

SUPERIOR COURT OF CALIFORNIA
CITY AND COUNTY OF ALAMEDA

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

TWENTY-THIRD REPORT OF SPECIAL MASTER

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TABLE OF CONTENTS

<u>I. INTRODUCTION</u>	1
<u>II. INTEGRATED BEHAVIORAL TREATMENT MODEL</u>	1
A. Current Progress	1
B. Next Steps	10
<u>III. SEXUAL BEHAVIOR TREATMENT PROGRAM</u>	12
A. Current Progress	12
B. New SBTP Curriculum	14
C. Quality Assurance and Outcome Measures	16
D. Outstanding Issues	17
E. Next Steps	18
<u>IV. DENTAL SERVICES</u>	19
<u>V. VENTURA YOUTH CORRECTIONAL FACILITY</u>	23
A. Current Progress	23
B. Observations of the Mental Health Expert	27
C. Observations of the Safety and Welfare Expert	29
D. Analysis of Youth Movement in the BTP Population	30
E. Facility Improvements	32
<u>VI. USE OF FORCE</u>	33
<u>VII. TRANSFER OF MONITORING PROGRESS</u>	40
<u>VIII. CONCLUSION</u>	41

APPENDICES

- Appendix A: Schwartz and Chen, *California Division of Juvenile Justice Sexual Behavior Treatment Program Administrative Audit* (March 5, 2012).
- Schwartz, *Report of Audit of the Sexual Behavior Treatment Program, N.A. Chaderjian Youth Correctional Facility and O.H. Close Youth Correctional Facility, Division of Juvenile Justice, California Department of Corrections and Rehabilitation* (July 30, 31 and August 3, 2012)
- Appendix B: Sauter, *Dental Site Visit Report, N.A. Chaderjian Youth Correctional Facility, California Department of Corrections and Rehabilitation, Division of Juvenile Justice* (September 24, 2012).
- Sauter, *Dental Site Visit Report, O. H. Close Youth Correctional Facility, California Department of Corrections and Rehabilitation, Division of Juvenile Justice* (September 24, 2012).
- Sauter, *Dental Site Visit Report, Ventura Youth Correctional Facility, California Department of Corrections and Rehabilitation, Division of Juvenile Justice* (September 16, 2012).
- Appendix C: *Farrell Remedial Plans, Process for Return of Monitoring, Proposal by the Special Master* (August 2012)

I. INTRODUCTION

The Special Master submits for filing the Twenty-Third Report of the Special Master. This report reviews the *Farrell* Sexual Behavior Treatment Expert's fifth round of audits and Comprehensive Reports and the Dental Expert's third round of audits and final reports as well as 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 fifth Comprehensive Reports of the Sexual Behavior Expert (site visits, March 2012 to August 2012) and the final reports of the Dental Expert (site visits, July 2012) are attached to this report as Appendix A and Appendix B 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 the implementation of the Integrated Behavioral Treatment Model (IBTM) followed by the analysis of progress in the Sexual Behavior Treatment Program (SBTP) and dental areas. Issues relating to developments at the Ventura Youth Correctional Facility (VYCF), when and how force is used and a status update on the transfer of monitoring to Defendant are discussed next. The report concludes with a recommendation for a finding of substantial compliance in dental services and dismissal of the Dental Care portion of the Health Care Remedial Plan.

II. INTEGRATED BEHAVIORAL TREATMENT MODEL

A. Current Progress

Defendant is in Phase IV of the current IBTM implementation plan. All deliverables for the first three phases have been completed. The final phase includes the following deliverables:

- Completion of the draft of an IBTM implementation guide,
- Implementation of the IBTM on specialized living units, and
- The submission of initial performance measures.

This final phase of the initial implementation pilot is focused primarily on codifying learning from the pilot to assist with the final implementation at O. H. Close Youth Correctional Facility (OHCYCF), begin implementation at other facilities and to begin the process of identifying intermediate and outcome performance measures. It should be noted that Defendant has exceeded the initial project goals by expanding implementation beyond the initial two pilot units to all core units at OHCYCF. Work is also underway to expand IBTM concepts to the El Dorado and Humboldt units to ensure consistency with the SBTP in these units.

The IBTM Project Consultants from the University of Cincinnati Corrections Institute (UCCI) conducted a site visit on July 24, 2012. The consultants focused on reviewing the quality assurance efforts at the initial implementation site, OHCYCF, and helped Defendant identify possible performance metrics. The consultants met with managers at the next implementation site, N. A. Chaderjian Youth Correctional Facility (NACYCF), to discuss implementation issues. The issue of how to maintain fidelity for gains made at OHCYCF was reviewed and plans were finalized for the training of facilitators for the substance abuse curriculum.¹

Director Minor has made changes in the headquarters organization structure that

¹ The Special Master did not receive a quarterly report from UCCI so the summary of the site visit is derived from comments made at a meeting on July 25th with the Office of Special Master and *Farrell* Mental Health and Safety and Welfare Experts.

reflects his understanding and commitment to the concepts of the IBTM. Director Minor has reorganized to ensure that key programs that oversee organizational functions that should be consistent with the IBTM (Program Service Day, SBTP, restricted programs, use of force, IBTM program team, etc.) now work together and report to the same administrator. This organizational change sends a direct message that all program efforts should align with the IBTM and provides expertise from the Senior Psychologist who has been so successful in creating an effective Sexual Behavior Treatment Program.² The addition of the SBTP Program Coordinator on the IBTM team will help to ensure that programs for sexual and non-sexual aggressive behavior programs adhere to the concepts of the IBTM.

Modification of some of the cognitive-based treatment (CBT) module components for the Behavior Treatment Programs (BTP) has continued. Five out of seven modules that are being modified for use in the BTP units have been completed; staff trained and are in various stages of delivery. Anger Control, Social Skills, Decisional Balance, the ABC Model and Project Impact have been approved.³ Two more modules, Cognitive Distortions and Thinking Reports and Problem-solving will be completed next. The modules are designed to focus on the specific issues that help youth who are involved in aggressive behavior to develop the skills needed (such as impulse control, ability to regulate emotions) to reduce and eventually eliminate their aggressive actions. They are designed to be consistent with the full Anger Interruption Training

² Dr. Heather Bowlds is highly regarded as an administrator who understands cognitive behavioral programs and is effective at bringing disciplines together to meet program goals and standards. She is now working with both the SBTP and IBTM program teams.

³ Project Impact is a volunteer-led program and it is not yet clear if the curriculum is entirely consistent with the IBTM. UCCI consultants and the Mental Health Expert should review the curriculum to ensure complete alignment with the IBTM. It is the only prior resource group that the UCCI consultants agreed could be retained from the groups that were run prior to the IBTM at OHCYCF.

(AIT) and to reinforce the concepts that are most useful to helping youth reduce aggressive behaviors.

The frequency of the CBT groups has increased and there is a notable progress in the number of youth completing programs.⁴

**Summary of Groups Held⁵
Counterpoint and AIT
From January 2011 through June 2012**

	Jan 2011	Feb 2011	Mar 2011	Apr 2011	May 2011	Jun 2011	Jul 2011	Aug 2011	Sept 2011
Counterpoint	8	6	32	14	32	44	35	54	44
AIT	5	0	0	3	42	55	40	51	54

	Oct 2011	Nov 2011	Dec 2011	Jan 2012	Feb 2012	Mar 2012	Apr 2012	May 2012	Jun 2012
Counterpoint	43	40	36	42	51	50	31	30	41
AIT	50	59	41	38	19	22	39	63	50

Comparing April of 2011 and June of 2012, the three high core units averaged between 34-38 youth per unit. In April, enrollment in AIT and Counterpoint ranged from six to 18 youth and the number of program completions ranged from zero to six. By June of 2012, the number of youth per unit was approximately the same and program completions ranged from three to 28 with four out of six units ranging from 13 to 28 completions. The completion rates are highest in the units where the program has been running the longest. The June data now show youth enrolled in Pre-Treatment as well as

⁴ Fluctuations in groups result when a group finishes and there is a lag time for the start up for the next group and as new units are brought into the IBTM. For example, in February, AIT was only being delivered on Amador and Butte units for a total of 19 groups held. By the end of May when Calaveras, Del Norte as well as Amador and Butte were delivering AIT, the number of groups climbed to 63.

⁵ See OHC AIT Summary to June 30 2012(1) and Counterpoint Summary 10-10 through 6-2012.

Advanced Practice.⁶ The accurate use of risk and needs assessment is evidenced by those youth who are below moderate for risk to re-offend not being enrolled in AIT but being enrolled in Counterpoint and participating in Skill of the Week.⁷ The number of youth assistants who serve as support for facilitators has grown to 32 youth.⁸

Quality assurance efforts are underway to ensure fidelity to the program model and to support staff in understanding how to model and to reinforce the skills taught in CBT groups include coaching and mentoring of managers and supervisors as they conduct structured observations of staff facilitating groups. Structured observation should be expanded to include Pre-treatment groups, Advanced Practice and Skill of the Week.

In addition, IBTM team members are coaching OHCYCF staff regarding how to use the new Reinforcement System (RS) that is part of the behavioral management system. The RS is designed to help staff reward the behaviors that adhere to the principles practiced in the facilitated CBT groups. The IBTM staff work with unit staff to identify through the risk and needs assessment, California Youth Assessment Screening Instrument (CA-YASI), the specific behaviors that a youth must develop or strengthen to address his or her problem behaviors and how staff can use reinforcers to support desired behavior. This system, which was developed by the IBTM program team in conjunction with the Mental Health Expert and the UCCI consultants, was part of a system-wide öblockö training that took place in July and August.

⁶ Pre-treatment, Advanced Practice and Skill of the Week program elements were developed after the AIT and Counterpoint CBT programs were implemented so the numbers in the Pre-treatment and Advanced Practice Programs are smaller than they will be in the future when all youth will enter Pre-treatment and some youth will continue in Advanced Practice.

⁷ See Comparison of CaseWork Reports (2).doc.

⁸ Judy Vasquez-Becker, Program Specialist, informed the Special Master of this in a phone call with Steve Lesch, Program Administrator, and Nancy Hanley, Program Specialist, and the Special Master on August 21, 2012.

During the staff development week, the Superintendent of Education included an IBTM overview as well as the Cognitive-Primer overview for all Teachers on August 1, 2012 at VYCF and on August 3, 2012 at the OHCYCF and NACYCF. Inclusion of the Teachers in substance abuse training was also discussed during the training. Each school also has a mentor Teacher who is trained in the Skill of the Week and they in turn trained all the education staff about Skill of the Week. This allows Teachers to support capacity building with youth for the Skill of the Week.

The Special Master and the Deputy Special Master attended several sessions of the block training, as did the Division Director and all program administrators and managers from headquarters. The involvement of headquarters staff with line staff in the trainings was noted by participants and sent a powerful message about the importance of the training and the commitment of senior leadership to the training topics.

The training consisted of three components. First, a curriculum designed by the UCCI consultants called Core Correctional Practices that emphasizes the following practices:

1. Effective Reinforcement
2. Effective Disapproval
3. Effective Use of Authority
4. Quality Interpersonal Relationships
5. Cognitive Restructuring
6. Anti-Criminal Modeling
7. Structured Learning/Skill Building
8. Problem Solving Techniques

The curriculum is well designed, highly interactive and reinforces the principles and behaviors of the IBTM. It is the foundation for a discussion of the second component of the training that was to explain the RS. A DJJ instructional designer developed the RS module. The third component was a review of the Crisis Prevention and Management

Policy (use of force) also developed by DJJ designers and, for custody staff only, there was tactical training.

The training attended by the Special Master was primarily for custody staff. The training began with the RS system, followed by Crisis Prevention and Management, Tactical Training and concluded with Core Correctional Practices. The training took place over three days.⁹ Three trainers facilitated in the sessions the Special Master attended.¹⁰ The facilitators had been through a brief training for trainers in advance of the sessions. Few of the trainers had ever completed facilitation training of any sort. While there is great merit in having staff from DJJ facilitate the training, to do this effectively the staff need training so they understand effective adult learning strategies and must work from an interactive curriculum that models the strategies being taught.

The Core Correctional Practices curriculum is designed to engage and involve adult learners. The RS and use-of-force trainings were literally policy pasted into PowerPoint slides that were read verbatim for hours by the trainers.¹¹ Lecture was the primary training strategy largely employed in the RS and Crisis Prevention and Management trainings.¹² Trainers did not understand how to use a variety of teaching

⁹ The training was held July 20-22 2012. The Special Master did not attend the Tactical Training on day two and not all of the Core Correctional Practices on day three.

¹⁰ Trainers varied for sessions and were drawn largely from the ranks of Parole Agents, Senior Youth Correctional Counselors, Treatment Team Supervisors and Psychologists. Many of the trainers, while not highly skilled, exhibited commitment, dedication and belief in the changes being proposed. With proper training, they could be excellent facilitators and trainers.

¹¹ Several DJJ staff members informed the Special Master that it is the policy of DJJ and formerly California Youth Authority to read verbatim anything that constitutes policy in a training setting. While there is no apparent written policy that supports this practice, it seems to be a commonly held belief and practice for training over the years. Suffice it to say reading PowerPoint slides is not an effective training strategy.

¹² For example, three activities are built into a four-hour training on the new concept of RS. Two of the activities allow for little or no interaction between participants. (One activity is a large group discussion and another is review questions) A true curriculum recognizes adult attention span limitations; addresses different learning styles; and provides opportunities for skill building. When the number of participants is large as in these trainings, it is essential to break into small group activities to test knowledge transfer and

strategies to engage participants nor did they have a well-designed curriculum to guide them and finally, they did not fully understand the principles or application of the RS program. The quality of the trainings was uneven depending on the experience of the trainer.

Suffice it to say that this was an opportunity that was not fully capitalized upon.¹³ The Core Correctional Practices training was significantly more interactive and trainers did a much better job of engaging and involving the audience. The Special Master encourages Defendant to have subject matter experts review proposed training not just for accuracy of content but also for instructional design efficacy.

Defendant has now arranged to have 55 staff trained as facilitators. Training for staff in the Northern Complex is scheduled for this month and next month for VYCF staff. The speed at which Defendant moved to rectify the training problem is commendable. Defendant management should have staff training that can model interaction with youth by modeling it in training with the staff. Training staff to understand the most effective way to address adult learners (which bears significant similarities to young learners) will go a long way to modeling the basic tenets of core correctional practices. This is yet another example of Defendant recognizing that the management strategy for staff must reflect the same principles and tenets that are being asked of staff in their interactions with youth. To their credit, Defendant is beginning to

to allow for skill building. None of these concepts seem to be understood in even a rudimentary way in this training curriculum. *See* Instructor Guide ó Reinforcement System.

¹³ Defendant will have to develop and implement strategies to supplement the training on RS and Crisis Prevention and Management. Even excellent training should not be totally relied upon to ensure implementation of policy and practice changes and in the face of inadequate training, supplemental on-the-job training is even more critical.

understand the concept of parallel process. Failure to do so will significantly limit the cultural change required to fully embrace the IBTM.¹⁴

The draft implementation guide that is being designed to assist the remaining two facilities to implement the IBTM is nearing completion and pre-work to prepare NACYCF for implementation of the IBTM has begun. The Mental Health Expert, the Special Master and the UCCI consultants attended meetings with a broad array of line and management staff from OHCYCF and NACYCF to discuss the concepts of the IBTM, the implementation schedule and questions and concerns of staff. Approximately 65 staff from NACYCF, including Psychologists, Teachers, line staff and managers engaged in a lively discussion regarding the mission of the IBTM, potential implementation challenges and solutions. Superintendent Erin Brock is to be congratulated for ensuring such a wide range of staff was able to openly exchange concerns and ideas in this forum.¹⁵

Defendant is moving forward to implement an evidence-based substance abuse curriculum created by the UCCI consultants.¹⁶ Substance Abuse Training for DJJ facilitators is scheduled for September 18-20, 2012 at the Stockton Training Center. UCCI consultants will train 16 staff (eight Psychologists, four IBTM program specialists, and four Teachers) on the curriculum. Eight to 10 of the trained staff will attend a four-

¹⁴ Parallel process is a term that is used to indicate that the practices in working with staff must be consistent or parallel to the practices used with a client population. It is perhaps the most difficult concept for many systems to grasp and it is why true cultural change is often so hard to make.

¹⁵ See IBTM Meeting July (final) 2012.doc for minutes taken by the Special Master and modified and approved by the attendees.

¹⁶ It should be noted that this curriculum is being provided at no cost to Defendant by UCCI. The only requirement is training by UCCI to ensure understanding of and fidelity to the model. This approach used by UCCI results in substantial long-term savings to Defendant by not having to pay license fees for the curriculum.

day session in early 2013 to become trainers to ensure program sustainability.¹⁷ Youth will be targeted for the program based on an interview with a Psychologist, and their scores from the CA-YASI, and the Substance Abuse Subtle Screening Inventory (SASSI). The existing contract with UCCI has funding available for the initial training of facilitators.

B. Next Steps

The Mental Health Expert, the Safety and Welfare Expert, the Special Master, Deputy Special Master and DJJ senior leaders met with the UCCI consultant team during the July site visit to discuss next steps in the IBTM implementation process. The daylong meeting focused on summarizing progress to date and identifying the steps needed to ensure full integration of the IBTM at OHCYCF and to begin the implementation at NACYCF and VYCF.

Director Minor perhaps summarized the work ahead best by asking “how do we make the IBTM not a program we do but what we are?”¹⁸ Dr. Bruce Gage, Mental Health Expert, indicated that the challenge is having the entire environment supporting the practices being learned in the CBT groups. This will require staff having the knowledge and desire to model as well as to reinforce the behaviors desired in youth. In addition, there needs to be a more clearly and finitely defined pathway of progression that a youth understands how to change his or her behavior. For example, the cause of anger for one youth is not the same as for another. The CBT groups help youth learn an array of strategies to respond to anger but each youth with anger issues needs to have a clearly identified path that addresses his or her unique needs and requirements.

¹⁷ This is the model that has been used for AIT and Counterpoint and it has worked well.

¹⁸ See IBTM Meeting July 2012 (final).doc.

To move from a broadly defined conceptual plan that demands accountability from youth to a case planning process that defines individualized pathways to behavioral targets requires:

- Case planning that is responsive and identifies short-term goals that lead to the ability to accomplish long-term goals;
- Staff who understand the youth goals and reinforce the development of these goals in the day-to-day functioning of the milieu;
- The role of Psychologists will need to change from individual therapy to supporting behavior change in the IBTM except for in mental health units; and,
- Case conferences that are structured to provide reinforcement and, where necessary, controls to assist the youth in developing new behaviors.

To do this will require on-going support for OHCYCF units to continue to develop milieu management strategies that reinforce the CBT group work and to ensure fidelity in the group processes. Support for Treatment Team Supervisors (TTSs) and Senior Youth Correctional Counselors (SYCCs) to assume quality assurance functions will be critical. This in turn will require processes to help staff understand youth child development so they can understand why the IBTM is a more effective strategy for both reducing institutional problems and for better preparing youth to cope more effectively in society upon release.

Work needs to continue on changing the role of Psychologists to provide consultation and leadership to program teams. Dr. Gage and the senior mental health leadership are working on revising the job descriptions of Psychologists as a first step in this process. Similarly, changes are being made to the job descriptions of managers,

supervisors and line staff by the IBTM project team to ensure staff understands their roles and responsibilities in the IBTM.¹⁹

The UCCI consultants, Mental Health and Safety and Welfare Experts will work together to help Defendant craft a phase II implementation plan that will focus largely on the continued development and implementation of an effective behavior management plan as well as other milieu management strategies and quality assurance and performance metrics. Defendant is implementing the RS system-wide and once this system is well understood and implemented effectively, work will begin on developing a level system that is robust enough to help shape youth behavior. The disciplinary decision-making system (DDMS) will also require modification. Defendant intends to continue to contract with UCCI to help with these efforts as well as continue to work with the Mental Health Experts.

III. SEXUAL BEHAVIOR TREATMENT PROGRAM

Dr. Barbara Schwartz, *Farrell* SBTP Expert, completed her fifth round of monitoring compliance with the SBTP Remedial Plan. Dr. Schwartz conducted her audit of the Central Office on March 5, 2012 and the two facilities in the Stockton Complex on July 30, 31 and August 3, 2012. Appendix A provides the SBTP Expert's Comprehensive Report which includes, (1) *California Division of Juvenile Justice, Sexual Behavior Treatment Program Administrative Audit*, which is the audit of the Central Office; and (2) *Report of Audit of the Sexual Behavior Treatment Program, Audit Round 5*, which is the audit of the SBTP units in the two facilities in the Stockton Complex.

A. Current Progress

¹⁹ Job descriptions that are being amended include, Youth Correctional Counselor, Parole Agent, Casework Specialist, Supervising Casework Specialist, SYCC, TTS and Teachers. Defendant is in the process of negotiating these changes with labor.

The SBTP Expert's Comprehensive Report (Appendix A) suggests that Defendant has made significant progress toward attaining full compliance with the Consent Decree requirements identified in the SBTP Remedial Plan. At all three sites (Central Office plus two facilities operating SBTP units) visited, the SBTP Expert has found the site met or exceeded the threshold of an 85% overall rate of substantial compliance during her fifth round of audits. This is a highly remarkable turnaround over previous audits as indicated in the following table:

Percentage of Items in Substantial Compliance

Location	Round 3²⁰	Round 4²¹	Round 5²²
Central Office	13%	58%	88%
NA Chaderjian Youth Correctional Facility	44%	33%	85%
OH Close Youth Correctional Facility	46%	50%	85%

The improvement should also be taken within the context of the constant shuffling of SBTP living units as a result of facility closures and the decline in youth population. In 2008, there were a total of eight SBTP living units -- three at the now closed Hemen G. Stark Youth Correctional Facility (HGSYCF), three at NACYCF, one at OHCYCF and one at the now closed Southern Youth Correctional Facility and Reception Center. Since then, events had occurred every year that either resulted in closure of one or more living unit(s) or moving a living unit from one facility to another. In 2012, Defendant had to close a living unit as a result of a highly complicated California Supreme Court Decision, issued in December 2011 that resulted in more than 30 SBTP youth being returned to the counties. Currently, there are four SBTP living units ó Humboldt and Eldorado Halls in

²⁰ See DJJ Quarterly Compliance Report dated July 31, 2012.

²¹ *Ibid.*

²² Compiled from the SBTP Expert's site visit reports.

OHCYCF and American and Smith Halls in NACYCF. The closures and transfers caused disruptions, uncertainties and posed significant challenges to management and staff in delivering high quality treatment and services to the youth population.

The Special Master believes the SBTP living units have been operating at a level that is well above what was suggested in the previous rounds of audits. The Special Master's opinion is based on youth and staff interviews and onsite observations, which in general suggest a more therapeutic and treatment-oriented setting in the SBTP units than in other units. For example, the curriculum, Healthy Living, is excellent and should be considered for adoption in other living units. The SBTP Coordinator routinely monitors and observes delivery of treatment groups and resource groups conducted by Psychologists, Youth Correctional Counselors (YCCs), Casework Specialists and provides suggestions through course evaluation reports.

The low rates of compliance in past audit rounds were in part caused by unrealistic criteria defined in the Standards and Criteria (audit tool) for the SBTP remedial plan, which has now been revised. Another problem appears to be inadequate documentation, some of which has been addressed while others are in the process of being addressed.

B. New SBTP Curriculum

In 2012, Defendant has significantly enhanced the SBTP program through a newly adopted curriculum. Under the SBTP Remedial Plan, Defendant was to implement an evidenced-based treatment program, with adequately trained staff, in a manner that successfully rehabilitates youth with sexual behavior treatment issues. After years of attempted efforts, in December 2010, Defendant contracted with Spectrum Human

Resources, Inc., to provide Defendant staff with an updated curriculum based on evidence-based practices and/or emerging practices to guide their treatment service delivery, training in the use of the curriculum and in treatment modalities and techniques, and a quality assurance and program integrity review process based on new research and changes in the youth population.²³ Started in January 2011, the contractor has met every deliverable task specified in the contract implementation plan, which is scheduled for full implementation by the end of December 2012.

In March 2012, the Deputy Special Master accompanied the SBTP Expert to attend a training session on the new curriculum provided to all staff members in two SBTP (Humboldt and Smith) units designated as pilot sites for the new curriculum. The pilot started in April 2012 and was expanded to all four SBTP units in June 2012. The Deputy Special Master found the training to be well received and staff were very enthused about the new curriculum. The SBTP Expert was highly impressed with the new curriculum and noted in her report "the implementation of the new curriculum should make the SBTP one of the best, if not the best, programs of its kind in the country."²⁴ During her audit, the SBTP Expert interviewed youth and staff members about the new curriculum and their responses were overwhelmingly positive. In her recently completed *Report of Audit of the Sexual Behavior Treatment Program, Audit Round 5*, the SBTP Expert noted:

"I noted a marked improvement in many program areas which appear to be directly related to the implementation of the new curriculum. Additionally certain aspects of the Integrated Behavior Treatment Model (IBTM) and specifically "Skill of the Week", which is being introduced on the units, have improved the

²³ See contract between the California Department of Corrections and Rehabilitation and Spectrum Human Resources, Inc., approved by the Department of General Services on December 21, 2010.

²⁴ SBTP Expert report of "California Division of Juvenile Justice, Sexual Behavior Treatment Program Administrative Audit" dated May 3, 2012.

provision of treatment services. For example, hours and quality of the large groups and counseling provided by Youth Correctional Counselors (YCCs) have increased dramatically. The structure provided by these two programs has given the staff of the units the direction to provide meaningful treatment to the SBTP youths.

The Special Master agrees with the SBTP Expert's assessment and found the curriculum to be well designed and totally consistent with principles of the IBTM.

C. Quality Assurance and Outcome Measures

The SBTP Program has been proactive in engaging in self-assessment activities including:

- Completion of two youth surveys, which suggest that youth in the SBTP program are highly satisfied with the treatment and services provided under the program. A total of 74 youth responded to the first survey and a total of 105 youth (out of 143 survey requests sent) responded to the second survey. The survey asked youth to assign a score from one to five, with five being the highest level of satisfaction, on five program components with multiple questions under each component. For the first survey, the overall average score for the five components ranged between 4.7 and 3.8 (only one component below 4.0). Defendant's research unit has not yet finalized the second survey results. According to the SBTP Coordinator, the results are comparable to the first survey. Overall findings suggest youth who participated in SBTP consider the treatment they are receiving to be relevant and useful. The survey was done before the implementation of the new curriculum.
- In an internal study of two SBTP living units that was conducted in 2011 by Defendant's research unit using a Correctional Program Checklist (CPC) developed by UCCI, both units were rated "highly effective." According to the SBTP Expert, this is an excellent rating. Again, this was done before the implementation of the new curriculum.

As a part of the new curriculum, the consultants prepared a Quality Assurance Plan to provide for a systematic review of operational functioning and monitoring of treatment fidelity throughout the implementation process. The Quality Assurance Plan is comprised of two major components: Monthly/Quarterly Report and the Facilitated Stage Work Exercise Checklists. Monthly/Quarterly Reports allow for the capture of

information on several of the major SBTP components. Reports are to be submitted on a monthly basis from July 2012 through June 2013 and on a quarterly basis starting July 2013. The Facilitated Stage Work Exercise Checklists allow for the capture of information related to the facilitated stage work exercises so that ongoing tracking is conducted.

As a part of the contract for the new curriculum, the consultants are to identify outcomes and finalize the process to measure all aspects of the SBTP curriculum and submit a list of anticipated outcomes to Defendant for review and adoption. The list includes:

Primary Outcomes:

- Sexual recidivism
- Non-sexual recidivism
- Dynamic risk
- Functional ability
- Trauma
- Substance abuse (for those identified)
- Social support network

Secondary Outcomes:

- Academic performance
- Academic outcome
- Therapeutic alliance

D. Outstanding Issues

While noting that she believes the SBTP is very close to meeting the requirements of the Consent Decree,²⁵ the SBTP Expert identified some issues that still need to be addressed:

- The most significant issue is the inability of the Psychologists to provide the mandated minutes of weekly treatment hours to youth. Several factors contribute

²⁵See SBTP Expert's Report of Audit of the Sexual Behavior Treatment Program, Audit Round 5.

to this problem including, but not limited to, Program Service Day scheduling conflicts, Psychologists' work hours, space, and custody and security concerns. The Special Master agrees with the SBTP Expert that this is a problem. The issue is being addressed at an organization-wide level. Under the guidance of the Mental Health Expert, Defendant's mental health management staff is undertaking a review to define the proper role of Psychologists in the various living units and to explore means to achieve greater efficiency and effectiveness. The Special Master will continue to work with the *Farrell* Experts and Defendant to promote and facilitate cooperation and coordination among multi-disciplinary staff members.

- The form used for recording Psychologists' notes in the Mental Health Chart is antiquated, redundant, cumbersome, and does not conform philosophically to the SBTP. Another acceptable form was developed but is not being used because it has not been considered as high priority by the information technology staff. Defendant management is aware of this and has taken action to address this issue.
- For the assessment process now underway, the SBTP Expert believes there needs to be more attention in case conceptualization to the offense itself and what that says about a particular youth. The SBTP Coordinator is in agreement with this assessment and stated the actions have already been taken to resolve this matter.²⁶
- The system currently does not document youth hours spent on homework assignments. The SBTP Remedial Plan requires a minimum of one hour per week on homework assignments. This does not appear to be a difficult issue to resolve.
- There is insufficient review to detect obvious recording errors ó over 600 hours of counseling were recorded in one week for one youth in Smith Hall. This does not appear to be a difficult issue to resolve.
- The peer review form being used to assess the Psychologists is not suitable for the SBTP Program setting and should be revised. This does not appear to be a difficult issue to resolve.

E. Next Steps

The Special Master is highly encouraged by the progress made since the SBTP Expert's last round of audits. With sustained commitment and effort, the results of the next round of audits will improve and Defendant should attain overall substantial compliance ratings for the two facilities and the Central Office in two successive audit

²⁶ See email of August 24, 2012 from Heather Bowlds, SBTP Program Coordinator, to Deputy Special Master John Chen.

rounds. Defendant should prepare to assume full monitoring of the SBTP by requesting the California Department of Corrections and Rehabilitation's Office of Audits and Court Compliance (OACC) auditors to assume a greater role in the next round of audits. To date, OACC's audit involvement has been limited to assisting the SBTP Expert in reviewing certain elements in the audit tool deemed to be more quantifiable and conducting follow-up reviews of Corrective Action Plans. For the next round of audits, OACC should conduct a full-scope compliance audit of all items identified in the SBTP program audit tool in advance of the SBTP Expert's site visit. This process is in line with the protocol developed for other *Farrell* remedial plans.

IV. DENTAL SERVICES

The Special Master is pleased to report that Defendant has achieved full compliance with the Standards and Criteria for the dental program in delivering a constitutionally acceptable level of services and is ready to assume monitoring responsibility from Dr. Don Sauter, *Farrell* Dental Expert. As indicated in the Special Master's Twentieth and Twenty-First Reports, Defendant achieved overall substantial compliance ratings for all three of Defendant's facilities in two successive audit rounds. The Dental Expert also found the quality of care being provided to youth to be very high and to fully meet professional standards. The Dental Expert noted that if VYCF received a second substantial compliance rating, and the institutions at the Northern Complex sustained their substantially compliant programs, he would request his removal from monitoring. Issues remaining to be brought into compliance were:

- Defendant's ability to maintain stability and adequate staffing levels for the dental units.

- Defendant's ability to maintain appointment schedules at facilities so at least 90% of appointed patients were treated.
- Defendant's ability to develop and implement functional quality management and peer review programs at each facility.

In July 2012, approximately one year after completion of his third round of audits, the Dental Expert conducted site visits to all three DJJ facilities. An evaluation team comprised of the DJJ Supervising Dentist and a staff member from the OACC accompanied the Dental Expert. The primary objective of the Dental Expert's site visit was to assess Defendant's progress at VYCF with respect to the outstanding issues identified above, and assess the sustainability of compliance at OHCYCF and NACYCF. The Dental Expert also reviewed work performed by the evaluation team and conducted reviews to determine whether there are additional issues that merit attention.

The Dental Expert found that Defendant was able to maintain stable and adequate staffing and to continue to deliver quality dental care to youth throughout the system. The issue of broken appointments had also been resolved. Over a sample period of seven months, the percentages of broken appointments for NACYCF, OHCYCF, and VYCF were, respectively, well below the acceptable level of 10%. The only facility that remained a concern regarding broken appointments was VYCF and as indicated in the chart below, the issue has been resolved.

Date	# Scheduled	No Show	Total Seen	No Show %	Days Worked	Reasons
March-11	202	137	65	67.82%	18	Mainly due to PSD and custody understaffing
April-11	213	154	59	72.30%	19	Mainly due to PSD and custody understaffing
May-11	203	149	54	73.40%	20	Mainly due to PSD and custody understaffing
June-11	192	118	74	61.46%	19	Mainly due to PSD and custody understaffing
July-11	194	112	82	57.73%	17	Mainly due to PSD and custody understaffing
August-11	180	56	124	31.10%	16	Mainly due to PSD and custody understaffing
September-11	161	57	104	35.40%	14	Mainly due to PSD and custody understaffing
October-11	177	63	114	35.60%	17	See Patient Care List for No Show Reasons
November-11	135	4	131	3.05%	16	See Patient Care List for No Show Reasons
December-11	121	1	120	0.82%	18	See Patient Care List for No Show Reasons
January-12	88	1	87	1.14%	12	See Patient Care List for No Show Reasons
February-12	202	166	36	18%	16	See Movement Binder 6
March-12	190	16	174	8%	19	See Movement Binder 6
April-12	186	18	168	10%	21	See Movement Binder 6
May-12	200	0	200	0%	21	See Movement Binder 6
June-12	111	0	111	0%	19	See Movement Binder 6

*Please note that for October and November (as seen on the Patient Care List), a jaw fracture patient was seen sometimes up to three times a day, however Dr. Don Sauter counted him only as seen once per day when calculating these statistics.

The Dental Expert has reviewed the quality assurance and peer review documentation and found the program to be in substantial compliance at all three facilities. The Dental Expert also opined that the overall substantial compliance rating is sustainable at all three facilities. The Dental Expert was very impressed with the work of the evaluation team. Although the Supervising Dentist has transferred out of DJJ since the completion of the site visit, the Dental Expert expressed full confidence with the

professionalism and objectivity of the OACC auditor to continue to help maintain an effective quality assurance program for dental care and recommended Defendant to assume full monitoring responsibility.²⁷

Under the Dental Expert's guidance, Defendant not only improved the quality and quantity of services but also was able to affect significant savings to California taxpayers through greater efficiencies. During the Dental Expert's first round of audits, Defendant had a total of 13 full-time equivalent Dentist positions assigned to six facilities and was still unable to deliver adequate care to youth in the system, which necessitated the Dental Expert's involvement. As of July 31, 2012, the total number of Dentists in the three remaining facilities decreased to 3.5 including the Supervising Dentist who performs administrative duties as well as providing clinical care.²⁸ With a corresponding reduction in support staff, the savings to Californians amount to millions of dollars each year. The elimination of three Chief Dentist positions, which flattened the organization structure and eliminated unnecessary administrative and oversight functions, alone saved the state well in excess of \$1 million per year.²⁹

Of critical importance is demonstration by Defendant that the progress made in providing high quality dental services can be sustained without court oversight. Tools that provide performance data are critical because of the high level of turnover in management positions and because Defendant needs to demonstrate that performance

²⁷ However the Dental Expert is concerned that the new Supervising Dentist has been released by CDCR. It is imperative that DJJ management be vigilant regarding the new person's ability to maintain substantial compliance.

²⁸ DJJ needs to make sure the Supervising Dentist's duty statement requires ½ time clinical duties.

²⁹ Estimate is based on maximum annual salary of Chief Dentist of \$334,140 per year as indicated on the Department of Human Resources' website plus related fringe benefits.

measures, not just compliance strategies, are part of the normal operating procedures.³⁰ Performance measures created by the Supervising Dentist are easily managed and provide immediate outcome data to managers.³¹ Two tools, the Compliance Tracker that measures timeliness and access to care as well as the Dental Services Report that tracks daily procedures provided are simple Excel spreadsheets that staff input information into daily and in turn provide trend data to senior managers.³² Both the Supervising Dentist and the Chief Medical Officer review these reports. The reports provide immediate information regarding failure to provide services in an efficient and/or effective manner. They allow senior managers to identify exactly where and when problems are occurring. Such systems demonstrate an on-going capacity by Defendant to maintain the level and type of service required by the Health Care Services Remedial Plan for dental services.

Defendant has demonstrated and maintained substantial compliance with the dental requirements of the Health Care Remedial Plan and developed a quality assurance plan to continue regular monitoring of its dental program. The Special Master acknowledges and commends Defendant and the Dental Expert for working cooperatively to remove the dental program from court monitoring ó the first of the programs to achieve this distinction under the *Farrell* lawsuit.

V. VENTURA YOUTH CORRECTIONAL FACILITY

A. Current Progress

³⁰ The difference between compliance monitoring and performance measurement is important when making the determination of substantial compliance. Clearly demonstration of compliance with mandated court orders is required and Defendant has wisely created user-friendly performance measurement tools that can continue to be used to ensure quality service delivery if and when all external monitoring efforts end.

³¹ Dr. Vivian Winthrop, the former Supervising Dentist created the management tools.

³² See Dental Compliance Tracker.xls and Dental Services Report.xls.

On January 1, 2012, the BTP population at VYCF was 45 youth. By August 21, 2012, the population had been reduced to 26 youth.³³ Defendant has worked diligently to reduce the BTP population. As expected, some youth transitioned successfully to general population and others did not. While reintegration into general population is a goal of the BTP units, the pathway to achieve this is using evidence-based practices to reduce aggression. The current strategies used to reintegrate youth often failed to provide small behavioral goals for youth to learn alternatives to their aggressive behavior. Several youth have been transitioned to core units without the necessary skill sets to succeed. Further, some youth may not be able to transition and alternative program goals need to be developed for such youth to transition out of the BTP. Defendant is encouraged to work with the Mental Health Expert to devise the systems and processes that will prove more effective.

In May of 2012, Director Minor initiated a meeting of senior leaders at VYCF, the Mental Health Expert, the Special Master and Deputy Special Master. The group agreed upon the following next steps to develop a true program that will focus on aggression reduction in the BTP units at VYCF:

- Define the BTP Unit Purpose
Parameters include:
 - Reduce violent behavior in the milieu.
 - Begin integration process into core population.
- Create a Formal Program (Operations Plan that is consistent with the RS, defines level system, describes the method of communication, case management, and documentation.) Elements include:
 - Reinforcement System ó immediate ðreinforcersö as well as longer-term incentives/privileges.
 - Level System and Incentives: Incentives and privileges/levels driven by behavior.

³³ See BTP Program Update ó 3rd Quarter Update Report 2012 Memo.

- Documentation and case planning: Progression in program is documented.
- Program services built on premise of immediacy. Little lag time between behavior and reinforce or consequence.
- Provide input regarding the role of the Treatment Team Supervisor (TTS), Senior Youth Correctional Counselor (SYCC), Youth Correctional Counselor (YCC), Case Manager and Psychologist, their decision authority and their function. Decision authority for this remains with Superintendent and Director.
 - Staff roles and responsibilities will be clear and designed to support the program goals.
 - Provide SYCC coverage of living units first and second seven days a week.

As indicated in the last report, the group established a clear mission and vision for the BTP units at VYCF.³⁴ To date the Special Master has not seen any evidence of a clear operations plan that would create a pathway to achieve the elements outlined above. Preliminary work has been done on revising the roles of the unit team members.³⁵ The goal of the work is to develop a program team that is not divided into treatment and custody functions but rather is a cohesive program team that makes joint decisions regarding the behavioral goals and expectations and pathway (case plan) for a youth to progress in reducing aggressive behavior. Rewards and consequences for behavior should be a shared decision process that reinforces reduction of aggressive behavior in a youth.

While meetings are held on a weekly basis with the Unit Psychologists, Senior Psychologist, SYCCs, TTS and the Program Administrator to discuss issues such as roles, reinforcement system and level system, progress is slow and the managers of the group have not demonstrated the necessary leadership to move the process forward.³⁶ It appears most of the leadership effort is coming from the Senior and Unit Psychologists.

³⁴ P. 52, OSM 22. The mission and vision speak to the new purpose of the BTP. It is no longer to be a punishment unit but a unit to help youth reduce aggressive behavior so they can ultimately function in a core unit. See memorandum of May 23, 2012 from Superintendent Victor Almager to Director Mike Minor

³⁵ To date the only role that has been modified is that of the Unit Psychologists.

³⁶ The Special Master observed a team meeting on June 25th, 2012. The agenda setting, meeting notes and most ideas were coming from the Psychologists.

Role descriptions that should be developed together are being developed separately and then shared with other team members. This approach eliminates the opportunity for much needed discussion about how team members can function together as a cohesive unit.

Examples of leadership failure include a seeming inability of the managers to understand how to get a purchase agreement for approximately \$500 to purchase the necessary items for the RS and to buy the items.³⁷ It took months for this task to be completed and appears not to have been completed fully yet. This task consists of buying small items like toiletries and games. It is little wonder that unit staff members are not clearly committed to the new concepts being presented to them such as the RS. Similarly the TTS was to have his office moved to the units from the administration building. While this has technically been done, when the Special Master queried line staff how often the TTS is on the unit, they indicated he stops by once a day or so.³⁸

On August 9, 2012, Superintendent Almager had a meeting with the treatment team to review the RS and proposed level systems. The Superintendent worked with the team to understand why a robust level system is necessary to be effective in influencing youth behavior. A draft level system should be submitted to the Mental Health Experts as soon as possible.

The VYCF management team also created an excellent operations plan to reduce the absence rate from school.³⁹ A strong message was sent to staff that education is a priority activity and refusal to attend school is not an acceptable behavior⁴⁰ Excellent data was provided regarding areas of failure, changes in operations proposed to remedy

³⁷ This issue was being discussed at the June team meeting the Special Master observed and purchases were not finally made until the middle of August.

³⁸ Observations and conversations took place on the June 25-26 site visit.

³⁹ Education staff and IBTM team members made particularly significant contributions to this effort.

⁴⁰ See 2012 School Truancy Reduction Strategy (3).

problem areas and measures were identified to evaluate the success of proposed changes. Of particular note is the assignment to managers the responsibility to develop solutions to the problems and that the outcomes of their proposed solutions would be tracked by senior management. The message is clear that this administration expects a decrease in absences from school and expects failure to attend school to be addressed daily by YCCs and by Parole Agents at each case conference. Clear efforts are being made to employ strategies consistent with the IBTM like using tools such as Decisional Balance. This presentation does an excellent job of teaching staff how best to approach a youth on this issue and clearly states the factors that are under the control of staff that can reduce school absence rates. The Special Master encourages the sharing of this presentation with all facilities. VYCF management is to be congratulated on the proactive and thoughtful approach to reducing school absence rates.⁴¹

B. Observations of the Mental Health Expert

Mental Health Expert Dr. Bruce Gage recently returned from a site visit on August 22, 2012 at the BTP units at VYCF and he noted an increase in use of the RS by both units although on one unit, the managers have still not purchased all requested items for reinforcers.⁴² Some unit staff members are actively tracking positive behaviors while others are not. There continues to be a dearth of structured activities for the youth to engage in, particularly in the large dayrooms.⁴³ Efforts to develop a level system have

⁴¹ Also notable is the reliance on Alternative Behavioral Learning Environment (ABLE), a program created in part to deter youth from acting out in class so they can be dismissed back to their unit. The Superintendent of Education has worked with all schools and facilities to ensure that youth who act out in school are always sent to ABLE and not rewarded by being sent to their unit.

⁴² Dr. Gage briefed the Special Master on his site visit observations in a telephone call on August 30, 2012. Dr. Gage also participated in training for unit staff with the BTP Psychologists in June of 2012.

⁴³ Dr. Gage indicated that at least one youth noted that if there were structured activities for youth to engage in, it would reduce attacks against rival gangs. The youth indicated if they were doing something other than just sitting together in the dayroom thinking about who will jump first, there would be fewer conflicts.

been met with confusion and resistance. Some staff members appear to have a belief system that the youth do not deserve rewards. This likely indicates that some unit staff still believes the BTP units are for punishment and not units to *treat* aggressive behavior. Certainly both control and treatment strategies are necessary but all unit staff have not owned the newly crafted mission. It is most likely this stems from an understandable lack of knowledge and expertise by the managers to help train and reinforce the behaviors in staff that reinforce the new mission. Management staff have not yet received sufficient training to understand the concepts of behavior management well enough to be able to adequately help others.

Dr. Gage observed two IBTM program specialists deliver training to unit staff on one of the new IBTM program modules designed for the BTPs. He indicated the training was well delivered and he believed useful to the staff that attended. Data submitted to the Special Master from the IBTM program team indicates that youth on the VYCF BTPs are now attending the Social Skills, Anger Control and Project Impact training. Dr. Gage observed youth attending a recently completed Decisional Balance module.⁴⁴

Dr. Gage's observations of a YCC facilitating a Decisional Balance module were positive. While the counselor was not highly skilled in delivery, Dr. Gage described him as engaged and clearly committed to the effort. The youth who, at the beginning of the group, were not engaged had shifted to sharing significant life issues and challenges by the end of the group. The support of a skilled expert, Dr. Gage, helped the YCC to more actively engage the youth. Again, the Special Master encourages more use of the IBTM

program specialists and Psychologists to help YCCs master group facilitation skills and the CBT module content.

C. Observations of the Safety and Welfare Expert

On June 5, 6, 7, 2012, Safety and Welfare Expert Dr. Barry Krisberg and Deputy Special Master John Chen made a site visit to VYCF to audit the facility's compliance with the *Farrell* Safety and Welfare Remedial Plan and observed that the youth are less segregated in the BTP units. For example, on January 23, 2012, the El Mirasol (EM) living unit had approximately 20 youth divided into seven program groups. During the Safety and Welfare Expert's site visit, the 12 youth in EM were divided into two program groups. Fewer program groups provide opportunities for more out-of-room time and thus time for structured interaction with youth. The facility held a daylong job fair and arrangements were made to enable youth in the BTP units to participate in a safe and secure manner. However, Dr. Krisberg identified several concerns:

- Although VYCF was able to significantly reduce its BTP youth population, the transfers were made without an individualized treatment plan that clearly identifies the treatment goals of each youth in the BTP unit. All of the transfers to date were made at the subjective discretion of the custody staff without sufficient input from treatment staff or a meaningful case plan, tailored to the individual youth, that describes the youth's progress to date and current treatment goals. VYCF recently has begun to develop an individualized treatment plan to identify the target behaviors for program completion for each youth in the BTP unit.
- Youth at the BTP units have been provided with very little meaningful treatment and counseling services as most of the out-of-room "program time" consists of unstructured activities in the dayroom or in the exercise cage with minimal staff interaction. Youth interviewed consistently complained of boredom and insufficient activities.
- The BTP staff appears to remain unclear as to the mission and goals of the BTP program.
- The number of youth placed on Treatment Intervention Program (TIP) nearly doubled since January 2012, but a vast majority of the placements were resolved

within three days. In January 2012, VYCF reported a total of 117 incidents that resulted in youth being placed on TIP. For February, March, and April 2012, the numbers of TIP incidents were 163, 211, and 211, respectively. Approximately 50% (100 of 211) of the TIP placement in April 2012 occurred in the two high core units. As the bulk (11 of 17) of the youth transferred out of the BTPs went into high core units, the spike in TIP incidents in the high core units may suggest that the youth's readiness for transition is not adequate especially since there is no individualized case plan identifying the treatment goals of the particular youth and there does not appear to be meaningful treatment or counseling services being provided to the BTP youth.

- Some youth transferred from the BTP remained segregated upon placement into high core and low core units. While on segregated status, youth in general receive three hours of out-of-room time plus mandated educational services if applicable. On June 7, 2012, Dr. Krisberg encountered two youth who have been transitioned out of the BTP and were still on segregated status in their new units. One youth was transferred to the low core unit on June 5, 2012, which appears reasonable. However, the other youth was transferred to the high core on April 30, 2012 and yet was still on a segregated status on the day of our visit on June 7, 2012.

D. Analysis of Youth Movement in the BTP Population

During the Case Management Conference that was held on July 26, 2012, Plaintiff raised a concern about the length of stay (LOS) of the youth in VYCF's BTP units. By the end of June 2012, the average LOS was 261 days for youth in VYCF's BTP units as compared to an average of 73 days and 157 days for OHCYCF and NACYCF, respectively.⁴⁵ The Special Master made an analysis of recent movements in VYCF's BTP youth population to provide clarity and perspective. The following are her observations:

- As of August 27, 2012, there were a total of 25 youth (not including five youth out to court) assigned to the two BTP units -- eight in Monte Vista (MV) and 17 in El Mirasol (EM). Some of the youth at MV have been temporarily moved to EM due to construction activities.⁴⁶ Of the 25 youth, 14 have been assigned to BTP units since at least the beginning of January 2012, some much longer (one since January 2011).⁴⁷

⁴⁵DJJ's Behavior Program Treatment Monthly Report for June 2012.

⁴⁶ See email of August 27, 2012 from TTS Jeff Bryant to Deputy Special Master John Chen.

⁴⁷ See email of August 24, 2012 from Program Administrator Mark Blaser to Deputy Special Master John Chen.

- Of the 25 youth that currently reside in the BTPs, there are another seven youth who were returned to a BTP after an unsuccessful transition attempt to core programs.⁴⁸ For tracking purpose, LOS starts when a youth is returned to the BTP program, which is a valid method of recording. However, this does not present a full picture, as it does not take into consideration the time youth spent in BTP prior to transition. For example, one youth in the BTP since at least January 1, 2012 was transferred to a low core unit on May 10, 2012. He was returned to the BTP on June 4, 2012. His LOS was 28 days as of June 30, 2012 even though he was in BTP for more than five months during the six-month period.⁴⁹
- There are a number of youth who do not want to be removed from the BTP setting. For example, one youth who has an Actual Confinement Time (ACT) of February 20, 2013 told the Special Master during one of her earlier visits that he is very comfortable in the BTP and is afraid of getting into trouble if he is moved to a core unit, which in turn would extend his ACT date. He was transitioned out of BTP on June 19, 2012 and returned on August 2, 2012 for attempting to assault other youth on three different occasions. He told the Special Master he instigated the events to return to the BTP unit.⁵⁰
- As of August 2012, VYCF has successfully transitioned 11 youth from the BTP units to other living units within the facility. Another seven youth have been transferred to NACYCF -- four of them are currently residing in NACYCF's BTP unit, two in core units and one in the Intense Behavior Treatment Program (IBTP) unit.⁵¹ Five youth have been transferred to the Division of Adult Institutions and five youth are currently out to court.
- Of the original group of youth transferred from the HGSYCF who are deeply entrenched in racial and gang conflicts, four currently remain at VYCF's BTP units. Three other youth from this original group have been transferred to NACYCF and one is currently out to court. Several months ago, the parties had contemplated the creation of a specialized BTP unit to house this group of youth, but the idea was abandoned with the encouragement of the Special Master and Superintendent Almager's recommendation.⁵²
- As indicated in Dr. Krisberg's observation above regarding increased TIP placements at the high core units, movements in BTP youth population could

⁴⁸ *Ibid.*

⁴⁹ Comparison of DJJ's Behavior Program Treatment Monthly Report for June 2012 and email of August 24, 2012 from Program Administrator Mark Blaser to Deputy Special Master John Chen.

⁵⁰ During the conversation with the Special Master the youth indicated that he had told staff he did not want to leave the BTP and would do whatever it took to get back.

⁵¹ See email of August 28, 2012 from Program Administrator Mark Blaser to Deputy Special Master John Chen.

⁵² See Twenty-First Report of the Special Master, pp.35- 36.

have a significant impact on the safety and security of other living units and need to be carefully planned and executed.

The disparity in average LOS between VYCF and the other facilities likely will continue to grow until VYCF develops and implements a clear and effective operation plan to deal with its BTP youth population. Without such a plan and some youth refusing to be removed from the BTP setting, the core group of VYCF's BTP youth population will remain fairly intact, which will cause the average LOS to increase. At NACYCF and OHCYCF, average LOS should remain fairly constant, as BTP youth movements are more fluid.

The Special Master agrees that LOS is a critical issue that needs to be closely monitored in a BTP setting. However, the current BTP youth population poses unique challenges and requires special consideration and accommodation. The Special Master does not believe that it is meaningful or useful to compare the average LOS between the facilities, as there are too many variables to skew the comparison. The past issues related to VYCF's activation and management of the BTPs have been thoroughly discussed in previous reports of the Special Master. Given the current situation, the prudent course of action is to review each youth on an individualized basis, prepare a meaningful case plan for the youth, and effectively execute the case plan. With appropriate interventions, LOS for most youth should decrease. There may be a small group of youth who have become so institutionalized to the BTP that integration into the general population is not in their best interest. Plans should be made to increase transition services for any youth for whom this may be the case.

E. Facility Improvements

Major construction activities for improvements and repairs started on August 13, 2012 to convert three rooms to medical examination rooms and office space at the MV unit. October 5, 2012 is the scheduled completion date for the project. Other projects that have already been scheduled include:

- Renovate EM unit to meet BTP needs. Examples of work to be performed include hardening of walls and dayroom doors, repair fire alarms, convert rooms to medical examination rooms, and repair and extend security fencing. EM is the first of the 12 living units in VYCF to undergo such a renovation.
- Remodel existing office/medical space to new medical and examination rooms. Modify existing restroom to improve security and attain compliance with the Americans with Disability Act (ADA) requirements.
- All of the above projects are scheduled for completion by June 2013.
- The facility is in the process of installing a razor ribbon to prevent youth jumping the fence from the recreation area. October 2012 is the expected completion date for this project.

In addition, VYCF has made plans to deactivate the Casa de Los Caballeros (CLC) unit by mid-September 2012 by moving youth in the unit to the Casa De Colegio (CDC) unit after repair work have been completed at CDC. Youth at CDC have been moved to the previously deactivated Alborado Intake Unit. The conditions at CLC were found to be unacceptable by the Safety and Welfare Expert during his site visit in June 2012.⁵³

Defendant is to be congratulated for finally attending to the facility problems raised by the Safety and Welfare Expert and Plaintiff.

VI. USE OF FORCE

Defendant continues to make a highly concerted effort toward implementation of an effective use-of-force model. Director Minor is taking this issue seriously and is

⁵³ See Behavior Treatment Program Update ó Third Quarter 2012 from Superintendent Victor Almager to Director Mike Minor, dated August 27, 2012.

personally involved in working closely with the Superintendents in reviewing investigatory allegation of excess force and works with CDCR's Employment Advocacy and Prosecution Team to bring a juvenile perspective in their review of cases. Defendant's efforts are guided by a Force Prevention Plan, agreed to by the parties, that delineates the vision, goals, tasks to be performed, deliverables and performance indicators for effective management of use of force in DJJ. During the last quarter, significant efforts were devoted to use-of-force training ó block training and training on the revised use-of-force review process. As discussed under the IBTM section of this report, block training includes Crisis Prevention and Management Policy, Core Correctional Practice training, RS and tactical training for custody staff. Custody staff received 24 hours of training and non-custody staff received 16 hours of training. Defendant also adopted a new use-of-force review model consistent with the new Crisis Prevention and Management Policy with the intention of helping to train staff about how to prevent use of force. Training on the new model is needed for all staff potentially involved in the force review process.

Block training has been completed for all custody and non-custody staff. The following table provides a summary of facility staff that completed block training as of August 2012:

Block Training Completion Rates

	NACYCF	OHCYCF	VYCF
Custody Staff	98%	100%	97%
Education Staff	84%	92%	89%
Mental Health Staff	89%	Included in NACYCF	100%
Medical Staff	98%	Included in NACYCF	96%
Ancillary Staff	91%	Included in NACYCF	95%

As noted in the IBTM section of this report, at the direction of Director Minor, 100% of the management staff at Defendant's Central Office attended the block training, which is unprecedented and clearly demonstrates Defendant's commitment toward reform. In her Twenty-Second Report, the Special Master cautioned that meaningful reform will not take place without full commitment from senior management at the Central Office and at the facilities.

Defendant also provided training of the revised force review model to all staff potentially involved with the force review process. Training was conducted for staff at the Stockton Complex on June 19, 2012 and at VYCF on June 26, 2012. A make-up session was held at the Stockton Complex on August 9, 2012. The Special Master attended the session at VYCF and the Deputy Special Master attended the session at the Stockton Complex. Both found the training to be well delivered and helpful in training staff about how to prevent force. Defendant also scheduled coaching sessions in late August and in September 2012 where Central Office staff will attend and participate in the force review committee meetings to review actual cases and offer suggestions. The Special Master found this to be an excellent approach and encourages Defendant to

continue with the coaching sessions on a monthly basis until there is clear evidence to suggest that the facilities are well versed with the purpose and intent of the new force review model.

In addition, Defendant conducted self-assessments of the facilities' compliance with Director Minor's July 15, 2011 memo requiring a weekly meeting of multi-disciplinary staff for each living unit. The assessments, conducted by Defendant's Use-of-Force Project Manager, involved review of meeting minutes to ensure that the meetings were in fact being held and that the discussions are meaningful and relevant to the objectives. The assessments have been completed for NACYCF⁵⁴ and OHCYCF⁵⁵ in July 2012 and VYCF has been scheduled for September 2012. The assessments found that the meetings were being held regularly at NACYCF and OHCYCF. Over a three-month period of February through April 2012, 90% (152 of 168) and 92% (83 of 90) of the required meetings have been held at NACYCF and OHCYCF, respectively. At VYCF, only 36% (61 of 168) of the required meetings have been held during the same time frame.⁵⁶

The Special Master has reviewed the results of the assessments for NACYCF and OHCYCF and found them to be objective and constructive. The Use-of-Force Project Manager found that, overall, the meeting minutes are of high quality. She also found that most living units have not consistently covered all relevant topics, such as review of changes in crisis intervention plans and youth behavior issues, during the meetings. The

⁵⁴ See memorandum of July 23, 2012 from Use-of-Force Project Manager Yvette Marc-Aurele to Superintendent Erin Brock and Assistant Superintendent Teresa Perez.

⁵⁵ See memorandum of July 12, 2012 from Use-of-Force Project Manager Yvette Marc-Aurele to Superintendent Erin Brock and Assistant Superintendent Craig Watson.

⁵⁶ See memorandum of February 8, 2012 regarding tracking weekly meetings from Director Mike Minor to Superintendents and Assistant Superintendents.

Use of Force Project Manager indicated that she held exit briefings with management of both facilities and that they were highly receptive to her suggestions. The management and staff at VYCF in particular can benefit greatly from the assessment by the Use of Force Project Manager. Defendant also plans to conduct self-assessments of youth crisis intervention plans to ensure that they are regularly updated and that the plans are tailored to the specific needs of each youth. It is anticipated that the assessments will be conducted in September 2012.

The Special Master commends Defendant's effort and progress to date on this important matter. While it is far too early to determine trend or patterns, recent months' data from Defendant's CompStat system appear to indicate a trend of decreases in the overall number of DDMS Level 3 reports filed and the force incidents that have occurred this year:

DDMS 3 Level Reports Filed and Force Incidents Reported

	DDMS	Force Incidents
January	586	109
February	508	77
March	587	102
April	504	98
May	497	114
June	422	80
July	392	68

Equally significant are the recent months' use-of-force data of two living units, Sacramento Hall at the NACYCF and Casa de Los Caballeros at the VYCF, that were

specifically targeted by Defendant leadership for more in-depth monitoring because they usually have had the highest number of force incidents at their respective facilities. The staff at the two living units were informed that they would be closely monitored regarding their force incidents and DDMSs filed. Management paid particular attention to staffing by promptly filling vacant positions in the unit and created a positive incentive system for the youth in the unit. There were increased group activities that entailed more participation from youth and staff was coached to increase communication and interaction with youth.⁵⁷ Over the period of five months, the number of force incidents dropped significantly at the two living units as indicated in the following table.⁵⁸

Use-of-Force Incidents at Sacramento and CLC Units

Force Incidents	Mar.12	Apr. 12	May 12	June 12	July 12
Sacramento	13	6	4	8	5
CLC	8	11	8	3	6
Security responses with no force used					
Sacramento	28	26	20	30	24
CLC	11	12	6	6	18

Additionally, while conducting the site visits for the most recent round of audits, the Safety and Welfare Expert and the Deputy Special Master reviewed recent force incident reports and found indications that more engaging force reviews are occurring at NACYCF and OHCYCF. The force incident packages reflected that some staff are

⁵⁷ See email of August 25, 2012 from Use-of-Force-Project Manager Yvette Marc-Aurele to Deputy Special Master John Chen.

⁵⁸ Data provided by Defendant staff during Farrell Experts meeting on August 1 and 2, 2012 in Berkeley, California.

reviewing youth's crisis intervention plan prior to application of force. At OHCYCF, commendation letters were awarded to staff for exemplary behavior during a force incident. Since VYCF was audited before NACYCF and OHCYCF, staff at VYCF proportionally received less block training than staff at the other sites at the time of the Safety and Welfare Expert and the Deputy Special Master's site visit.

While the signs are encouraging, the Special Master believes Defendant management needs to continue to closely monitor the progress of this effort and to intervene when necessary. As discussed in the IBTM section of this report, the Special Master did not find the block training to be conducive to staff gaining a full understanding and appreciation of the training objectives. Even when effectively delivered, training by itself without coaching, mentoring and reinforcement will not lead to sustainable cultural reform. Ultimately, successful implementation of the IBTM is the key to force reduction. In the meantime, Defendant's leadership needs to adopt appropriate quality assurance measures to ensure the accomplishment of the goal and objectives of force prevention and reduction. The Special Master believes that the Divisional Force Review Committee (DFRC) process in its current form is insufficient and adds little value and urges Defendant to explore alternative measures to implement a meaningful quality assurance process.

The use-of-force issue is still a matter of high interest and concern and the Safety and Welfare Expert will be monitoring this issue closely in the upcoming year. Defendant is encouraged to continue its concerted effort to reduce the use of force in all facilities through full implementation of the IBTM.

VII. TRANSFER OF MONITORING PROGRESS

Based on her assessment of Defendant's overall progress under *Farrell*, the Special Master believes it is appropriate to start developing strategies to ensure a smooth transition of monitoring responsibility from the expert to Defendant when Defendant achieves and maintains substantial compliance with a remedial plan. In preparation for a parties' meeting that was held in April 2012, the Special Master prepared a proposed "Process for Return of Monitoring" for consideration by the parties. A revised version of this document is included as Appendix C of this report. The primary objective of this document is to start a dialogue between stakeholders to:

- Reach a common understanding of the criteria to be applied when determining Defendant's readiness to assume full monitoring responsibility under *Farrell*. The proposed criteria include:
 1. Whether program accomplished intended goal of the remedial plan.
 2. Compliance rating assigned by the remedial plan expert.
 3. The capability of Defendant to maintain an objective and meaningful quality assurance process for the remedial plan.
 4. Whether Defendant can address and resolve outstanding systemic issues.
- Identify a process for return monitoring to Defendant when compliance is maintained as required.

In addition, the proposal contains an assessment of the compliance of each remedial plan as well as identifies outstanding issues that are of systemic nature under each plan.

The proposal was discussed at length during the April 2012 parties meeting without significant dissent from either party. Following the parties' meeting, the proposal was presented to all the *Farrell* Experts for discussion during the Experts' meeting on August 1 and 2, 2012 and no material concern was raised. This document

will be used as one of the focal points for discussion in future parties' meetings, starting with the meeting scheduled in September 2012.

VIII. CONCLUSION

Defendant and the Dental Expert are to be congratulated on achieving an excellent dental care system that is both effective and efficient. Typical of the Dental Expert, he has worked to ensure that quality assurance systems are in place and that the Medical Director and Supervising Dentist have defined roles and responsibilities for overseeing these systems to make sure that they are used to maintain the current quality of dental care services. Defendant is now challenged to demonstrate that continuing to provide thorough and comprehensive dental audits warrants the expert's confidence in the OACC monitoring system.

Defendant has also demonstrated tremendous commitment to creating strategies and systems that will continue to reduce reliance on physical and chemical force to address conflict with its highly aggressive youth population. Just as the dental staff has created monitoring systems for dental services, Defendant will need to use its data systems to inform staff, experts and the Special Master of the impact of the many interventions and system changes that have been made to reduce the reliance on force.

Full transfer of monitoring should be considered in light of the significant progress in the SBTP program. Defendant should work with the SBTP Expert to design and implement a full OACC audit.

The parties were careful to choose Mental Health Experts that are knowledgeable not just in mental health but also in organizational change in institutional settings. Defendant is advised to take better advantage of the experts' knowledge in the

development of an effective program model for the BTP at VYCF. It appears the single biggest challenge to implementation of agreed-upon change is a failure of program managers to actively engage the Mental Health Experts and to learn from them. The change that is needed to improve outcomes in the BTP does not appear to reside with the Psychologists who are actively trying to make change but with the leadership of the units and the institution. Similarly, more use of the VYCF IBTM representatives should be considered.

The Special Master respectfully submits this report.

Dated: October 8, 2011

Nancy M. Campbell
Special Master

**REPORT OF AUDIT OF THE SEXUAL BEHAVIOR TREATMENT
PROGRAM**

**NA CHADERJIAN YOUTH CORRECTIONAL FACILITY
OH CLOSE YOUTH CORRECTIONAL FACILITY**

**DIVISION OF JUVENILE JUSTICE
CALIFORNIA DEPARTMENT OF CORRECTIONS AND
REHABILITATION**

**PREPARED BY
Barbara Schwartz, Ph.D., Farrell Expert**

**July 30, 31 2012 and August 3, 2012
Audit Round 5**

Introduction:

The 2012 audit of the Division of Juvenile Justice's Sex Behavior Treatment Program was conducted on July 30, 31 and August 3, 2012 with the technical assistance of John Chen of the Office of the Special Master and Inez Navarette of the DJJ Office of Audits and Court Compliance and Dr. Heather Bowlds, Sexual Behavior Treatment Program (SBTP) Coordinator. The process consisted of the identification and compilation of data of 16 youth, four from each of the SBTP housing units -- American and Smith from N. A. Chaderjian Youth Correctional Facility and Humboldt and El Dorado at O.H. Close Youth Correctional Facility. Twenty-six standards and substandards specifically related to operations at these facilities were targeted for the audit. The process included review of files of the youth and the program along with interviews of 11 youth, four staff members and group observation. (See Appendices)

Overall Impression:

This audit represents the first evaluation of the new curriculum developed by a team led by Dr. Nancy Carey for the SBTP. I noted a marked improvement in many program areas which appear to be directly related to the implementation of the new curriculum. Additionally, certain aspects of the Integrated Behavior Treatment Model (IBTM) and specifically "Skill of the Week," which is being introduced on the units, have improved the provision of treatment services. For example, hours and quality of the large groups and counseling provided by Youth Correctional Counselors (YCCs) have increased dramatically. The structure provided by these two programs has given the staff of the units the direction to provide meaningful treatment to the SBTP youths. Formerly counseling notes often reflected informal discussions or case work issues. The current notes relate to the youth's assignments which are specifically assigned to the YCC's for review. The new curriculum also utilizes movies with structured discussions which can be used as large group activities. Staff and youth are enthusiastic about the new curriculum and its focus on building a successful life style (see youth interview results in Appendix 1 and staff interview results in Appendix 2).

There remain problems with the psychologist staff providing the mandated individual treatment hours (see summary of treatment hours in Appendix 3). However, it was noted that very few groups are being cancelled due to the absence of the psychologist. YCC's seem to be able to conduct the core groups by themselves when necessary, probably because the curriculum is so clear.

Resource groups are now well planned and uniform across units (see group observations in Appendix 4). Formally the staff had to devise their own curriculums which resulted in a wide variety in the quantity and quality of the classes.

The assessment process which results in a case conceptualization is providing a valuable document which summarizes the youth's social history including discussion of the offense.

Overall significant improvement is being accomplished. With the correction of a very few problems, the SBTP will be ready to present to the rest of our field as a model, state-of-the-art, evidence-based treatment program for youth with sexually problematic behavior.

Specific Concerns:

1. Obviously the most significant problem is the continuing inability of the psychologists to provide the mandated minutes of treatment weekly. This has improved and is better at Chad than at Close. The standard could be defined so that instead of providing 30 minutes per week, the youth could be given 60 minutes every two weeks but this would not solve the issue with the psychologists. This issue is so crucial because not only is the mandated time a standard on the remedial plan but it is the most expensive component of the SBTP. Analysis of this problem reveals a number of contributing factors. The youth, particularly at Close, are in school during much of the time that the psychologists are in the institution. The Program Service Day has provided some time for treatment during the school day but this is combined with the lunchtime primarily used for groups. Also at Close there is a problem in providing security coverage in the Annex for individual therapy. I can appreciate the difficulty of providing two staff members to cover one youth. Alternatively, a space could be provided for the psychologist on the Unit, even borrowing another staff member's office or by lessening the security requirement so that the psychologist does not need security staff in the Annex. Another option would be to have the staff work until 8pm. Less time might be spent in tracking down youth for individual sessions if appointments were regularly scheduled. Psychologists should not be physically retrieving youth for their appointments.
2. Another significant problem is the notes that the psychologists record in the Mental Health Chart. The form is redundant, cumbersome and does not conform philosophically to the SBTP that is not based on a medical model. Another form was developed several years ago and approved by the medical administration. However, it was placed on the "back burner" by the information technology staff. During meetings with the Mike Minor, DJJ Director, and Terry McDonald, CDCR Undersecretary, the problem was discussed and responded to immediately. The form is now being readied for use in October. I believe that this will largely correct the tendency to cut and paste treatment notes.
3. The assessment process is now underway. There needs to be more attention in case conceptualization to the offense itself and what that says about a particular youth.
4. The new curriculum provides an estimate of how long each assignment takes to complete. However, this is apparently not being recorded for each youth in the record and the remedial plan requires an hour a week of SBTP homework.
5. I am concerned about why youth in Smith would be receiving over 600 hours of counseling in a week. This could be a system or recording error.
6. Another problem exists with the peer review form which is being used to assess the psychologists and which is mismatched to their duties. This should be rewritten so that it reflects the responsibilities and philosophy of the SBTP. There is a continuing issue with combining the supervision of the mental health staff and the SBTP. These two groups are very

Summary:

It is a real delight to observe how the new curriculum and the parts of the IBTM have energized the SBTP. It would appear that since the line staff has a clear direction of what to do with the youth that they have embraced the program and are providing more than the required amount of treatment. Of course, the outstanding leadership of Dr. Bowlds has continued to be a major factor in the transformation of the SBTP. I learned at the Farrell Experts meeting in August 2012 that she will be co-coordinating the IBTM. She will still supervise the SBTP as it will be placed under the IBTM organizationally. In closing, the SBTP is very close to meeting the requirements of the Consent Decree.

California Department of Criminal Justice
Division of Juvenile Justice
Sexual Behavior Treatment Program
Administrative Audit

Conducted by Barbara Schwartz Ph.D.,
Farrell SBTP Expert
with assistance from
John Chen, Office of the Special Master
March 5, 2012

On March 5, 2012, I conducted the 2012 Administrative Audit of the Division of Juvenile Justice's Sexual Behavior Treatment Program. I was assisted by John Chen of the Office of the Special Master. Dr. Heather Bowlds, SBTP Program Coordinator, answered our inquiries and provided the necessary documentation. Major progress has been noted on a number of the Remedial Plan standards. Several standards were moved from the jurisdiction of the individual facilities to the responsibility of DJJ's administration. Examples of this include Standards 2.1.2, 3.1.1, 3.1.2, and 3.1.3.

Standard 1 and its subsections deal with the Organization of the SBTP. The organizational chart has been amended to show the SBTP Program Coordinator's authority over the SBTP programs on each unit through the Sexual Behavior Task Force. Dr. Bowlds has no clerical or administrative support. Prior to the move to downtown Sacramento, Dr. Bowlds could recruit assistance from clerical staff assigned to other programs, principally from Health Services. However, since she has relocated to the Stockton compound, there is no one assigned to assist her. It is a waste of her valuable expertise for her to spend time with clerical duties. Fortunately she still has the services of a research assistant who is collecting vital data that can be utilized to show the efficacy of the SBTP.

Standard 2 and its subsections deal with Staff Qualifications. All staff meet or exceed the minimum qualifications for their positions. In the past the lack of uniform curriculums for resource groups has dictated that some YCC's had to prepare their own resource group classes, a task that most were not qualified to do. However, the new curriculum provides detailed instructions on exactly how to deliver the resource groups as well as individual counseling sessions, core groups and other activities. Since assuming the position on the Farrell case, I have pointed out that there are more cost-effective ways to deliver SBTP services without compromising quality by utilizing different types and/or ratios of mental health professionals and/or changing job descriptions. Apparently as this would require amendment of personnel policies, it has never been explored.

Standard 3 and its subsections deal with Training. Dr. Bowlds has provided a great deal of training to a variety of staff members. However, a lack of resources has prevented compliance with some of the standards. Ancillary staff receive self-training materials but there is no way for the SBTP to monitor whether staff have completed this material. Additionally, this is not an optimal way of conveying information on the program. Unit staffs have been unable to receive the eight hours of team building mandated by the Remedial Plan. Although funds were initially approved for several staff members to go to the California conference on sex offender treatment (CCOSA), permission was withdrawn by authorities above DJJ. At this time, funds have been approved for several staff to attend the Association for the Treatment of Sexual Abusers in Denver in the Fall of 2012 by DJJ but final approval has not been received. It is imperative that staff be able to stay abreast of the latest developments in the field. Furthermore, it should be the responsibility of the State to assist staff in obtaining relevant continuing education credits to retain their required licenses.

Standard 4 and its sub-standards deal with Program Adequacy. The requirements of this section have been previously received Substantial Compliance ratings, and they remain in compliance.

Standard 5 and its sub-standards deal with the Curriculum. DJJ contracted with Dr. Nancy Calley of Spectrum, a Michigan-based nonprofit that operates a program for adolescents with sexual behavior programs in Detroit. She has developed a comprehensive curriculum, which covers orientation, all stages, experiential exercises, bibliotherapy and a therapeutic movie night program. The curriculum is comprehensive, state-of-the-art and user friendly. It provides very specific instructions for core groups,

resource groups and individual counseling and therapy so that participants are receiving uniform treatment. It also provides for individualized treatment through specialized groups. I attended the training for the pilot programs, Mojave and Humboldt, unit staff and was very impressed. I am anxiously looking forward to auditing these units after the program has been implemented. The Remedial Plan requires that the curriculum be culturally sensitive which it is through the illustrations and examples. It also requires that it be “gender sensitive.” The curriculum meets this requirement by being developed specifically for males. In order to be sensitive to females, an entirely different curriculum would need to be created which would address the very different dynamics of females with sexual behavior issues. Since DJJ has never had a sufficient number of females with this problem to offer a formal program, a curriculum is not needed at this time. Dr. Bowlds has developed a program outline for this population. This section also addresses decisions made by the Sexual Behavior Task Force and their implementation. Dr. Bowlds has overseen the implementation of issues involving the use of Interactive Journals and the development of a resource group on physical fitness.

Standard 6 and its sub-standards deal with Ethics, an issue that has previously been rated SC.

Standard 7 deals with Physical Facilities, which is audited at the individual facilities.

Standard 8 and its sub-standards deal with Quality Management. The Task Force has met six times to deal with a variety of issues. Dr. Bowlds devised corrective action plans to address issues raised by the last audit. The actions plans were monitored by the Office of Court Compliance and significant improvement was noted in the number of hours of programming being provided. The SBTP received a “Highly Effective” rating on the Correctional Program Checklist. The staff has also researched a number of issues relevant to program planning including participant characteristics. Surveys were distributed to youth and their families. The youth’s responses were largely positive. Few families responded so the questionnaires were sent out a second time, hoping for a better response. A variety of measures might be tried to increase response rate. Questionnaires could be distributed at family visits or family events by the youth. Youth whose families respond could receive a special incentive. Confidentiality should be continuously clarified. Families may be reluctant to respond even by mail, fearing that less than positive responses may result in negative consequences for their youth.

I am highly pleased with the result of this audit. The only real deficits reflect budget problems and decisions made outside of DJJ. Dr. Bowlds does an outstanding job of administering this program especially in the face of constant change, which has caused major disruptions in the delivery of services. The implementation of the new curriculum should make the SBTP one, if not the, best programs of its kind in the country. Additionally, it is time to begin transferring auditing of the administrative portion of the audit over to DJJ.

This report summarizes the findings of my July 17, 2012 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 July 17, had a census of 325. Dr. Viviane Winthrop, DJJ Supervisory Dentist, joined me at Chad along with Malvina Lassiter, AGPA, Office of Audits and Court Compliance..

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 fifth visit to Chad. The purpose of this visit was to assess if their overall substantial compliance rating was sustainable.

I found the dental physical plant to be clean organized and well equipped. Policy and clinic standard operating procedure binders were organized and up to date.

I chose to review four critical components of the dental program: infection control, short-term clinical care, long-term clinical care, and quality assurance

Infection Control

I inspected the Chad autoclave biological monitoring logs and clinical infection control procedures in practice the day of my visit. I found the logs and clinical infection control in compliance with state and federal guidelines and the CDCR-DJJ Dental Services Audit Tool.

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

Clinical Care

I pulled seventeen dental records at random from the chart storage area. I assessed these records for compliance with the applicable screens in the CDCR-DJJ Dental Services Audit Tool². Sixteen out of seventeen records reviewed (94%) were in compliance with the dental audit tool and DJJ Dental Policy.³

Quality Assurance

I reviewed the dental quality assurance/quality improvement and peer review documentation and found the program in substantial compliance.

Staffing has been stable at Chad due to Dr. Winthrop's ongoing efforts to plug holes when they occur. Patient safety (infection control) and clinical care have remained in substantial compliance since 2011. Quality assurance and peer review have improved and are now in substantial compliance. I recommend monitoring of the Chad dental program be passed to DJJ.

² The audit tool assess compliance with urgent, short and long term dental care

³ 93059, 93595, 93597, 93065, 93302, 93613, 93746, 93223, 93755, 93203, 92076, 93001, 93263, 93731, 92896, 93715, D7218, 93498,93180

This report summarizes the findings of my July 17, 2012 review of the California Department of Correction and Rehabilitation (CDCR) Division of Juvenile Justice (DJJ) OH Close Youth Correctional Facility (OH Close) dental program. OH Close houses male youth and, on July 17, had a census of 219. Dr. Viviane Winthrop, DJJ Supervisory Dentist, joined me at OH Close along with Malvina Lassiter AGPA, Office of Audits and Court compliance.

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 OH Close. OH Close has had three substantially compliant reviews.² The purpose of this visit was to assess if their overall substantial compliance rating was sustainable.

I found the dental physical plant to be clean organized and well equipped. Policy and clinic standard operating procedure binders were organized and up to date.

I chose to review four critical components of the dental program: infection control, short-term clinical care, long-term clinical care, and quality assurance

Infection Control

I inspected the OH Close autoclave biological monitoring logs and clinical infection control procedures in practice the day of my visit. I found the logs and clinical infection control in compliance with state and federal guidelines and the CDCR-DJJ Dental Services Audit Tool.

Clinical Care

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

² The first was prior to approval of the CDCR-DJJ Dental Services Audit Tool in 2008.

I pulled seventeen dental records at random from the chart storage area. I assessed these records for compliance with the applicable screens in the CDCR-DJJ Dental Services Audit Tool³. All records reviewed were in compliance with the dental audit tool and DJJ Dental Policy.⁴

Quality Assurance

I reviewed the dental quality assurance/quality improvement and peer review documentation and found the program in substantial compliance.

Staffing has been stable at OH Close due to Dr. Winthrop's ongoing efforts to plug holes when they occur. Patient safety (infection control) and clinical care have remained in substantial compliance since 2010. Quality assurance and peer review have improved and are now in substantial compliance. I recommend monitoring of the OH Close dental program be passed to DJJ.

³ The audit tool assess compliance with urgent, short and long term dental care

⁴ 93444,93475,92985,93496,93546, 93687, E1056, 93342, 93730, 92884, 92337, 93050, 93616, 93226, 93427, 93209, 93580

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 12-13, 2012. Ventura houses male and female youth and had a July 11, 2012 census of 333. Dr. Viviane Winthrop, DJJ Supervisory Dentist, and Malvina Lassiter, Associate Government Program Analyst Office of Audits and Court Compliance, 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.

This is the last audit performed under leadership Dr. Winthrop. Dr. Winthrop had the advance material I requested well organized upon my arrival in an impressive series of binders. Renee Rivera, Office Technician, worked diligently to retrieve dental records. Dr. Winthrop has worked long hours to bring stability to the DJJ dental program. She “encouraged” deficient staff members who were part of the problem to become part of the solution. Dr. Winthrop modified staff work habits using a velvet hammer, thus preserving the respect and dignity of those who needed to change. Her people skills, combined with tools Dr. Winthrop developed to monitor details of patient care, was the reason this visit was a celebration of the end of a four-year journey. And the support provided to Dr. Winthrop by DJJ management was a key component in the success we are now enjoying. DJJ deserves a lot of credit for improving the program at VYCF statewide and cutting dental care costs by millions of dollars. DJJ now provides more and better quality dental care for a taxpayer dollars.

Youth Orientation to Dental Care Access –

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

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

Access to Oral Hygiene Supplies –

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

Urgent Care –

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

Nurse Training –

In the 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 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 of 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 from November 2011 to June 2012 and found a broken appointment proportion of 5.15% (see Appendix).

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

Dental Sealants

Dental sealants are being provided at Ventura based on caries risk and tooth morphology consistent with guidelines from The American Academy of Pediatric Dentistry.

Oral Hygiene Education

All of the initial oral hygiene education is provided at the Reception Centers. Staff there provides 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. Oral hygiene education at Ventura was consistent with accepted standards of care.

Dental Caries Stabilization - Secondary Prevention -

Twelve dental records were reviewed for documentation of restorative care to prevent tooth loss in youth who complained of cavities (Screen 5). Nine of the applicable records had documentation of treatment to prevent the loss of teeth consistent with DJJ policy on 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 and a dental classification (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 .

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 valid 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 based on 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. All records contained comprehensive exams and treatment plans.

Removable Partial Dentures –

No records of patients who received removable partial dentures were available for 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. Ventura now has a contract oral surgeon who will provide care within the facility.

Dental Care of Mental Health Patients -

Seven dental records of youth with significant mental health problems were reviewed. All youth received policy-mandated dental care. Dental treatment provided to mental

² 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.

health patients was consistent with that received by the overall Ventura population.

Quality Management

Quality Assurance-

A functional quality assurance/quality improvement program was in place for this visit. Dr. Winthrop has updated me over time on her approach to problems and her ongoing follow up of the improvement process. The forms used by DJJ have some limitations on the description of the initial problem. I recommended that the problem should be labeled and defined in the first column of the DJJ Quality Assurance Management Program (QAMP) form.

Peer Review –

Documentation consisted of DJJ peer review forms and a list of dental records that were reviewed by Dr. Winthrop. Patients and radiographs were examined and cross-referenced to the corresponding dental records. Dr. Winthrop made recommendations for improvement in her report. The clinical peer review process was in substantial compliance.

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. The clinic was clean and well organized. Policy and standard operating procedure binders were present and up to date.

Dental Clinic Staffing

Ventura has one full-time dentist and two full-time dental assistants to treat a population of 333 youth. A new second dental assistant is starting in August 2012. Dr. Winthrop has struggled to keep a full staff at VYCF due to an array of issues. It is critical that Dr. Hansen follows staffing very closely at VYCF and has procedures in place to maintain a full complement of staff.

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 approved 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. We are pleased with the way Dr. Lawrence Hansen has taken the reigns from Dr. Winthrop. His actions so far indicate he will provide continuity to the substantially compliant statewide program.

I was happy to see the leadership skills of Dr. Winthrop showcased by the 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. She was a dynamo and will be missed. But I feel that this program can and will maintain substantial compliance with the Farrell Remedial Plan and the Farrell Dental Audit Tool criteria.

Describe problems/areas for improvement in a way that will make clear to any reviewer what deficiencies being addressed³.

Take one PRN⁴ for a job well done!!! (And spread the word on how much money was saved!)

³ Example: Area for Improvement- the proportion of unexcused failed dental appointments exceeds 10%. This defines the problem as a failed appointment proportion above the threshold level set by the audit tool.

⁴ As needed

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>				

		1	2	3	4	5	6	7	8	9	10
Weight	State ID #	E1049	ME316	ME317	93765 ⁵	ME315	E1076	93761	93760	E1081	ME320
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	12
Weight	State ID #	91944	93615	93677	92052	92776	93682	90990	93548	93564	92460	93609	92635
100	Screen #4	1	1	1	1	1	0	1	1	1	1	1	1
90	Screen #5	1	1	1	N/A	1	1	N/A	1	1	1	1	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

Dr. Winthrop

		1	2	3	4	5	6	7
Weight	State ID #	90842	E1063	93733	93438	93548	93639	93695
80	Screen #6	1	1	1	1	1	1	1

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

⁵ Into DJJ 6/20/12, refused treatment 6/26/12, policy compliance on 7/5/12

⁶ 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 #	93072	92956	ME239	E1060	90990	93073	93674
100	Screen #7	1	1	1	1	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	11
Weight	State ID #	ME306	93756	91944	89817	E1077	93650	92881	93294	ME261	89991	ME057
85	Screen #8	1	1	1	1	1	1	1	1	1	1	1
85	Screen #9	1	1	1	1	1	1	1	1	1	1	1
75	Screen #10	1	1	1	1	1	1	1	1	1	1	1
80	Screen #11	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 #	91547	91732	93268	91795	92381	90845	92974	E0960	89241	89651	91863	92259
85	Screen #12	1	1	1	1	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.

	135	4	131		16	See Patient Care List for No Show Reasons
	121	1	120		18	See Patient Care List for No Show Reasons
	88	1	87		12	See Patient Care List for No Show Reasons
	202	36	166		16	See Movement Binder 6
	190	16	174		19	See Movement Binder 6
	186	18	168		21	See Movement Binder 6
	200	0	200		21	See Movement Binder 6
	111	0	111		19	See Movement Binder 6

	# of Records	#N/A	Final # of Records	# of Complaint Records	% Compliance	Comments
Screen #1	10		11	11	100	
Screen #2	10		11	11	100	
Screen #3	10		11	11	100	
Screen #4	12		12	11	92	
Screen #5	12		9	9	100	
Screen #6	7		7	7	100	
Screen #7	7		7	7	100	
Screen #8	11		11	11	100	
Screen #9	11		11	11	100	
Screen #10	11		11	11	100	
Screen #11	11	11	0	N/A	N/A	
Screen #12	12		12	12	100	

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	.92	x	100	92.00
Screen 5	90	x	0.85	76.50	1.00	x	90	90.00
Screen 6	100	x	0.85	85.00	1.00	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	1.00	x	85	85.00
Screen 9	85	x	0.85	72.25	1.00	x	85	85.00
Screen 10	75	x	0.85	63.75	1.00	x	75	75.00
Screen 11								
Screen 12	85	x	0.85	72.25	1.00	x	85	85.00

Question 1	100
Question 2	100
Question 3	100
Question 4	100
Question 5	100
Question 6	100
Question 7	100
Question 8	100
Question 9	100
Question 10	100
Question 11	100

Totals 1100 1100/11 = 100%

Farrell Remedial Plans Process for Return of Monitoring

Proposal by the Special Master
August 2012

I. Proposed Criteria and Process for Return of Monitoring from Expert to Defendant

A. Criteria for Determining Return of Monitoring to Defendant

1. Whether program accomplished intended goal of the remedial plan.
2. Compliance rating assigned by the remedial plan expert.
3. The capability of Defendant to maintain an objective and meaningful quality assurance process for the remedial plan.
4. Whether Defendant can address and resolve outstanding systemic issues.

B. Process for Return of Monitoring to Defendant

If the remedial plan is deemed ready to be returned to Defendant based on the above criteria:

1. Defendant will assume monitoring responsibility for the next round of audits.
2. For the outstanding issues of systemic nature, Defendant will, at least on a quarterly basis, keep the remedial plan expert apprised of the efforts and progress to resolve the issues.
3. Upon completion of the next round of audits, the expert will review the reports, and if deemed necessary, conduct a spot check to resolve any outstanding issues. The expert's follow-up effort will be limited to the previously identified issues of systemic nature unless the expert's review of the report or other disclosures/events suggests a further need to expand the scope of the follow-up effort to other areas/issues.
4. The expert will cease monitoring altogether if no significant discrepancy is identified during the next round of audits.

II. Review of Status of *Farrell* Remedial Plans

A. Education Remedial Plan

1. Goal:

To provide youth with access to education programs and supplemental services in compliance with federal and state laws, regulations, and departmental policies.

Assessment:

The Experts' most recent reports show that, with the exception of the restricted programs at Ventura Youth Correctional Facility (VYCF), Defendant has accomplished the intended goal of the Education Remedial Plan.

- The percentage of youth with high school diploma and GED increased drastically – from one of every 12.5 youth in 2004-05 to one of every 2.8 youth in 2010-11.
- The passing rates for DJJ youth in the California High School Exit Examination compare favorably with two school districts (Fresno High School District and Grant Union High School District) identified by Defendant staff as having similar socio-economic population; high poverty, high crime and gangs.

2. Experts' compliance rating (percentage of items in substantial compliance) for two most recent audit rounds

	N.A. Chaderjian High School	Johanna Boss High School	Mary B. Perry High School
2010 Audit Round	84%	91%	84%
2011 Audit Round	86%	77%	85%
2012 Audit Round ¹	92%	92%	88%

3. Variance Between Experts' and Defendant's Ratings (2012 Audit Round):

NA Chaderjian High School	Johanna Boss High School	Mary B. Perry High School
6 items upgraded from PC to SC	4 items upgraded, three from PC to SC and one from NC to SC	1 item upgraded from NC to PC
2 items downgraded, one to PC and one to NC	3 items downgraded, one from SC to PC and 2 from SC to NC	8 items downgraded, 1 from SC to PC, 4 from SC to NC, and 3 from PC to NC

- The Experts are very comfortable with the quality of work of Office of Audits and Court Compliance (OACC) auditors.

¹ The data is preliminary as the audit round has not been fully completed.

- Most of the upgrades were results of the action undertaken by the facilities to correct issues noted by OACC prior to the Experts' site visit.
- Most of the downgrades were results of timing difference between the OACC audit and the Experts' visit or different sampling population.

4. Outstanding issues:²

- Delivery of education services (regular and special education) to youth in VYCF's Behavior Treatment Program (BTP) units. This issue adversely impacted Defendant's ability to achieve substantial compliance in six audit items at VYCF (Items 1.7, 3.23, 3.37, 3.39, 5.6, 5.7 and 5.8). VYCF is in the process of filling two special education positions, which should rectify Items 5.6, 5.7 and 5.8.
- There continues to be high rates of absence among students at all three facilities. During six sample months (two months for each facility) selected by OACC and the Experts, the absence rate ranged from 16.3% to 34%. All three facilities continue to receive a non-complaint rating for Audit Item 3.15. However, the Experts opined that this level of absence is not alarmingly high in light of the nature of the youth population and the fact the facilities are counting high school grads in the absentee rate. The experts have suggested that the current threshold of 7% be modified to a level more comparable to public high schools and the facilities stop counting high school grads in the absentee rate.

B. Medical Care Remedial Plan

1. Goal:

Youth in Defendant's custody receive acceptable level of medical care.

Assessment:

The Medical Care Experts' reports on the three facilities have not disclosed any instance of inadequate or inappropriate medical care being provided to youth. None of the remaining issues in the Medical Care Remedial Plan pertains to adequacy of care for youth.

2. Experts' compliance rating (percentage of items in substantial compliance) for two most recent audit rounds:

² The Special Master has listed all the outstanding issues that are identified by an expert. The identification of the item does not mean the Special Master is in agreement that the issue requires action or resolution.

	NA Chaderjian	OH Close	Ventura	Central Office
2011 Audit Round	81%	88%	87%	50%
2012 Audit Round	85%	92%	85%	85%

3. Assessment of Defendant’s quality assurance process:

In their latest comprehensive report, the experts noted that there had been inconsistencies between their ratings and those of the self-audit team at VYCF. They further noted that the audit at OH Close Youth Correctional Facility (OHCYCF) was not completed in a timely manner. Improvement in the reliability and timeliness of the quality assurance process remains to be a systemic issue that needs to be addressed.

4. Outstanding issues:

- Develop and implement standardized nursing procedures to provide clinical guidance to nurses in patient evaluation.
- Establish standardized definitions of health care utilization and staff productivity measures; provide staff training; and implement a system for systematic data collection and analysis for each discipline (e.g., medicine, nursing, dental, pharmacy and mental health).
- Improve the quality and timeliness of the quality assurance process.

C. Dental Care Remedial Plan

1. Goal:

Youth in Defendant’s custody receive adequate level of dental care.

Assessment:

The Dental Expert’s reports on the three facilities did not disclose any issue or concerns with respect to the quality and level of care being provided to youth.

2. Expert’s compliance ratings for two most recent audit rounds:

	NA Chaderjian	OH Close	Ventura
2011	Substantial Compliance	Substantial Compliance	Partial Compliance
2012	Substantial Compliance	N/A ³	Substantial Compliance ⁴

3. Assessment of the Defendant’s quality assurance process:

The Dental Expert worked with the Supervisory Dentist in the last audit round to begin transferring some of the monitoring functions to Defendant. At VYCF, the Expert delegated some questions and screens to the Supervisory Dentist. The Expert found the Supervisory Dentist conducted her monitoring duties with skill and integrity and expanded her role at NA Chaderjian Youth Correctional Facility (NACYCF) audit. The Expert has indicated that he will continue to work with the Supervisory Dentist to identify internal monitoring protocol for Defendant.

4. Outstanding issues:

- Uncertainties about whether Defendant will be able to maintain stability and adequate staffing level for the dental units.
- 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.
- 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.

D. Disabilities Care Remedial Plan

1. Goal:

Provide all disabled youth with equal access to all level of care within Defendant’s system that include, but not limited to, education, training and treatment services in accordance with applicable federal and state laws and regulations.

³ The Dental Expert did not deem necessary to audit OH Close Youth Facility during this round because the facility achieved substantial compliance for two consecutive rounds. The Expert may conduct spot checks during the next round of audits.

⁴ The Dental Expert assigned a conditional substantial compliance rating convertible to substantial compliance if Defendant submits data to the expert showing a significant and sustainable reduction in broken appointments. The Defendant has submitted such data and the facility is in substantial compliance.

Assessment:

Based on the review of the Expert’s reports, the Special Master found no instance of disabled youth being systemically denied equal access to care or treatment due to disability. On June 15, 2012, the Disability Expert presented a listing of youth who may not have been properly identified as youth with disabilities or been provided with needed accommodation. The Special Master has been working with Defendant staff to research the issues presented by the Disability Expert.

2. Expert’s compliance rating (percentage of items in substantial compliance) for three most recent audit rounds:

The Disability Expert does not share the opinion of other experts regarding the quality of OACC audits. He has made numerous changes to OACC ratings. The rating variances for the most recent round of audits are summarized below:

	NA Chaderjian	OH Close	Ventura	Central Office
2010	87%	88%	83%	74%
2011 ⁵	86%	82%	80%	84%
2012	86%	89%	85%	84%

3. Variance between Expert and Defendant’s ratings (2012 Audit Round)

Items Monitored by Defendant

NA Chaderjian	OH Close	Ventura	Central Office
2 items upgraded from PC to SC	1 item upgraded from PC to SC	1 item upgraded from PC to SC	No rating change
2 item downgraded from SC to PC	2 items downgraded from SC to PC	1 item downgraded from SC to PC	No rating change

The three upgraded items resulted from additional action by the facility or documentation produced after the OACC audit to address the issues identified in the OACC audits. For the five downgraded items, three pertain to the vacancy of the facility Wards with Disabilities Program (WDP) Coordinator position, one from the Expert’s interview of a youth not interviewed by OACC auditors, and one over a

⁵ The facilities’ overall rating declined in this round. At least in part, the decline was caused by the transfer of some monitoring functions to Defendant and there was a misunderstanding regarding the expert’s role on the transferred items.

recently surfaced issue of the filing status of informal grievance process. This issue is identified as one of the outstanding issues.

Items Monitored by Expert

NA Chaderjian	OH Close	Ventura	Central Office
6 items downgraded from SC to PC	7 items downgraded from SC to PC	12 items downgraded, 11 from SC to PC and 1 from SC to NC; 1 from NA to SC; 6 from SC to NA	3 items downgraded from SC to PC

Most of these stemmed from a lack of clarity as to what action is needed to achieve substantial compliance. They are discussed under outstanding issues below.

4. Outstanding issues:

- The extent of resources needed to adequately staff the facility Disability Coordinator position at the Stockton Complex. In addition, there continues to be a high turnover at this position (Audit items 38 and 39).
- The Expert questions the effectiveness of the current process for identifying all youth with disabilities within Defendant’s system (Audit item 41)
- There is a lack of reasonable accommodation to disabled youth involved in use-of-force incidents. In use-of-force incidents involving disabled youth, there is no evidence that the youth had been provided with reasonable accommodation or staff assistance before, during, or after the incidents. This item is also covered in the Safety and Welfare Remedial Plan and the Safety and Welfare Expert is the designated lead on this item. (Audit item 53).
- There is a lack of reasonable accommodation to provide education opportunities to disabled youth in restricted programs (Audit items 48, 49, 51, 55, and 56). These items are also covered in the Education Remedial Plan (Audit items 10, 51, and 54). The Education Experts are the lead on this item.
- There is a question about when to provide staff assistance to disabled youth in the grievance process. The DJJ staff have been operating under the premise that special assistance is to be provided when the disabled youth filed a formal grievance. The Disability Expert expressed concern that disabled youth are not consistently receiving adequate staff assistance in other functions and activities such as disciplinary hearing and case conferences (Audit items 71 and 72).
- Defendant has not provided adequate refresher training about disability awareness and sensitivity to staff as required in the remedial plan (Audit items 23 and 25).

- The Disability Expert questions the effectiveness of youth orientation on disability programs (Audit item 96). The Special Master questions the effectiveness of the entire youth orientation process, which is being revamped and will be monitored by the Safety and Welfare Expert.
- The Disability Expert found that monitoring timelines for youth prescribed with certain psychotropic medications were routinely missed and that counseling was sporadic. The Disability Expert also indicated that some youth interviewed were confused about the reason and nature of their prescriptions. This issue is also covered under the Mental Health Remedial Plan and the Mental Health Expert is responsible for this item.

E. Sexual Behavior Treatment Program (SBTP) Remedial Plan

1. Goal:

Provide a comprehensive program focused on a continuum of care through a standardized treatment program that can be tailored to the individual need of youth assigned to the program.

Assessment:

Although the results of the most recent audit round were not favorable (see below), other indicators suggest that the program is close to achieving its goal:

- The program has developed and is in the process of piloting a new curriculum, which is strongly endorsed by the SBTP Expert. This is discussed as one of the outstanding issues below. Even before the new curriculum, the SBTP program appears to be well-structured in comparison with other programs. For example, the SBTP Coordinator routinely monitored and observed delivery of treatment groups and resource groups conducted by psychologists, Youth Correctional Counselors, Casework Specialists and provided suggestion through course evaluation reports.

Defendant completed two youth surveys and found that youth in the SBTP program are highly satisfied with the treatment and services provided under the program. A total of 74 youth responded to the first survey and a total of 105 youth (out of 143 survey requests sent) responded to the second survey. The survey asked youth to assign a score from one to five, with five being the highest level of satisfaction, on five program components with multiple questions under each component. For the first survey, the overall average score for the five components ranged between 4.7 and 3.8 (only one component below 4.0). Defendant is in the process of finalizing the report for the second survey but the results are comparable to the first survey. Overall findings suggest youth who participate in SBTP consider the treatment they are receiving to be relevant and satisfactory.

- In an internal study of two SBTP living units that was conducted in 2011 by Defendant’s research unit using a Correctional Program Checklist (CPC) developed by University of Cincinnati Corrections Institute (UCCI), both units were rated “highly effective.” This is the same rating achieved by living units administered under the SBTP Expert’s direction.

2. Expert’s compliance rating (percentage of items in substantial compliance) for the most recent round of audits.⁶

NA Chaderjian	OH Close	Central Office
33%	50%	58%
In Progress	In Progress	88%

3. Assessment of internal quality assurance process

Unlike most other remedial plans, the OACC has not yet begun the practice of auditing the SBTP remedial plan before the Expert’s audit. In 2012, OACC conducted a follow-up review of the program’s progress in implementing the corrective action plan (CAP) to address the shortcomings identified in the Expert’s fourth audit round. OACC auditors will accompany the SBTP Expert in her next round of audits at the Stockton Complex.

4. Outstanding Issues

- Successful implementation of the new curriculum, which is based on national standards and best practices, will greatly enhance the effectiveness of the program. As a component of the new curriculum, the program will collect outcome data to measure the effectiveness of the program. The SBTP Expert strongly endorsed this new curriculum. She also attended the training on the new curriculum and opined that the training was excellent.
- Ensure that the minimum weekly treatment hour expectation is met. The revised SBTP remedial plan reduced the minimum weekly treatment hour from a total of 20 hours to a total of eight hours. The eight-hour requirement includes various treatment components such as three hours of Health Living or Transition Group, one hour resource group, one hour individual counseling (1/2 hour clinical and 1/2 hour casework). Even with the substantially reduced expectation, none of the facilities achieved substantial compliance in any of the treatment components. The half hour of individual counseling by mental health clinician was particularly challenging.
- There is a need for stability in staff assigned to the program to facilitate close collaboration by multi-disciplinary staff and consistency in delivery of intense

⁶ Only results of the fourth and fifth audit rounds are included because the SBTP remedial plan and the related audit instrument have been revised. The first three audit rounds were based on the former remedial plan.

treatment to youth in the program. In general, the new SBTP curriculum requires approximately 18 months for completion.

- Defendant has failed to fund some of the basic elements in the revised remedial plan. For example, the plan calls for an Office Technician to provide clerical support for the SBTP Coordinator, which has not been funded (Audit item 1.1.4). To date, no funding is provided for eight hours of team building and training meetings for the SBTP treatment team as called for in the remedial plan (Audit item 3.1.4). Another one of the remedial plan items is Defendant will enable at least two staff members to attend annual national/outside training opportunities to keep abreast of the latest trend and development in the program, which could change rapidly. The last training request for four staff members was rejected at the last minute by the Governor's Office and staff had to attend the national conference at their own expenses (Audit item 3.2).

F. Safety and Welfare Remedial Plan

1. Goal:

Ensure protection and safety for victims, communities, staff, and youth by:

- Providing safe, secure facilities.
- Providing effective rehabilitative treatment to reduce recidivism.
- Preparing youth for re-entry to the community and providing opportunities to address personal, social, physical, educational, and vocational needs.
- Strengthening the juvenile justice continuum, through collaboration with stakeholders, communities and families.
- Implementing restorative justice practices to ensure rehabilitation includes accountability to victims, the community and themselves.
- Continuously evaluating program quality, outcomes and effectiveness.

Assessment:

Defendant's compliance ratings have continued to improve over each audit round. In addition, Defendant is starting to make progress in most of the key issues essential for the implementation of the remedial plan. However, there remains a need for a more concerted effort on the outstanding issues in order to achieve the goals of the remedial plan.

2. Expert's compliance rating (percentage of items in substantial compliance) for two most recent audit rounds:

	NA Chaderjian	OH Close	Ventura	Central Office
2010	65%	73%	66%	80%
2011	75%	87%	69%	86%

3. Variance between Expert and Defendant’s compliance ratings (2011 audit round):

NA Chaderjian	OH Close	Ventura	Central Office
7 items upgraded from PC to SC, 3 items from NR to SC.	1 item upgraded from PC to SC, 4 items upgraded from NR to SC.	2 items upgraded from PC to SC.	2 items upgraded from PC to SC, 1 item upgraded from NC to SC.
2 items downgraded from SC to PC.	2 items downgraded from SC to PC.	3 items downgraded from SC to PC, 2 items downgraded from SC to NC, downgraded from NR to NC.	3 items downgraded from SC to PC, 1 item downgraded from SC to NC.

The Safety and Welfare Expert found the work of Defendant’s quality assurance staff to be highly professional, thorough and objective. Most of the items upgraded stemmed from corrective actions taken after the OACC audits. Most of the items downgraded were items that are more qualitative in nature.

4. Outstanding Issues

- Defendant needs to make a more concerted effort to ensure successful implementation of the Integrated Behavioral Treatment Model (IBTM) (See OSM 21 for a full discussion. Most of these issues will be discussed in the Mental Health section of this document that follows).
- Defendant's effort to address the shortcoming of its use-of-force practice remains to be a work in progress. Remaining issues include:
 - Revising the force review process to encourage strategies other than force to provide an interactive training and feedback loop to individual staff and a regular analysis of force trends.
 - Training staff on the revised use-of-force policy, core correctional practices and Reinforcement Systems. Training currently being given through block training, which is scheduled to be completed in August 2012.
 - Ensuring that crisis prevention plans are specific, current and accessible.
 - Creating reinforcement for staff to use alternatives to force.

- The first step of a Behavior Management System, the Reinforcement System has been created and staff are current undergoing RS training through block training, which is scheduled to be completed in August 2012.
- The outmoded and deteriorating DJJ facilities continue to be a problem that impedes reform. Despite the condition of facilities, efforts to paint and provide better furnishing and private spaces where appropriate have not been undertaken. Facility cleanliness remains poor and furniture and recreational supplies are inadequate.
- Consultants hired to study gang dynamics have not completed their work and this has prevented Defendant from moving forward with any type of focused gang strategy.
- There continues to be a need to explore means to maintain and improve treatment and services to the declining female youth population.
- Defendant needs to continue improve its process and procedures for placing youth in restrictive programs and treatment of youth in the programs.
- The accuracy and reliability of some of Defendant's data remain questionable (use of force, restrictive programs). In addition, Defendant needs to ensure better use of available data by management and staff at all levels.
- Defendant needs to review its staffing model to ensure appropriate oversight and supervision of staff in the living units.

G. Mental Health Remedial Plan

1. Goal:

Provide direct care to youth in residential mental health programs and through outpatient mental health services as well as training, consultation and coaching to direct care staff who are not in the Mental Health Services chain of authority but who deliver treatment services under the IBTM.

While the IBTM resides in the Safety and Welfare Plan, the Mental Health Experts are the lead on the IBTM because they have experience in the implementation and development of treatment programs.

Assessment:

The Special Master does not have a valid method for measuring progress in this area. The current audit tool is in part structured around the desire of the past Mental Health Experts to implement Dialectical Behavior Therapy (DBT) system-wide. Since this is

not the agreed upon model for the IBTM, the remedial plan and audit tool is being revised by the Mental Health Expert.

There are several areas that currently reside in the Safety and Welfare plan that the Special Master believes should reside with mental health. Chief among these issues is the development and implementation of the IBTM and the behavior management system.

The Mental Health Experts have undertaken an initial assessment of the three remaining facilities and have worked with staff to develop an inventory of the current population. This inventory will be used to determine how many youth have a mental health diagnosis as compared to a behavioral problem. Initial review of the data indicates that the number of mental health units will probably be reduced.

In addition, a review of medication management practices is underway.

The Mental Health Experts have developed a revised audit instrument, which currently is in draft form and under review. The goal for this remedial plan should be to begin the first audit round by the beginning of the fourth quarter of 2012.

2. Expert Compliance Ratings

The compliance ratings from the past Mental Health Experts are questionable for two reasons. First, the criteria for auditing are no longer fully accurate. Second, a significant portion of the past audit reports were prepared by the Special Master staff and not the Mental Health Experts.

3. Variance between Expert and Defendant's compliance ratings

Not applicable

4. Outstanding Issues

- Ensure full implementation of the IBTM. The Special Master has discussed the outstanding issues in detail in OSM 21. The following are the steps needed to implement the IBTM:
 - The lack of a clearly communicated mission. It may be more accurate to say that the IBTM model is not fully developed and needs to be clarified. Both headquarters and field staff engage in behaviors that demonstrate the lack of understanding of the IBTM.
 - Ensure adequate staff for the IBTM project team and ensure that the staff works not as an isolated unit but across all disciplines.
 - Roles and duties of the unit team and the management above them need to be clarified. The confusion regarding the role results in part from not

- Clarify the roles of psychologists and psychiatrists with regard to the IBTM.
- Consultants and experts have opined the lack of substance abuse treatment for years. An evidence-based program has been approved and training of trainers is scheduled.
- The first step of a Behavior Management System, the Reinforcement System, and staff members just undergone training. The level, incentive and DDMS systems need to be revised to create a behavior management system that supports reinforcement for positive behavior rather than not being punished for not violating rules. A milieu management training needs to be implemented. (These activities are being worked on in mental health)
- On paper, the elements of a case planning process are sufficient but in practice, case planning is too generic and risk needs is not used to define concrete behavioral change to guide both youth and staff behavior.
- Defendant should begin work now to develop the next IBTM implementation operations plan. The first plan has demonstrated the capacity to implement CBT programs. The second plan should focus on milieu management and quality assurance processes.
- Develop the model for treatment for the Mental Health Units. This includes:
 - Clarify staffing issues such as defining the role of the unit staff as well as specialized mental health staff including the role psychiatrists and psychologists play in Mental Health Units and in the IBTM.
 - Admission/Intake of all youth and specialized assessment for mental health youth.
 - Treatment planning for youth with mental health issues.
 - Transfer of youth with mental health issues to core units or for acute care.
 - Discharge planning for youth with mental health issues.
 - Coordination of information regarding youth with mental health issues.
 - Competency of staff who carry out mental health duties.

- Mental health Q&A process.

H. Cross-Over Issues:

1. Goal:

In addition to the outstanding issues identified under each remedial plan, there is a need to address the following issues that impact multiple plans:

- Create a method for ensuring cross discipline understanding of the IBTM, particularly at the Central Office. This may require reorganization of functions such as the IBTM, mental health and SBTP.
- Continue to refine the Program Service Day concept by better coordinating the schedules and activities of staff of various disciplines to facilitate collaboration and to deliver services to youth seamlessly.
- Staff needs to engage youth in more meaningful activities and programs. In general, too much of youth's out-of-room time continue to be devoted to unstructured activities with minimal interaction with staff.
- Provide greater continuity and stability in staffing at the living units.
- Explore more cost-effective means to deliver higher quality services to youth.
- For those issues in multiple remedial plans (use of force, grievance, IBTM, medication management) the parties need to identify the lead to reduce duplication of effort and conflicting messages.