed following periodontal stabilization and routine restorative care. **TDO #06-62 DJJ Inst. and Camps Manual 1T-59 section 6247.5**

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---------------|-------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Weight | State ID # | 93046 | 93114 | 93387 | 93161 | 93180 | 93159 | 93158 | 93172 | 93176 | 93193 |
| 85 | Screen #12 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 0 |

Screen #12 Long-term youth (in DJJ > one year) have had their dental treatment completed and or have a class 1 classification, and are in recall status.

| | # of Records | #N/A | Final # of Records | # of Complaint Records | % Compliance | Comments |
|------------|--------------|------|--------------------|------------------------|--------------|----------------|
| Screen #1 | 10 | 0 | 10 | 10 | 100 | |
| Screen #2 | 10 | 0 | 10 | 10 | 100 | |
| Screen #3 | 10 | 10 | 0 | 0 | | Not calculated |
| Screen #4 | 10 | 10 | 10 | 10 | 100 | |
| Screen #5 | 10 | 10 | 0 | 0 | | Not calculated |
| Screen #6 | 5 | 0 | 5 | 5 | 100 | |
| Screen #7 | 7 | 0 | 7 | 6 | 90 | |
| Screen #8 | 10 | 0 | 10 | 10 | 100 | |
| Screen #9 | 10 | 0 | 10 | 9 | 90 | |
| Screen #10 | 10 | 0 | 10 | 10 | 100 | |
| Screen #11 | 7 | 0 | 7 | 7 | 100 | |
| Screen #12 | 10 | 0 | 10 | 9 | 90 | |

| | | | | | | | | |
|-----------|-----|---|------|-------|-----|---|-----|------------|
| Screen 1 | 85 | x | 0.85 | 72.25 | 100 | x | 85 | 85.00 |
| Screen 2 | 80 | x | 0.85 | 68.00 | 100 | x | 80 | 80.00 |
| Screen 3 | | | | | | x | 100 | Not calc. |
| Screen 4 | 100 | x | 0.85 | 85.00 | 100 | x | 100 | 100.00 |
| Screen 5 | | | | | | | | Not. Calc. |
| Screen 6 | 100 | x | 0.85 | 85.00 | 100 | x | 100 | 100.00 |
| Screen 7 | 100 | x | 0.85 | 85.00 | 90 | x | 100 | 90.00 |
| Screen 8 | 85 | x | 0.85 | 72.25 | 100 | x | 85 | 85.00 |
| Screen 9 | 85 | x | 0.85 | 72.25 | 90 | x | 85 | 76.50 |
| Screen 10 | 75 | x | 0.85 | 63.75 | 100 | x | 75 | 75.00 |
| Screen 11 | 80 | x | 0.85 | 68.00 | 100 | | 100 | 100.00 |
| Screen 12 | 85 | x | 0.85 | 72.25 | 90 | x | 85 | 76.50 |

| | | |
|-------------|-----|-----|
| Question 1 | 100 | |
| Question 2 | 100 | |
| Question 3 | 100 | |
| Question 4 | | 50 |
| Question 5 | | 50 |
| Question 6 | 100 | |
| Question 7 | 100 | |
| Question 8 | 100 | |
| Question 9 | 100 | |
| Question 10 | | 50 |
| Question 11 | 100 | |
| Totals | 800 | 150 |

This report summarizes the findings of my review of the California Department of Correction and Rehabilitation (“CDCR”) Division of Juvenile Justice (“DJJ”) Ventura Youth Correctional Facility (Ventura) dental program July 11-12, 2011. Ventura houses male and female youth and had a July 11, 2011 census of 330. Dr. Viviane Winthrop, DJJ Supervisory Dentist, joined me at Ventura.

I did not examine youth; consequently, assessments of quality of care were made primarily from reviewing dental records and via staff interviews. The organization, methodology and references for this report have been described previously¹.

Dr. Arturo Villanueva, the Ventura Institution Dentist, and his assistant, Mary Borroel DA, had the advance material I requested well organized upon my arrival. It was clear Dr. Winthrop had provided significant guidance on the preparation of the advance material binder. Dr. Winthrop and Ms. Borroel worked diligently to retrieve dental records.

The dental monitoring had matured to a point at which I felt Dr. Winthrop should begin to audit select questions and screens in the audit tool. I have labeled the sections of the tool she completed and I spot-checked these.

During my last two visits to Ventura, I had found the infection control procedures inadequate. Problems with tracking biological monitoring of the autoclave resulted in non-compliance in this area. I also had found contradictions between statistics on broken appointments supplied in the advance material with those reported in the Quality

¹ See, for example, any first or second round DJJ dental site visit report.

Assurance Management Program meetings. I was pleased to find during this visit that documentation of autoclave biological monitoring was consistent with state and federal guidelines. Dr. Mark Hynum, Ventura Chief Medical Officer, assigned an infection control nurse to assist in dental infection control monitoring. Additional outside training was provided to the dental assistant and to the infection control nurse involved with dental sterilization.

Dr. Winthrop had the dental department keep a log of patients seen or rescheduled. Review of this log and dental records revealed a shocking number of rescheduled appointments. Most of rescheduled appointments were a result of failure to escort wards from the school. Dr. Winthrop informed me that the custody officer is not to remove a ward from school unless the dental treatment was urgent. But the consistent delay in restoration of dental caries leads to an increase in emergent and urgent care visits and the loss of otherwise restorable teeth. Dental staff hours have been adjusted to accommodate the Program Service Day (PSD) school schedule one day per week. Dr. Hynum has struggled to treat all wards needing dental or medical care within the constraints of the Program Service Day schedule. He did secure a second custody officer for medical and dental escorts.

Following a meeting with Dr. Tom O'Rourke, Farrell Education Expert, on August 1, 2011, it is clear to me that the dental staff needs to adjust their hours further to fit the needs of the PSD. The dental clinic needs to be open later each day so more wards can be treated after school is dismissed at 2:30. The adjustment in the dental schedule will require custody officers to be available later in the day to escort the dental patients.

It is clear that Dr. Winthrop had a good grasp of the problems with the Ventura dental program and was working hard to get them corrected.

Youth Orientation to Dental Care Access –

I reviewed the DJJ Ward Rights Handbook. Written information on access to dental care is adequate.

Access to Oral Hygiene Supplies –

An inspection of the canteen list of dental supplies was conducted. Toothbrushes, toothpaste and floss loops are available to be distributed to the youth. Refills are distributed in the unit or at the dental clinic if the youth has an appointment. American Dental Association approved toothpaste is available in the commissary. Access to oral hygiene supplies is adequate.

Urgent Care –

Eleven dental records were reviewed of wards/youth who were on the dental sick call list for complaints of pain in the three months preceding this visit. All of these contained documentation of the patient's dental pain complaints having been addressed in a timely manner either by nursing or dental staff. Nurses were involved in assessment and stabilization of the dental pain. Documentation of pain medication and/or antibiotics prescribed by the nurses was present. The SOAPE charting format was used consistently on Part II of the Health Services Request form.

Nurse Training –

Documentation was provided with the advance material of nurse training in the use of specific written protocols for assessment and stabilization of dental pain in the absence of a dentist. A DJJ PowerPoint presentation on dental screening and stabilization of dental emergencies is used to train the nurses at Ventura.

Broken or Failed Appointments –

A broken dental appointment occurs when a youth fails to arrive at the dental clinic at the designated treatment time. It can be the fault of the youth or the staff who are supervising the ward at the time of the appointment. Broken appointments interfere with timely treatment of the wards/youth and lower the total amount of dental care provided to the Ventura population. I reviewed available broken appointment data for 2011 and

² RN Protocols for Dental Emergencies still in draft as of this date

found a shocking number of failed appointments or “reschedule” notations in the appointment log Dr. Winthrop implemented early 2011.

Analyzing raw data, Ventura had a broken appointment proportion above 10%. There were certain conditions that prevented the dental clinic from having the youth delivered to their scheduled appointment that may be difficult or impossible to control.

- Lock downs – examples: fighting, fog, and electrical failures
- Gang separation, and activities such as Victims’ Week, where movement is slowed dramatically
- Refusal of treatment
- Dental equipment malfunctions –should be minimal
- Youth out to court

We were able to determine that the majority of appointments rescheduled were due to conflicts with the PSD school schedule. It is clear to the dental and education experts that the dental staff needs to adjust their hours further to fit the needs of the PSD. The dental clinic need to be open later each day so more wards can be treated after school is dismissed at 2:30. The adjustment in the dental schedule will require custody officers to be available later in the day to escort the dental patients. The dental department needs to collect very specific data on why a youth is not treated during his or her scheduled appointment.

Screenings and Examinations -

Ten dental records were reviewed of youth who had been received at Ventura in the 120 days months preceding my visit. These records contained comprehensive oral examination and treatment plans, a dental classification, screening radiographs, caries risk assessment, and documentation of oral hygiene education.

Primary Prevention -

Twelve dental records were reviewed of youth who had been received at Ventura in the 120 days preceding my visit. All had documentation of dental prophylaxis, oral

hygiene education and fluoride treatment, where appropriate, at the time of the initial dental prophylaxis.

Dental Sealants

Dental sealants are being provided at Ventura based on caries risk and tooth morphology. The American Academy of Pediatric Dentistry recommends sealant placement and topical fluoride treatments as part of primary prevention of dental caries based on risk.

Oral Hygiene Education

All of the initial oral hygiene education is provided at the Reception Centers. They provide one-on-one oral hygiene education to the patients. An instruction sheet on the use of floss loops supplements the oral presentation. Dental records reviewed contain adequate documentation of oral hygiene instruction and some contain notes about poor patient compliance. It appears that oral hygiene education is consistent with accepted standards of care.

Dental Caries Stabilization - Secondary Prevention -

Eleven dental records were reviewed for documentation of restorative care to prevent tooth loss in youth who complained of cavities. Seven out of seven applicable records had treatment to prevent the loss of teeth documented consistent with DJJ Classification 3 caries. As part of secondary prevention of dental caries during the teenage years through early adulthood, the American Academy of Pediatric Dentistry recommends prioritization and treatment of dental caries that have progressed beyond the demineralization stage. Applicable records with a DJJ Classification of 3+ were scheduled within 60 days (Screen 3)

Caries risk assessment -

Ten dental records were reviewed of youth who had been received at Ventura in the 120 days preceding my visit to evaluate dental classification and caries risk assessment. The applicable records documented that youth were given a caries risk assessment either at the Reception Center or at a parent facility (Screen 1).

Dental classification of long term wards/youth -

Twelve dental records were reviewed of youth that have been at Ventura at least twelve months. Seven out of eleven long-term youth had their dental treatment completed, had a Class 1 DJJ Classification, and were in recall status .

Non-compliance in this screen is directly related to the lack of treatment hours available when school is not in session. The dental clinic needs to be open later each day so more school pupils can be treated after school is dismissed at 2:30. An adjustment in the dental schedule will require custody officers to be available later in the day to escort the dental patients.

Dental Extractions -

Seven dental records were reviewed of youth who had dental extractions. All records contained a diagnostic radiograph, signed informed consent form, and a reason for extraction.

Routine Restorative Treatment

Eleven records of patients having received routine restorative treatment were reviewed. Ten contained appropriate diagnostic radiographs (Screen 8). All records had documentation of a dental prophylaxis; caries risk assessment, and meaningful oral hygiene instructions prior to routine restorative treatment (Screen 9).

Comprehensive Exam and Treatment Plan-

A “complete” dental examination is conducted at a Reception Center. Dental carious lesions were listed in descending order of severity so the parent institution could more effectively triage teeth that were a priority for stabilization to prevent tooth loss. DJJ 8.074 *Initial Dental Examination* form was used in all records. Eleven dental records were reviewed of patients who had received restorative treatment. Ten out of eleven records contained comprehensive exams and treatment plans.

Removable Partial Dentures –

No records of patients who received removable partial dentures were available for

³ Dental Classifications: Class 1- Youth requiring no treatment, Class 2 - youth requiring routine but not early treatment. To be started or reviewed within one year of date of diagnosis, Class 3- Youth requiring early treatment of conditions-To be started within 120 days, Class 3+ dental caries with moderate or advanced extension into the dentin (up to approximately 90% toward the pulp) with no pain; treatment or evaluation to begin within 60 days from date of diagnosis, Class 4 – Youth with painful conditions- To be treated immediately. , Class 5 -Youth requiring prosthetic appliances- To be started when determined by the treating dentist. Draft DJJ Dental Care policy.

review.

Availability of Specialists

Medical and dental records of patients requiring the care of dental specialists were reviewed. Oral surgeons are available and utilized for patients who cannot be treated by the institution dentist.

Dental Care of Mental Health Patients -

Seven dental records of youth with significant mental health problems were reviewed. Six out of seven youth received policy-mandated dental care. Dental treatment provided to mental health patients was consistent with that received by the overall Ventura population.

Quality Management

Quality Assurance-

Peer Review -

Documentation consisted of DJJ peer review forms and a list of 5 dental records that were reviewed by Dr. Winthrop. These did not include the examination of patients. To make a credible evaluation of a practitioner's work, the reviewer must examine patients and cross-reference findings with the corresponding dental record.

Equipment and Instruments -

The dental clinic was inspected. It consisted of two full dental operatories, an office area and a laboratory sterilization area. Two dental operatories are adequate for use by one dentist. Instruments and expendable supplies were inspected. The instruments were in good condition and there appeared to be adequate expendable supplies.

Dr. Winthrop arranged to have the dental clinic painted and the digital panoramic and intraoral x-ray units from H. G. Stark Youth Correctional Facility were installed at Ventura. The clinic was much brighter and more pleasant than during my last visit. Dr. Winthrop also reorganized the dental instrument storage.

Dental Clinic Staffing

Ventura has one full-time dentist and one full-time dental assistant. With a population of 330 youth, Ventura needs a second dental assistant to be in compliance with the business plan⁴.

Licensure and Required Certificates -

Licensure and required certificates for the dental staff were reviewed. All necessary documents were present.

Infection Control –

Infection control procedures were reviewed. Flow and handling of instruments to be sterilized were appropriate. Dental staff were utilizing appropriate personal protective equipment. Instruments were in sterile packs and dated. Eye protection was provided for the patients.

Autoclave biological monitoring logs were reviewed. Autoclave biological monitoring was adequate and consistent with state and federal guidelines and in substantial compliance with the audit standards.

DJJ Dental Policy and Procedures -

The new draft DJJ dental policy was present. Dental staff had signed a sheet stating they had reviewed the policy.

DJJ Dental Management Structure

Dr. Winthrop has done a remarkable job leading the dental staff here at Ventura. She has been an effective coach and mentor. She has provided training. Providing consistent training and follow up has been difficult due to an travel budget. DJJ needs to increase Dr. Winthrop's travel budget to allow her to visit Ventura and provide in-person leadership and oversight.

I was happy to see the leadership skills of Dr. Winthrop showcased by the

⁴ Due to production and security issues I have agreed that DJJ may substitute a second full-time dental assistant for the dental hygienist position.

improvements made at Ventura. Her positive impact on the program was evident. Dr. Winthrop implemented digital radiography, trained and calibrated the staff, created a Dental Compliance Tracking Log, and even managed to get the dental clinic painted.

However, with the increasing population at Ventura and the closure of Southern Youth Reception Center and Clinic, a second dental assistant needs to be hired immediately in order to maintain a substantial compliance rating,⁵.

- Hire a second dental assistant to comply with the business rules and agreements reached between the monitor and DJJ in 2010.
- Custody support to escort wards on an one by one not in groups to their dental appointments to minimize lost time in school or other programs.
- Reduce the number of scheduled youth who do not arrive for their appointments to $\leq 10\%$.
- Management works with the dental clinic to maximize the delivery of scheduled wards to the dental clinic.
- Provide funding for at least quarterly site visits to Ventura YCF by Dr. Winthrop.
- Dr. Winthrop/DJJ needs to provide close supervision and training for the dental staff at VYCF.

- Finalize the current draft dental policy.
- QAMP identify and study problems in the dental program using accepted standards of health quality management and improvement.
- Develop clinical peer review tools to supplement current peer review procedures.

⁵ In substitution for the dental hygienist specified by the business rules

Key: SC = Substantial Compliance, PC=Partial Compliance, NC=Non-Compliance, N/A= Not Applicable

| Question #1 | Dental policies and procedures are on file and reviewed by all dental staff-local policies are consistent with statewide policies | | | | |
|--------------|--|--|--|--|--|
| Question #2 | Adequate dental operatories, instruments, supplies, and dental clinic space exist to meet the needs of the patient population | | | | |
| Question #3 | Infection control procedures are followed in accordance with state and federal laws and guidelines | | | | |
| Question #4 | A review of dental charts, appointment logs, and statistics reveals that less than 10% of patients failed to arrive at the dental clinic for a scheduled dental appointment. | | | | |
| Question #5 | The dental Quality Assurance Monitoring Program (QAMP) subcommittee meets quarterly. A review of Dental QAMP minutes shows that meaningful content was discussed with studies conducted to improve quality and quantity of dental care. <u>TDO #06-62 DJJ Inst. and Camps Manual 1T-59 section 6247.5</u> | | | | |
| Question #6 | Wards are provided with ADA approved floss, toothbrushes and toothpaste. | | | | |
| Question #7 | All dentists and dental health care workers show evidence of immunity to or immunization against the hepatitis B virus. <i>CDC Guidelines</i> | | | | |
| Question #8 | Review wards Orientation Brochure/Handout. Determine if wards are provided adequate instruction as it relates to access to care. | | | | |
| Question #9 | Documentation of current and appropriate credentials is on file at the facility for all dental staff. | | | | |
| Question #10 | Documentation of initial and periodic dental peer reviews and actions taken if necessary. | | | | |
| Question #11 | Documentation of adequate written protocols for use by registered nurses to make a determination of urgency of dental sick call requests <u>TDO #06-62 DJJ Inst. and Camps Manual 1T-59 section 6247.5</u> | | | | |

⁶ Conditional partial compliance for 60 days

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---------------|-------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Weight | State ID # | ME204 | 93507 | ME175 | 93518 | ME189 | EO999 | 93523 | 93531 | ME204 | 93502 |
| 85 | Screen #1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 80 | Screen #2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 100 | Screen #3 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |

Screen #1: Within 14 days a dentist performs a comprehensive oral examination and treatment plan; caries risk assessment, dental classification, necessary screening radiographs, and meaningful oral hygiene instructions. **TDO #06-62 DJJ Inst. and Camps Manual 1T-59 section 6247.5.**

Screen #2: Dental hygienist or dentist performs dental prophylaxis, oral hygiene education and fluoride treatment where appropriate within 120 days (up to 150 days will be considered in compliance) **Primary Prevention- Academy of Pediatric Dentistry Guidelines**

Screen #3: Wards with a high caries risk (Class 3) are scheduled for caries stabilization within 60 days of arrival in DJJ **TDO #06-62 DJJ Inst. and Camps Manual 1T-59 section 6247.5**

Dr. Winthrop

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
|---------------|-------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Weight | State ID # | 93514 | 93317 | 93316 | 93043 | 92987 | 93336 | 93288 | 92816 | 93294 | 92753 | 92816 |
| 100 | Screen #4 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 90 | Screen #5 | 1 | N/A | N/A | 1 | 1 | N/A | 1 | N/A | 1 | 1 | 1 |

Screen #4: Complaints of dental pain or dental emergency (such as avulsed teeth) are stabilized by a dentist or health services staff within 24 hours.

Screen #5: Complaints of cavities or broken teeth are stabilized to prevent tooth loss

Dr. Winthrop

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---------------|-------------------|-------|-------|-------|-------|-------|-------|-------|
| Weight | State ID # | 92974 | 93309 | 93181 | 93371 | 92688 | 91950 | 91757 |
| 80 | Screen #6 | 1 | 1 | 0 | 1 | 1 | 1 | 1 |

Screen #6: Has policy mandated dental treatment been rendered.

⁷ This screen is to check to see that youth with significant mental health problems are receiving policy mandated care even if their behavior makes that care delivery more challenging.

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---------------|-------------------|-------|-------|-------|-------|-------|----------------|-------|
| Weight | State ID # | 93145 | 91950 | 93167 | 92390 | 93316 | 92921 | 93140 |
| 100 | Screen #7 | 1 | 1 | 1 | 1 | 1 | 1 ⁸ | 1 |

Screen #7: A diagnostic radiograph, signed informed consent form, and a reason for extraction are present for teeth extracted.

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
|---------------|-------------------|-------|-------|-----------------|-------|-------|----------------|-------|-------|-------|-------|-------|
| Weight | State ID # | 93214 | 93133 | 93185 | 93374 | 93105 | 92052 | 93214 | 92982 | 93145 | 92515 | ME189 |
| 85 | Screen #8 | 1 | 1 | 1 | 1 | 1 | 0 ⁹ | 1 | 1 | 1 | 1 | 1 |
| 85 | Screen #9 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 75 | Screen #10 | 1 | 1 | 0 ¹⁰ | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 80 | Screen #11 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |

Screen # 8: Diagnostic radiographs are present for restorative procedures

Screen # 9: A dental prophylaxis, caries risk assessment, and meaningful oral hygiene instructions, are documented prior to routine restorative treatment.

Screen # 10: A comprehensive examination and treatment plan is documented prior to routine restorative treatment.

Screen # 11: Partial dentures to replace front teeth and partial dentures for wards with inadequate opposing natural teeth completed following periodontal stabilization and routine restorative care. **TDO #06-62 DJJ Inst. and Camps Manual 1T-59 section 6247.5**

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---------------|-------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Weight | State ID # | 92481 | 92808 | 92518 | MD994 | 92756 | 93214 | 92470 | 93135 | 92835 | 93113 | 93145 | 91863 |
| 85 | Screen #12 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |

Screen #12 Long-term wards (in DJJ > one year) have had their dental treatment completed and or have a class 1 classification, and are in recall status.

⁸ Radiograph used to extract tooth J on 5/11/11 was taken 8/24/09

⁹ Root canal therapy #8 by contract dentist on 4/27/11, lack of final instrument and final fill radiographs. Root canal therapy #9 by VYCF dentist, no radiographs of final instrument and final fill.

¹⁰ Advanced distal caries on #13 diagnosed on 7/2/10 at SYCRCC and not treated at VYCF until 6/15/11. Miss classified as a 3 should have been a 3+. Tooth #13 had mesial caries that was not restored but visible on radiograph. Pt had 6 rescheduled appointments and 2 refusals between 12-21-10 and 5/20/11.

| | # of Records | #N/A | Final # of Records | # of Complaint Records | % Compliance | Comments |
|------------|--------------|------|--------------------|------------------------|--------------|--|
| Screen #1 | 10 | | 10 | 10 | 100 | |
| Screen #2 | 10 | | 10 | 10 | 100 | |
| Screen #3 | 10 | | 10 | 10 | 100 | |
| Screen #4 | 11 | | 11 | 11 | 100 | |
| Screen #5 | 11 | 4 | 7 | 7 | 100 | |
| Screen #6 | 6 | | 6 | 5 | 86 | |
| Screen #7 | 7 | | 7 | 7 | 100 | |
| Screen #8 | 11 | | 11 | 10 | 91 | |
| Screen #9 | 11 | | 11 | 11 | 100 | |
| Screen #10 | 11 | | 11 | 10 | 91 | |
| Screen #11 | 0 | | | | | No records for review |
| Screen #12 | 12 | | 12 | 7 | 58 | Lots of rescheduled patients due to failure to fit school schedule |

| | | | | | | | | |
|-----------|-----|---|------|-------|------|---|-----|--------|
| Screen 1 | 85 | x | 0.85 | 72.25 | 1.00 | x | 85 | 85.00 |
| Screen 2 | 80 | x | 0.85 | 68.00 | 1.00 | x | 80 | 80.00 |
| Screen 3 | 100 | x | 0.85 | 85.00 | 1.00 | x | 100 | 100.00 |
| Screen 4 | 100 | x | 0.85 | 85.00 | 1.00 | x | 100 | 100.00 |
| Screen 5 | 90 | x | 0.85 | 76.50 | 1.00 | x | 90 | 90.00 |
| Screen 6 | 100 | x | 0.85 | 85.00 | .86 | x | 100 | 86.00 |
| Screen 7 | 100 | x | 0.85 | 85.00 | 1.00 | x | 100 | 100.00 |
| Screen 8 | 85 | x | 0.85 | 72.25 | .91 | x | 85 | 77.35 |
| Screen 9 | 85 | x | 0.85 | 72.25 | 1.00 | x | 85 | 85.00 |
| Screen 10 | 75 | x | 0.85 | 63.75 | .91 | x | 75 | 68.25 |
| Screen 11 | | | | | | | | |
| Screen 12 | 85 | x | 0.85 | 72.25 | .58 | x | 85 | 49.30 |

| | | | |
|-------------|-----|------------------|--------------|
| Question 1 | 100 | | |
| Question 2 | 100 | | |
| Question 3 | 100 | | |
| Question 4 | | 50 ¹¹ | |
| Question 5 | | 50 | |
| Question 6 | 100 | | |
| Question 7 | 100 | | |
| Question 8 | 100 | | |
| Question 9 | 100 | | |
| Question 10 | | 50 | |
| Question 11 | 100 | | |
| Totals | 800 | 150 | 950/11 = 86% |

¹¹ Conditional partial compliance for 60 days

I visited the Southern Youth Correctional Reception Center and Clinic (SYCRCC) July 13, 2011, accompanied by Dr. Viviane Winthrop, Department of Juvenile Justice (DJJ) Supervisory Dentist. The visit's purpose was to review the oral health status of youth there.

SYCRCC had a July 13, 2011 institution census of 193 youth with an average of 30 new admissions per month since February 2011. Dental staff consisted of one full-time dentist and one full-time dental assistant. The dental clinic had three working dental operatories and adequate space for administrative functions and instrument storage and sterilization.

I was pleased with the well-organized site visit materials prepared for my review. Dr. Enrique Garcia, DJJ Institution Dentist was deployed on military leave and was not present during my visit. A contract dentist, Dr. Sayneet Anand, was working to fill in for Dr. Garcia.

Screenings and Examinations

Twenty records were reviewed . All reception dental exams were performed in compliance with DJJ policy and with the dental audit tool².

Primary Prevention

Twenty records were reviewed. Six records (30%) did not have documentation of a dental prophylaxis following audit tool and policy guidelines. Seven additional records were pulled, as noted on the "Dental Compliance Tracking Log". Three of these seven (42%) did not have documentation of a dental prophylaxis in accordance with policy timelines.

¹ Records reviewed were of wards that arrived at the facility since April 22, 2010.

² Within 14 days, a dentist performs a comprehensive oral examination and treatment plan; caries risk assessment, dental classification, necessary screening radiographs, and meaningful oral hygiene instructions.

³ Records reviewed were of wards that arrived at the facility since April 22, 2010.

| Number ⁴ | Exam | Initial Dental Prophylaxis | Class 3 |
|---------------------|---------|----------------------------|----------|
| 93218 | 7/23/10 | 5/13/11 | N/A |
| 93230 | 6/30/10 | 5/13/11 | N/A |
| 93163 | 7/2/10 | 6/28/11 | N/A |
| 93296 | 10/1/10 | 10/1/10 | 10/28/10 |
| 93223 | 8/9/10 | 10/11/10 | N/A |
| EO922 | 8/10/10 | No as of 7/14/11 | N/A |

Urgent Care

Thirteen records of wards that complained of dental pain were reviewed. All contained documentation of pain stabilization by a nurse or a dentist within 24 hours.

Dental Caries Stabilization

Twenty records were reviewed. Two applicable records documented the presence of Class 3 caries. Wards with a high caries risk were stabilized within 60 days of arrival in DJJ.

. One out of the thirteen records reviewed of wards that complained of dental pain was applicable in assess the stabilization of caries in lieu of extraction. Carious teeth were restored where possible.

Dental Classification of Long Term Wards

Seventeen records were reviewed of wards that had been in DJJ at least one year. Only two out of seventeen wards (12%) were Class I. This is a very low percentage of stabilization. The needs of these patients will have to be met at whatever facility these wards move to following the closure of SYCRCC.

The SYCRCC dental staff was unified in their support of the escort officer they referred to as “Cap”, a tall professional individual I observed delivering and

⁴ Chart numbers harvested from the Dental Compliance Tracking Log

⁵ Records reviewed were of wards that arrived at the facility since April 22, 2010.

supervising wards in a calm, effective manner. Cap escorted wards to and from the dental clinic in a timely manner.

Failure to complete dental prophylaxis and caries stabilization at SYCRCC places an unnecessary burden on future custodians of these wards. Dr. Winthrop has made efforts to increase productivity of the SYCRCC dentist, but the progress is slow. DJJ needs to be prepared to add additional dental staff resources at the facilities that will house these wards to provide dental care that is overdue.

The Dental Compliance Tracking Log created by Dr. Winthrop made the extraction of information about the dental health status of the wards very accessible. She was well aware of the problems at SYCRCC and appeared to be doing everything she could do with the resources available.

I recommend that DJJ increase dental staffing at Ventura YCF.

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|---------------|-------------------|-------|-------|-------|-------|---------|-------|-------|-------|-------|-------|-------|-------|-------|
| Weight | State ID # | ME193 | 93548 | 93500 | EO997 | 93513 | 93517 | ME187 | E1001 | E1002 | 93524 | 93459 | EO982 | 93461 |
| 85 | Screen #1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 80 | Screen #2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 1 |
| 100 | Screen #3 | N/A | N/A | 1 | N/A | refused | N/A | N/A | N/A | N/A | 1 | N/A | N/A | N/A |

| | | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
|---------------|-------------------|-------|-------|-------|-------|-------|-------|-------|
| Weight | State ID # | 93477 | 93486 | 93491 | 93490 | 93494 | ME182 | ME218 |
| 85 | Screen #1 | 1 | 1 | 0 | 1 | 1 | 1 | 1 |
| 80 | Screen #2 | 1 | 0 | 0 | 1 | 1 | 0 | 0 |
| 100 | Screen #3 | N/A |

Screen #1: Within 14 days a dentist performs a comprehensive oral examination and treatment plan; caries risk assessment, dental classification, necessary screening radiographs, and meaningful oral hygiene instructions. **TDO #06-62 DJJ Inst. and Camps Manual 1T-59 section 6247.5.**

Screen #2: Dental hygienist or dentist performs dental prophylaxis, oral hygiene education and fluoride treatment where appropriate within 120 days (up to 150 days will be considered in compliance) **Primary Prevention- Academy of Pediatric Dentistry Guidelines**

Screen #3: Wards with a high caries risk (Class 3) are scheduled for caries stabilization within 60 days of arrival in DJJ **TDO #06-62 DJJ Inst. and Camps Manual 1T-59 section 6247.5**

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
|---------------|-------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Weight | State ID # | EO982 | 92486 | 93340 | 93299 | ME168 | 91188 | 93116 | 93260 | 91068 | 90305 | 93079 |
| 100 | Screen #4 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 90 | Screen #5 | N/A | 1 | N/A | N/A | N/A |

Screen #4: Complaints of dental pain or dental emergency (such as avulsed teeth) are stabilized by a dentist or health services staff within 24 hours.

Screen #5: Complaints of cavities or broken teeth are stabilized to prevent tooth loss

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---------------|-------------------|----------------|-------|----------------|-------|-----------------|-------|-------|----------------|-------|-------|-------|-------|
| Weight | State ID # | 93218 | ME057 | 93116 | 93014 | 93079 | ME029 | 93089 | 93041 | 93036 | 93017 | 93019 | 93001 |
| 85 | Screen #12 | 0 | 0 | 0 ⁶ | 1 | 0 ⁷ | 1 | 0 | 0 ⁸ | 0 | 0 | 0 | 0 |
| | | 13 | 14 | 15 | 16 | 17 | | | | | | | |
| | | 93009 | 92984 | 92956 | MD931 | 93577 | | | | | | | |
| | | 0 ⁹ | 0 | 0 | 0 | 0 ¹⁰ | | | | | | | |

Screen #12 Long-term wards (in DJJ > one year) have had their dental treatment completed and or have a class 1 classification, and are in recall status.

| | # of Records | #N/A | Final # of Records | # of Complaint Records | % Compliance | Comments |
|------------|--------------|------|--------------------|------------------------|--------------|----------|
| Screen #1 | 10 | | 10 | 10 | 100 | |
| Screen #2 | 20 | | 20 | 14 | 70 | |
| Screen #3 | 10 | 8 | 2 | 2 | 100 | |
| Screen #4 | 11 | | 11 | 11 | 100 | |
| Screen #5 | 11 | 10 | 1 | 1 | 100 | |
| Screen #12 | 17 | | 17 | 2 | 12 | |

⁶ No cleaning, admit 3/1/10

⁷ No cleaning, admit 2/10/10

⁸ Patient was designated Class 3 in on 10/10/09, one refusal 6/22/10 but has been seen several times since

⁹ Patient is still a Class 3, since 6/11/10

¹⁰ Patient was listed as Class 3 on 2/4/11 and remains a Class 3 as of 7/14/11



| | | | | | | | | |
|-----------|-----|---|------|-------|------|---|-----|--------|
| Screen 1 | 85 | x | 0.85 | 72.25 | 1.00 | x | 85 | 85.00 |
| Screen 2 | 80 | x | 0.85 | 68.00 | .70 | x | 80 | 56.00 |
| Screen 3 | 100 | x | 0.85 | 85.00 | 1.00 | x | 100 | 100.00 |
| Screen 4 | 100 | x | 0.85 | 85.00 | 1.00 | x | 100 | 100.00 |
| Screen 5 | 90 | x | 0.85 | 76.50 | 1.00 | x | 90 | 90.00 |
| Screen 12 | 85 | x | 0.85 | 72.25 | .12 | x | 85 | 10.20 |
