

SUPERIOR COURT OF CALIFORNIA  
CITY AND COUNTY OF ALAMEDA

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

TWENTY-FIFTH REPORT OF SPECIAL MASTER

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## **APPENDICES**

- Appendix A: O'Rourke, Gordon and Catrett, *California Division of Juvenile Justice Summary Education Program Report for School Year 2012-2013*.
- Appendix B: Lovins, *California Division of Juvenile Justice, University of Cincinnati Quarterly Report* (January 31, 2013).

## **I. INTRODUCTION**

The Special Master submits for filing the Twenty-Fifth Report of the Special Master. This report reviews the *Farrell* Education Experts' Comprehensive Report of their eighth round of audits 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* education remedial plan. The eighth comprehensive report of the Education Experts (site visits, September and November 2012) reflects an abbreviated audit round that focused on a targeted number of items. The report is attached as Appendix A. Consistent with an agreement by the parties, the Special Master's report limits the summarization of the experts' report and instead identifies the major areas of improvement as well as areas of concern.

The report begins with an update on the implementation of the Integrated Behavioral Treatment Model (IBTM) followed by the analysis of progress in the report of the Education Experts. Progress in the Court's October 2012 Order re: Wards with Disabilities Monitoring Issues is discussed next. The next sections of the report discuss when and how force is used and developments at the Ventura Youth Correctional Facility (VYCF). The report concludes with the Education Experts' finding of substantial compliance in education services and a recommendation to transfer monitoring of the Education Remedial Plan to Defendant.

## **II. INTEGRATED BEHAVIORAL TREATMENT MODEL**

### **A. Current Progress**

Defendant continues to make steady and consistent progress in the implementation of the IBTM. The successful pilot of the IBTM cognitive-based

behavioral programs (CBT) at O.H. Close Youth Correctional Facility (OHCYCF) has resulted in a roadmap, the IBTM Implementation Guide. The guide was designed to assist in the expansion of the IBTM to N.A. Chaderjian (NACYCF) and VYCF.<sup>1</sup>

Despite a severe staffing shortage, progress continued in refining and developing tools for the IBTM. Areas of progress include:<sup>2</sup>

- Redesign and revision of the Youth Rights Handbook: revised to include IBTM information and system change updates. Reformatted to be more appealing to youth and includes more activities to reinforce learning.
- Orientation PowerPoint: revised to align with the Youth Rights Handbook. Youth will be provided with a handbook and encouraged to be familiar with its content before orientation. Activities are added to create more interaction between youth and facilitators and to reinforce learning. The orientation has been broken into three sessions to address the limited attention span of most youth.
- Revision of Counterpoint Guidelines: revised to reflect new entrance criteria.
- Revision of forms to include:
  - Substance Abuse Monthly Reporting Form
  - Group Cancellation Form
  - Women Incarcerated Still Enduring (WISE) Monthly Reporting Form
  - Behavior Treatment Program (BTP) Monthly Progress Reporting Form
  - Social Skills: BTP Monthly Progress Report
  - Anger Control Training: Monthly Progress Report

The Central Office IBTM Team Specialists trained staff in the following areas from November 2012 through February 2013:

- Crisis Intervention and Conflict Resolution: Four three-day classes
- Cognitive Behavior Training (Training for Trainers or T4T) Review
- IBTM Overview: Four two-hour classes
- Aggression Interruption Training (AIT): Three four-day classes
- Social Skills
- Counterpoint: Five-day class
- Skill of the Week T4T
- Skill of the Week: Training for staff at VYCF

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<sup>1</sup> Implementation Guide Rev 2-26-2013.pdf. The guide provides a plan for implementation, and is not a program guide. Defendant has been encouraged to wait to develop the program guide until the full model that includes the behavioral health program changes has been implemented.

<sup>2</sup> See 2a.iv Youth Rights Handbook Draft 3; 4.a.i Counterpoint Procedures Guide December 2012; 5.a.v. Revised forms for BU6; and Revised Forms Nov 2012 to Feb 2013.

The Central Office IBTM team has responsibility for creating as well as updating and modifying tools, procedures and materials for all aspects of the IBTM.<sup>3</sup> In addition, they deliver most of the training regarding the various elements of the IBTM. The team serves as the hub for system-wide change and reform regarding the IBTM.

#### Implementation of IBTM at NACYCF

Senior leadership at NACYCF has the benefit of having been actively involved in the implementation at OHCYCF. This has made it easier for leadership to understand how to develop an effective process and to identify the best leaders to shepherd the implementation.

On January 30, 2013, the "kick off" meeting that included all NACYCF administrators/section heads, managers, Parole Agents (PA)/ Case Work Specialists (CWS) and Senior Youth Correctional Counselors (SYCCs) as well as the IBTM Task Force Committee members was held. The implementation team structure and process were introduced and reviewed with all staff.<sup>4</sup> The committees have all been meeting and early milestones of the implementation plan have been accomplished.<sup>5</sup>

The Special Master attended a meeting of Administrative Operations Committee on February 5, 2013. The benefit of the OHCYCF pilot was evident throughout the meeting. For example, IBTM staff suggested a change in when and how supervisors were trained in their quality assurance (QA) functions. The OHCYCF experience indicates that understanding the QA function at the same time or before training in the cognitive-based behavioral programs will assist supervisors in completing their QA assessments. The

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<sup>3</sup> In light of the IBTM team working at each facility, the agency-wide lead team will be referred to as the Central Office IBTM Team and the facility IBTM team will be designated by the facility name.

<sup>4</sup> See IBTM Kick-Off Memo.

<sup>5</sup> Implementation Guide 2-26-2013 with deliverables noted 0-5 outlines the progress to date. Defendant has sent committee meeting agendas and minutes to the Special Master.

decision to implement the program at one facility first and to share the learning from the experience appears to be bearing fruit in many ways. This committee, which will oversee the implementation at NACYCF, has full engagement by all disciplines and has crafted a thoughtful change process.

Another sign of the level of commitment of the NACYCF staff was the high attendance rates at the IBTM overview sessions held in mid-February. A total of 154 staff members attended the trainings. The active involvement of the Chief of Security for Northern California Youth Correctional Complex (NCYCC) on the Administrative Operations Committee was evidenced by the high turnout of security staff at the training.<sup>6</sup>

One of the early deliverables for the first five months of the IBTM implementation is to have the Quality Assurance Committee develop a written protocol and documentation to assist in monitoring, coaching and mentoring staff in the use of a behavior management system including the Reinforcement System (RS). This step is an indicator of the increased level of sophistication about the IBTM. Early implementation at OHCYCF only focused on implementing the CBT programs. With implementation at the second site, there is a clear awareness that work must begin on behavior management strategies as soon as possible. This awareness has led to a focus on understanding the level and quality of the implementation of the RS.

#### Quality Assurance

Defendant is developing a fundamental understanding of how to implement cognitive-based behavioral programs that are consistently delivered and maintain fidelity to the original program design. Defendant continues to work with the University of Cincinnati Corrections Institute (UCCI) to create and implement effective QA systems.

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<sup>6</sup> See Summary of IBTM Activities for OSM Report 25.

The UCCI Quarterly Report dated January 31, 2013 is attached as Appendix B. In this report, the UCCI consultant indicates that she has worked with Defendant to improve the Program Service Day (PSD) and case conference processes to ensure consistency with the IBTM. The consultant also indicates the IBTM QA committee is developing a QA plan that develops protocols and documents to assist with fidelity monitoring across facilities. Included in the plan are QA processes that will monitor and coach in the following areas: use of the Reinforcement System and other behavior management strategies; case planning and case conferences; interventions on the SBTP and MH units; and monitoring of IBTM programming (Introduction to Treatment, Skill of the Week, Advanced Practice, Counterpoint, AIT).<sup>7</sup>

Consistent with the experiences of other agencies that have shifted to evidence-based programs for young offenders that are fair, effective and developmentally appropriate, Defendant recognizes that knowledge transfer begins at training and is mastered through coaching in the work setting. To that end, members of the Central Office IBTM Team continue with scheduled and impromptu observations of Youth Correctional Counselor (YCC) group facilitators. Team members provide verbal and written feedback to facilitators. Team members completed eight observation sessions during this reporting period.<sup>8</sup>

Team members also provide feedback as well as coach and mentor supervisors Treatment Team Supervisors (TTSs) and SYCCs and who are now taking over the

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<sup>7</sup> Appendix B, UCCI January 2013 Report, p.2.

<sup>8</sup> Three of the observations were done with OHCYCF staff. Examples of observations of various program elements by Central Office IBTM Team members include: 7 a.i.2.11-8-12; 7 a.i.3.11-9-12, and 7.a.i.4 11-13-12.



quality assurance function of observing group facilitators.<sup>9</sup> Not surprisingly, the Central Office IBTM team members who have experience both with the model concepts and facilitation provide more thorough and accurate feedback to the group facilitators that they observe than most of the unit supervisors.<sup>10</sup> A review of examples of Central Office IBTM Team members and unit supervisor observations by the Special Master demonstrate the expected difference in level of skill to accurately provide feedback. Coaching by IBTM team members will help to improve the skill level of supervisors with this quality assurance task. There were 20 coaching sessions during the reporting period.

Group facilitator observations are planned to transfer from the Central Office IBTM Team members to SYCCs and TTSs. YCC group facilitators are currently scheduled to be observed once per quarter. Experience indicates the YCCs need more observations than once per quarter. Additionally, TTSs and SYCCs are not completing their assigned number of observations. Fifteen group facilitator observations were completed in this reporting period.<sup>11</sup> To remedy this situation, it has been decided that PAs and CWSs will also be trained to complete facilitator observations.<sup>12</sup>

Supervisory staff at OHCYCF has requested refresher training in interventions (CBT), case planning and the behavior management system.<sup>13</sup> The Central Office IBTM Team and the OHCYCF Superintendent's senior team met to discuss this issue and are working to arrange the desired training. A very positive indicator of system integration was the recognition that counselors do not understand the youth's risk factors and need

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<sup>9</sup> For an example of observation feedback and a schedule of sessions see 7.a.ii.1 11-5-12 and 7.a.ii.3.Calendar JVB.

<sup>10</sup> For example, facilitator ratings are notably higher when provided by supervisors as compared to IBTM team members and the latter provides more in-depth and comprehensive suggestions for improvement.

<sup>11</sup> Some observations were done jointly with OHCYCF staff.

<sup>12</sup> See 9.c Summary of OH Meeting 2-8-2013.

<sup>13</sup> Supra at p. 3. Supervisory staff includes SYCCs, TTSs and Supervising Case Work Specialist (SCWS).

training on how to interpret and apply the results of the California Youth Assessment Screening Instrument (CA-YASI).<sup>14</sup> Consistent with the past behavior, the Assistant Superintendent is working with the Central Office IBTM Team to continue moving the IBTM forward. The OHCYCF Assistant Superintendent is to be commended for his continued support of the IBTM and his willingness to change and innovate.

The Central Office IBTM Team also provides coaching and mentoring. These sessions typically consist of observing staff at work in the units and providing coaching on issues such as using the CA-YASI, the risk and needs assessment, to identify youth behaviors that require reinforcing. The Central Office IBTM staff provided 25 coaching sessions during the reporting period.

#### Implementing the Reinforcement System

Defendant implemented a structured RS in July of 2012. Learning to use the system to address specific desired changes and to ensure consistency of use across staff is difficult and takes time. One Central Office IBTM Team member is working with unit supervisory and line staff members to teach them how to use the reinforcement system accurately.<sup>15</sup> The Central Office IBTM staff member provides coaching and has designed a feedback-observation form and a PowerPoint presentation to assist staff to learn how to actively and accurately use the RS.<sup>16</sup> Not surprisingly, the coaching effort has also been a valuable source of information for ways to improve the RS.

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<sup>14</sup> See 9.c Summary of OH Meeting 2-8-2013.

<sup>15</sup> Henry Lum, a member of the Central Office IBTM Team, catalogued his understanding of the current state of the RS, areas for improvement and his activities in helping staff learn how to use the RS effectively. This document is an excellent starting point for improving the RS. See OSM 24 response update-1.

<sup>16</sup> The CA-YASI worksheet sample and What to Reinforce PowerPoint are examples of the QA tools that have been developed by the Central Office IBTM team.

As noted in earlier reports<sup>17</sup> of the Special Master, there are essentially two aspects of the IBTM, the CBT groups (which includes Pre-treatment, Skill of the Week and Advanced Practice) and the modeling and interventions provided by all staff the youth comes into contact with in daily living while in a facility. Becoming a skilled facilitator of the curriculum of a group is one skill set and another is to understand how to work with a youth to transfer the skills learned in a group to his or her unique challenges and identified areas for change. This requires role modeling and reinforcing desired behavioral change in day-to-day actions and activities.

Unit staff members have been trained in motivational interviewing skills and core correctional practices,<sup>18</sup> two training programs designed to help staff understand how best to engage a youth to identify and design interventions for changes in his or her behavior. These trainings provide a foundation for effective engagement but understanding the youth's target behaviors and how to reinforce desired change are additional skills that unit staff must develop and use daily. Staff must also have access to and understand how to use the risk and needs assessment tool, CA-YASI, to target the behavioral challenges unique to each youth and how to use the case plan as a vehicle for chronicling and sharing progress.

#### Mission and principles revision

The tumultuous organizational history of Defendant during the lawsuit has resulted in understandable confusion among staff regarding the direction and purpose of

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<sup>17</sup> See the twenty-first report of the Special Master, p 12-14.

<sup>18</sup> Not all staff is trained in motivational interviewing. Getting all unit staff trained in this skill set is essential. Managers should also be trained to model the skills in their interactions with staff. IBTM methods are not just for youth/staff interactions but also for staff/staff interactions.

the reforms proposed in the remedial plans.<sup>19</sup> Healthy organizations have a clear statement and objectives for achieving their purpose. The mission is a type of decision criteria that guides both program development and staff behavior. Defendant has worked to develop a proposed mission and principles for DJJ that clearly supports the *Farrell* reform efforts. Their draft mission is:

"To provide opportunities for growth and change by identifying and responding to the unique needs of our youth. We do this through effective treatment, education and interventions in order to encourage positive lifestyles, reduce recidivism, strengthen families and protect our communities."

This draft mission can serve to guide staff regarding the reason why they are being asked to make changes.<sup>20</sup> Revisiting the mission and principles will provide more reinforcement for the purpose of the IBTM.

## **B. Next Steps**

As discussed in the last Special Master's report, Defendant needs to create an implementation plan that delineates the remaining steps needed to complete implementation of the IBTM for the purposes of the *Farrell* lawsuit.

"The plan should identify the steps needed to fully implement a behavioral management system that reinforces the teachings of the CBT groups. Elements of the plan should include refinement of the RS, development of a true level system<sup>21</sup> and modifications to the disciplinary system so it supports the other elements of the behavior management system. There should also be a focus on quality assurance measures for the CBT groups and the behavioral management system."<sup>22</sup>

Just as the IBTM court order provided agreed-upon objectives by the parties, an implementation plan will help the parties reach agreement regarding the remaining steps

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<sup>19</sup> The Special Master chronicled some of this history in her 16<sup>th</sup> report, pp. 2-18.

<sup>20</sup> The draft is completed and is undergoing the vetting process.

<sup>21</sup> The current incentive system is the closest program to a level system but is flawed in many ways.

<sup>22</sup> The 24<sup>th</sup> Special Master Report, p. 9.

in IBTM implementation. Defendant is actively engaged in activities that will be in the plan such as the development and implementation of the RS and QA systems as well as alignment of the mission and principles with the IBTM.<sup>23</sup> Without an agreed-upon plan, Defendant is subject to the sometimes changing and inconsistent views and opinions of experts, the Special Master and the Plaintiff.

Ensure adequate staffing for the IBTM Team

One of the likely reasons the development of an implementation plan for the remaining steps of the IBTM has not taken place, the UCCI contract has not been finalized and/or the IBTM audit had to be delayed, is the significant staffing shortage in the Central Office IBTM Team. Largely due to retirements and transfers, six out of 10 positions on the team are technically vacant. The amount of work that has been completed by the Central Office IBTM Team, despite its significantly diminished staffing, is a credit to the remaining staff and the facility staff.<sup>24</sup>

The Program Administrator, Clinical Psychologist, Training Officer, Instructional Designer and two support positions are vacant. Defendant has successfully filled one of the support positions twice only to have the person transfer out shortly after taking the position. The Clinical Psychologist position has been recruited for several times but the significant transfer of staff to the new adult health care facility has resulted in few to no viable candidates. When the Administrator announced his retirement, Defendant immediately advertised the position and immediately requested the retiring Administrator be brought back in a retired annuitant (RA) capacity. The current division director has

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<sup>23</sup> In addition to the vision and mission, Defendant should also consider creating some documents that simply describe the IBTM.

<sup>24</sup> While all of the current IBTM staff is to be commended for their continued commitment, initiative and drive, Nancy Hanley is to be especially commended for serving as the Acting Administrator.

been aggressive in his attempts to remedy this situation. He redirected two employees to temporarily bolster the IBTM team. His proactive attempts to remedy the staff vacancies have been met with mixed results but *not* for lack of trying.

Once again the UCCI consultant noted the critical importance of maintaining the extremely modest staffing of the Central Office IBTM Team.

"It is therefore imperative that the IBTM team be supported so that they can lead the expansion efforts. A small body of highly skilled IBTM staff, along with dedicated facility staff, was able to transition the IBTM from a plan to a daily practice within DJJ. Continued support by DJJ leadership of the IBTM staff is necessary to continue this work."<sup>25</sup>

The UCCI consultant opines that on-going training, coaching and mentoring will need to be provided by the Central Office IBTM Team to anchor current programmatic gains and to continue forward progress.

The rapid progress of the implementation of the IBTM at NACYCF is largely a factor of senior management that is already experienced with the program, the proximity of the IBTM Central Office Team and accessibility to the OHCYCF pilot site. It is hard to imagine how the implementation can begin as scheduled for March 1, 2013 at VYCF. This facility has barely any experience with the IBTM, is removed physically from IBTM resources, has fewer staff trained in key programs, and has historically had greater problems with violence and use of force. The diminished Central Office IBTM Team resources make it very high risk to move forward with immediate implementation at VYCF. This facility will need significant time and attention of Central Office IBTM Team staff members.

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<sup>25</sup> Appendix B, UCCI January 2013 Report, p.3.

Yet one more time the Special Master will opine that the effectiveness of the state youth corrections system is severely hampered by adult and juvenile corrections sharing positions such as Psychologists, Associate Governmental Program Analysts (AGPAs) and Correctional Officers. The turmoil of the adult system impacts the juvenile system and the notion that the expertise, skills, abilities and perhaps, most importantly, the interests of the people holding these positions are sufficiently alike to make them interchangeable flies in the face of current evidence-based research and practice. While understanding why the use of retired annuitants is and should remain rare, this is certainly a time when it is penny wise and pound foolish not to approve the use of one. The failure to have the Central Office IBTM Team fully staffed by knowledgeable leaders only serves to delay the end of the *Farrell* lawsuit.

#### Behavior Management System

The behavior management system consists of three elements, RS, the level system and the disciplinary system. All of these systems must be designed to reinforce the behavioral targets set for a youth. Key to this is staff having worked with the youth to define not just the domains on the CA-YASI that indicate what areas a youth should focus on but within a domain the specific skills and behaviors that an individual youth needs to develop. To do this requires that all staff that work with the youth on the unit, in school and/or vocational programs, recreation programs and volunteer activities understand the youth's targeted behaviors for change.

The Assistant Superintendent of OHCYCF, in conjunction with members of the Central Office IBTM team, is working to make recommendations for court experts and other senior leaders who will discuss how to improve the RS system. As noted above, this

includes how to help YCCs understand the CA-YASI scores and the action steps that flow from the risk/needs assessment into the case plan. The observations by facility and Central Office IBTM staff will serve as a foundation for the recommendations. The Central Office IBTM Team has many ideas for ways to improve the RS and staff members' understanding of it and their ability to use it. The experience of the VYCF BTP staff that has implemented perhaps the best RS system in the department should also be considered.

The Mental Health Expert who has worked extensively with the VYCF BTP to develop a fully functioning RS also has plans to begin to review the implementation of the RS in OHCYCF and NACYCF. The recommendations discussed above can serve as a foundation for the Mental Health Expert and the UCCI consultant, and to assess the status of the RS and any ways in which the program can be improved.

Defendant should continue its focus on creating quality assurance systems for both the CBT groups and programs as well as the behavior management system. Such systems are an excellent indication of systemic change that will continue long after the *Farrell* lawsuit is settled.

#### Implementing the substance abuse curriculum

The pilot of the new substance abuse curriculum at four sites that began in November will be completed by the end of April. The final session of training for trainers is scheduled for May 2013.<sup>26</sup>

Defendant has engaged the UCCI consultant to assist DJJ staff in the review of the pilot progress. The UCCI consultant recommends that Defendant should not expand

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<sup>26</sup> Dr. Heather Bowlds informed the Special Master of this progress in an e-mail March 4, 2013. See RE/SA Curriculum.



the pilot until an admission criteria is finalized that considers overall risk level as well as substance abuse need. Substance abuse need should be determined, in part, by a validated substance abuse assessment. The SA committee should also explore behavior management strategies specific to the group that can be standardized across facilities and groups.<sup>27</sup> Finally, a plan to identify who will facilitate groups, the timing of groups and QA observation strategies should be in place prior to expansion.

#### Mental Health Program Development

Despite mental health being a different remedial plan from the IBTM, the Mental Health Experts are the lead for both areas. To that end, the experts have worked with Defendant to revise the existing audit items for mental health and the IBTM.<sup>28</sup> Discussions regarding the definition of a mentally ill youth have reached closure and processes to provide on-the-job training to Psychologists and other staff is in process.<sup>29</sup> The definition is broad and will require a skillfully completed assessment of a youth at intake to ensure accurate program placement. The current intake assessment process involves extensive testing and interviews. Defendant is beginning to work with the Mental Health Experts to determine what the exact intake assessment process should be.

The recent appointment of a part-time staff person to head mental health services should help bring focus to next steps in the development of mental health services. Again the lack of resources in the Central Office IBTM Team has made it difficult for Defendant to begin the development of the mental health program in earnest. One year ago, an inventory of all DJJ youth was conducted to provide the clinical information

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<sup>27</sup> Appendix B, UCCI January 2013 Report, p.3.

<sup>28</sup> The revisions were necessary because the original audit tool for these items was developed prior to the parties reaching agreement on the current IBTM model. As such several of the items were no longer relevant and others needed to be added or modified.

<sup>29</sup> See RE: Mental Health Definition e-mail from Dr. Heather Bowlds.

needed to help determine the elements of the mental health program. Despite that significant effort, little progress has been made in this area. Defendant requested a deferral of a mental health audit until the program was redesigned and implemented. If immediate progress is not made in this area, the Special Master recommends an audit of the existing program be made. At a minimum, an audit would provide the Court with a more accurate picture of mental health services as they exist today.

### **III. EDUCATION**

The *Farrell* Education Experts, Dr. Tom O'Rourke, Dr. Robert Gordon and Dr. Jack Catrett, conducted their eighth round of monitoring compliance with the *Education Services Remedial Plan* (Education Plan) from November 2012 through February of 2013. Appendix A provides the Education Experts' Comprehensive Report for school year 2012-2013. As in past audit rounds, the Education Experts reviewed Office of Audits and Court Compliance's (OACC)<sup>30</sup> ratings and, if deemed necessary, modified the ratings assigned by OACC. OACC has completed three rounds of audits under this protocol.

At the conclusion of the seventh round of education audits, all three DJJ schools met or exceeded the threshold of an 85% overall rate of substantial compliance. N.A. Chaderjian High School (NACHS) and Mary B. Perry High School (MBPHS) had achieved an 85% or higher rating for two consecutive rounds. Johanna Boss High School (JBHS) that had achieved substantial compliance in round six, lost its rating in round seven due to the absence of a Speech and Language teacher. Round eight of auditing finds all schools now having achieved an overall rating of 85% or greater for two or more

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<sup>30</sup> It appears the name of the Office of Audits and Court Compliance (OACC) is now, Office of Audits and Court Compliance (OACC) Juvenile Court Compliance Unit's (JCCU). The Special Master reports will continue to use the term OACC to describe the unit.

consecutive audit rounds. Given the consistently high compliance ratings in most areas, the Education Experts decided to audit only those areas in partial or non-compliance for the eighth audit round. The results of the Education Experts' eighth audit round show significant improvement at all three facilities as the overall percentage of audit items found to be in substantial compliance ranges from 97% at MBPHS to 99% at NACHS and a perfect 100% at JBHS.

**Percentage of Items in Substantial Compliance**

	Round 5 <sup>31</sup>	Round 6 <sup>32</sup>	Round 7 <sup>33</sup>	Round 8
N.A. Chaderjian High School	84%	86%	93%	99%
Johanna Boss High School	91%	77%	92%	100%
Mary B. Perry High School	84%	85%	88%	97%

**A. Review of Recommendations from the Office of the Special Master (OSM 22).**

The Special Master opined in her 22<sup>nd</sup> report that Defendant is ready to assume full monitoring of the *Education Services Remedial Plan* subject to successful resolution of the following key outstanding issues:

- The Education Experts found there continues to be high rates of absence among students at all three schools. During six sample months (two months for each facility) selected by the Education Experts and the OACC auditors, the absence rate ranged from 16.3% to 34%. The *Education Services Remedial Plan* notes that schools with an absentee rate of seven percent and higher will take corrective actions to reduce the rate to below the seven percent threshold. Thus, all three schools were found to be noncompliant for the current round of audits as well as during previous rounds of audits. The Education Experts have suggested that the seven percent rate may be unrealistic and perhaps should be modified to reflect the nature of Defendant's youth population.

<sup>31</sup> DJJ Quarterly Compliance Report as of May 1, 2012.

<sup>32</sup> *Ibid.*

<sup>33</sup> *Ibid.*

- Delivery of education services to youth in VYCF's BTP units. For the 13 audit items where the Education Experts found MBPHS to be in partial compliance or noncompliant, six items were directly related to the issues identified at the two BTP units. This issue needs to be resolved before Defendant could assume full monitoring responsibility.
- Full implementation of the PSD continues to be an issue at each school site. PSD was developed to ensure that the mandatory 240 minutes of the school day is not infringed upon by other programs. The Education Experts found students continue to be pulled out for non-emergency medical, mental health and/or safety and security reasons.

Based on the Education Experts' recommendations, for the eighth audit round, a plan was developed by the Education Experts, Special Master and Defendant to address the key outstanding issues. Plaintiff approved the plan.

Johanna Boss High School and N.A. Chaderjian High School

- OACC will conduct a complete education audit of both high schools and provide findings, recommendations and corrective action responses to the Education Experts by December 15, 2012.
- Education Experts will prepare a summary report for both high schools based on OACC findings and address needed changes to site corrective action plans if deemed necessary.
- OACC will conduct a follow-up audit at both high schools during the first quarter of 2013 to verify that corrective actions have been fully implemented of issues identified in the previous audit reports and submit a summary report to the Education Experts.

Mary B. Perry High School

- Education Experts will conduct a follow-up audit at the high school by October 31, 2012 to review all audit items found to be partially compliant or noncompliant in the earlier audit.
- Education Experts will prepare a summary report of the follow-up audit to the Special Master within 30 calendar days of the completion of the audit.
- OACC will conduct a follow-up audit of the issues identified by the Education Experts by March 1, 2013 and submit a report to the Education Experts within 30 calendar days.

## **B. Key Outstanding Issues**

Defendant has made significant progress on the three key issues (absence rate, delivery of education services to BTP and full implementation of the PSD) identified by the Education Experts that require resolution for Defendant to be in full compliance with the *Education Services Remedial Plan*.

### Absence Rate

The absence threshold of seven percent set in the *Education Services Remedial Plan* is lower than that set for public schools.<sup>34</sup> The Education Experts have opined that this rate may be unrealistic and could be modified to better reflect the challenging incarcerated population. A 10% absence rate is considered appropriate for a public school and the public system has the benefit of the majority of its students being compliant and having good attendance. Incarcerated youth and especially the older youth in Defendant's system often have a difficult history and experience with schools and resist being in school. Non-incarcerated youth are not required to attend school past 18 years of age.<sup>35</sup> Defendant decided against requesting a modification of the remedial plan and has worked hard to achieve an absence rate that meets the target.

Absence rate data indicates that both JBHS and NACHS have achieved an absence rate of less than 10% for three consecutive months and JBHS for six months. NACHS has maintained a rate of less than 13% for six months.<sup>36</sup> JBHS having the youngest youth will likely always have the easiest time achieving compliance with school

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<sup>34</sup> Inquiry by the Special Master regarding how the rate in the remedial plan was determined has come up short. As is often the case in long class action cases, agreements made at one point, years later cannot be explained. There is no data that supports a seven percent absence rate to be either realistic or appropriate for incarcerated youth.

<sup>35</sup> Interpreting the sections of the education and safety and welfare codes that apply to older youth is complicated. The implication is that all incarcerated youth, regardless of age, may have to complete high school or obtain a GED. The *Education Services Remedial Plan* is clear that the school day is 240 minutes.

<sup>36</sup> See School Attendance Comparisons March 2012 - January 2013.

attendance. The more difficult challenge is for NACHS and MBPHS that have older youth. While the attendance rate at MBPHS has improved, it has only dropped below 20% once in the last seven months and typically is averaging about 25% for the period.<sup>37</sup>

The school absence rate is a measure not just of school attendance but also of the ability of all staff to effectively engage with youth. The absence rates will always fluctuate. A group disturbance of any significance can increase the numbers for a month. One of the impacts of the IBTM is greater compliance with program requirements. The consistently lower absence rate at JBHS may also reflect the implementation of the IBTM CBT programs at that facility. As discussed in the Special Master's 22<sup>nd</sup> report, the vast majority of school absences is not education related but reflect a behavioral problem with the youth which commonly manifests as refusal to follow staff directives including attending school.<sup>38</sup> When the relationship between staff and youth improves, the behavior of the youth improves and the number of refusals declines. That said, there will be cases with youth who are 22 to 25 years of age who may never agree to perform high school work. The Education Experts encourage helping youth develop the cognitive-based skills that are the core of the IBTM because the development of these skills can reduce resistance to school.<sup>39</sup>

The Special Master believes a realistic goal for all facilities is to stay in the range of a 10% absence rate. Defendant should also continue the efforts to enhance vocational

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<sup>37</sup> *Ibid.*

<sup>38</sup> For example, in their last site visit to VYCF, the Education Experts discovered that "Further disaggregation of the data indicated that 29 students (14.5%) of the student population were responsible for 1176 (70%) of the student refusals to go to class. Less than 15% of the youth were responsible for more than 70% of the unexcused absences from school." Appendix A, p.5.

<sup>39</sup> Appendix A, p.7.

and college programs to create incentives for older youth to meet their high school educational requirements.

Delivery of education services to Behavioral Treatment Programs at Mary B. Perry

For the 13 audit items where the Education Experts found MBPHS to be in partial compliance or noncompliant during their seventh audit round, six items were directly related to the issues identified at the two BTP units. The Education Experts' November 2012 review of MBPHS found four of the 13 audit items remain below substantial compliance but none of them are BTP-specific issues. All four are student attendance problems that exist throughout VYCF.

Full implementation of the Program Service Day

The Education Experts were concerned that staff would pull students out of class for non-emergency medical, mental health and/or safety and security reasons and thus infringe upon the mandatory 240 minutes of the school day. The Education Experts did not identify any such issue during their site visit to VYCF in November 2012. The significant improvement in student attendance at JBHS and NACHS would suggest this is no longer an issue at the two facilities. The Education Expert opined that this issue is no longer significant but suggest Defendant to adopt quality control measures to ensure future compliance on a continuous basis.<sup>40</sup>

**C. Progress Review**

OHCYCF (Johanna Boss High School)

In accordance with recommendation of the Education Experts, OACC conducted

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<sup>40</sup> Based on telephone conversation between Dr. Tom O'Rourke and Deputy Special Master John Chen on March 7, 2013.

a full audit of OHCYCF in October and November 2012 and issued its report in December 2012. Of the 115 audit items, OACC identified 109 (95%) as in substantial compliance (SC), five (4%) as in partial compliance (PC), and one (1%) as noncompliant.

On February 11, 2013, OACC conducted a follow-up audit of their December 2012 audit findings. The audit was to monitor compliance in the six items identified as partially compliant or noncompliant. OACC's report was submitted to the Education Experts who performed a document review and issued the recommended ratings.

The following is a summary of OACC's ratings in the follow-up audit and the Education Experts' recommended ratings. OHCYCF has achieved a 100% substantial compliance rating for its 115 audit items.

<b>Audit Item</b>	<b>OACC Rating</b>	<b>Experts' Recommendations</b>
1.4 Semi-Annual Reviews	SC	SC
3.8 Student Referrals	SC	SC
3.15 School Attendance	SC	SC
3.36 Review of Behavior Goals in IEP of Special Education Students placed in BTP	SC	SC
3.37 Education Service for BTP Youth	SC	SC
5.8 Special Education Services	SC	SC

NACYCF (N. A. Chaderjian High School)

In accordance with the recommendation of the Education Experts, OACC conducted a full audit of NACYCF in October and November 2012 and issued its report in December 2012. Of the 115 audit items, OACC identified 111 (96%) as in substantial compliance (SC), three (3%) as in partial compliance (PC), and one (1%) as noncompliant.

On February 11, 2013, OACC conducted a follow-up audit of its December 2012 findings. The audit was to monitor compliance in the four items identified as partially



compliant or noncompliant. OACC's report was submitted to the Education Experts who performed a document review and issued the recommended ratings.

The following is a summary of OACC's ratings in the follow-up audit and the Education Experts' recommended ratings. NACYCF has achieved an overall substantial compliance rating of 99% of the 115 audit items. However, pursuant to the Individuals with Educational Disabilities Act (IDEA), Defendant facilities are to provide resource specialist program, psychology, speech and learning services, and special day classes at or above the 90% compliance rate. NACYCF achieved the 90% compliance rate in three of the four areas but did not meet the special day class requirement. Subsequent to the OACC audit, Defendant on March 6, 2013 provided the Educational Experts data indicating that special day classes were being provided at the 93% level for the month of February 2012. The Education Experts recommend retaining the partial compliance rating until Defendant can provide OACC with data to demonstrate its ability to provide eligible students with the required number of segments and a full instructional day on a continuing basis.

<b>Audit Item</b>	<b>OACC Rating</b>	<b>Experts' Recommendations</b>
3.15 School Attendance	SC	SC
3.37 Education Service for BTP Youth	SC	SC
4.21 Quarterly Observations	SC	SC
5.8 Special Education Services	PC	PC

VYCF (Mary B. Perry High School)

Consistent with the recommendations of the Education Experts and OACC in September 2012, OACC conducted an Education Services Abbreviated Review at VYCF's MBPHS. A Report of Findings was released in October 2012. During November 15-16, 2012, the Education Experts conducted an abbreviated review at

MBPHS and issued a Report of Findings in January 2013. The Education Experts identified four items as less than substantially compliant in the Education Experts Report.

In February 2013, OACC conducted a follow-up audit of the Education Experts findings reported in January 2013. The purpose of this audit was to monitor the four items noted as less than substantially compliant in the experts' report. OACC's report was submitted to the Education Experts in February 2013 who performed a document review and issued the recommended ratings.

Based on the Education Experts' recommendations, MBPHS has achieved an overall SC rating of 97% (112 of 115) for its audit items. The three audit items not in substantial compliance are all related to student absences and are highly significant.

They include:

- The youth absence rate is still too high at MBPHS. OACC's February 2013 report found the cumulative number of absences was 3,032 out of 14,005 in January 2013, resulting in an absence factor of 21.6 percent. The Superintendent of VYCF chairs the daily School Truancy Reduction Meeting (STRM) and the living unit managers and SYCCs discuss which youth were absent from class due to refusals. The team then determines the appropriate individualized treatment interventions and strategies for each youth to ensure school participation and attendance. The first of the STRMs was held the second week in January 2013 when students returned to school from winter break. However, there is insufficient data to quantify the extent of improvement as a result of the Superintendent's daily meetings (Audit Item 3.15).
- Pursuant to IDEA, Defendant's facilities are required to provide resource specialist program, psychology, language and speech services, and special day classes at or above the 90% compliance rate. In the Education Experts' January 2013 report, MBPHS achieved the 90% compliance rate in three of the four areas but did not meet the special day class requirement. This item was rated partially compliant. OACC's following report in February 2013 found special day classes still did not meet the 90% threshold. OACC also found deficiencies in language and speech services during November and December 2012 and deficiencies in resource specialist services during December 2012. OACC rated this item as noncompliant and attributed the low provision of special education services to the

high absence of students from scheduled classes. Subsequent to the OACC review on March 1, 2013, Defendant provided the Education Experts with additional data showing substantial improvement in all requirement segments in January and February 2013. The Education Experts recommend retaining OACC's rating of noncompliant until Defendant provides data to OACC to demonstrate its ability to provide eligible students with the required number of segments and a full instructional day on a continuing basis (Audit Item 5.8).

- The Education Experts, in their January 2013 report, found that compensatory services were not provided to Special Education students and rated this audit item noncompliant. In its February 2013 report, OACC found that, while the condition has improved, MBPHS still has not provided compensatory services adequately on a consistent basis and rated this item partially compliant. The Education Experts concurred with OACC's rating. This item is closely related to special education services (Audit 5.8) as compensatory services are necessary only when special education services have not been sufficiently delivered. (Audit Item 5.22).

The following is a summary of OACC's ratings in the follow-up audit and the Education Experts' recommended ratings.

<b>Audit Item</b>	<b>OACC Rating</b>	<b>Experts' Recommendations</b>
3.15 School Attendance	NC	NC
5.6 Special Education Service	SC	SC
5.8 Special Education Services	NC	NC
5.22 Compensatory Service	PC	PC

#### **D. Quality Assurance System**

In their reports for their sixth and seventh audit rounds, the Education Experts expressed a high degree of confidence in the objectivity and quality of OACC's audits. The fact that the Education Expert and OACC are in agreement for every audit item (100%) during this audit strongly suggests that Defendant's quality assurance system is in place, effective and functioning as intended. Turnover of OACC staff who were trained by the Education Experts to conduct *Educational Services Remedial Plan* audits has been on-going. To address this, the Education Experts urge OACC to develop a program to provide thorough hands-on training to audit staff to ensure quality of future audits.

## **E. Conclusion**

Based on the current overall rating of 97% to 100% of the audit items being in substantial compliance, the consistency of the overall ratings over several rounds and the fact that quality assurance is in place and effective, the Special Master believes Defendant is ready to assume full monitoring from the experts. While the remaining issues are very important, all are directly related to student attendance that could be monitored by OACC in collaboration with the OSM. Defendant should submit monthly student attendance data to OACC and the Special Master who will analyze the data and conduct site visits when deemed necessary. The monitoring process will remain in place until Defendant demonstrates the ability to provide education services to youth in full accordance with state mandates on a consistent basis.

Federal and state statutes and regulations create complex and important oversight mechanisms for education services. The Special Master commends the Education Experts and Defendant in their tireless efforts to work cooperatively to bring the *Education Services Remedial Plan* to closure and to meet the complex array of regulations and mandates.

## **IV. DISABILITIES**

In the twenty-second report of the Special Master, recommendations were made regarding the steps that need to be taken to transfer monitoring of the *Wards with Disabilities (WDP) Remedial Plan* to Defendant. The Court considered the recommendations and ruled on them in October of 2012.<sup>41</sup> The following update on the recommendations and Court Order indicates that transfer of monitoring should occur no later than the close of the state fiscal year, June 28, 2013.

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<sup>41</sup> Order re Wards with Disabilities, October 2012.

### **A. Identification of Youth with Disabilities**

Defendant has taken yet one more step to ensure accurate identification of disabilities by medical providers and mental health clinicians. Defendant revised the Youth with Disabilities Basic Information Sheet and asked for feedback from Plaintiffs' counsel, the Disability Expert and the Special Master. Feedback has been provided and the form has been revised, distributed<sup>42</sup> and used by participants and at the Initial Case Review (ICR).<sup>43</sup>

### **B. Stability of Wards with Disabilities Program Staffing**

There have been no vacancies or turnover in the WDP staff positions.

### **C. Grievances**

Defendant has modified the grievance policy to ensure that staff assistance is provided to youth with disabilities at the informal stage in the grievance process.<sup>44</sup> The policy is being vetted and is not finalized.

### **D. Youth Orientation**

Defendant has done an outstanding job of modifying both the youth handbook and orientation process. The orientation has been broken into three interactive sessions. The youth handbook section on disabilities has the following activities and elements:<sup>45</sup>

- Four true/false questions that are asked by the facilitator and answered by the youth with the "true" or "false" answers displayed in the PowerPoint.
- Three discussion questions taking place at various parts of the presentation.
- A reinforcing "yes/no" question.
- Six true/false questions. A poster of the questions will be displayed. Youth will be given Post-It-Notes or pieces of paper with tape and, after working together to

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<sup>42</sup> See Youth with Disabilities Basic Information Sheet\_\_ss\_\_rev.doc for an example of feedback.

<sup>43</sup> Conversation with *Farrell* Litigation Coordinator, Doug Ugarkovich and Special Master on March 3, 2013.

<sup>44</sup> See FW Youth Grievance Policy. The policy changes have been approved by Defendant and are being reviewed by the legal department and labor.

<sup>45</sup> See 2.c.iii YDP Orientation Description

determine the answers, they will stick their "T" / "F" responses to the poster. The facilitator will then lead the group through the answers with elaboration/explanation as needed.

- Youth Grievance System.
- Staff Misconduct Complaint.

Youth have exercises in their handbook provided to them at Intake that are then reviewed in the respective orientation sessions.<sup>46</sup> The level of language is more appropriate for age of young people and the interactive exercises are age appropriate. The Special Master and Disability Expert will be observing an orientation session in April 2013.

Assuming the delivery of the youth orientation is as good as the revised materials, there is no evidence that the transfer of monitoring should not occur. The WDP Coordinator and Central Office IBTM Team are to be congratulated for the excellent job they have done in revising the youth orientation.

## **V. USE OF FORCE**

Defendant continues to make strides toward implementing an effective use-of-force model to reduce violence in the facilities. The Special Master is particularly encouraged by Defendant's recent actions, which should significantly improve quality assurance by capturing data to enable the Central Office and the facilities' management to monitor use of force and make meaningful analyses of force trends and patterns. Consistent with the observations of the Special Master in her twenty-fourth report, Defendant has standardized the facilities' monthly use-of-force reports to promote consistency among the facilities in what data to gather and how to analyze and present the data. Defendant also continues to refine various self-assessment measures. Meanwhile, the quality of the case reviews at the Departmental Force Review Committee

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<sup>46</sup> A description of the process can be found in 2.c.iii YDP Orientation Description. On page 56 of the handbook is the section on disabilities that can be found in 2.a.iv Youth Rights Handbook February Draft. The PowerPoint slides can be found in 2.c.ii 2-4-13 PowerPoint YDP2.

(DFRC) and the facilities' Force Review Committees (FRC) continues to improve. As quality assurance is taking place, the Special Master believes it is appropriate to begin discussion on setting target goals to bring closure to this important issue.

### **A. Revised Monthly Reports**

After discussion with the Superintendents, the Deputy Director on February 20, 2013 issued a memorandum prescribing templates for monthly reports and for case reviews by the FRCs.<sup>47</sup> In the monthly report, due on the 10<sup>th</sup> of each month, each facility is to provide the following information:

- A summary of the force incidents that were reviewed by the FRC during the month.
- Lessons learned and best practices identified by the FRC during case reviews.
- Any patterns and trends identified by the FRC.
- An analysis of possible gang involvement in the force incidents.

As a part of the monthly reporting process, the facilities are to provide comprehensive use-of-force data in accordance with a prescribed format. The data includes:

- Number of youth involved in incidents by age, living units, watch, and by youth with or without mental health and disability designations. Incidents are all cases that require security response with or without force application.
- Type of incident type such as physical altercation, group disturbance, disruptive youth, self-injurious behavior, and destruction of property.
- Location of incident such as school, visiting hall, or at the living units.
- Type of force used (chemical, physical and mechanical) and the number of incidents resolved without force.
- Number and names of youth involved in multiple incidents.
- Number, dates, and names of youth involved in single youth incidents.

The Special Master believes that the revised monthly report data will be extremely valuable to Central Office and facility management in monitoring use of force

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<sup>47</sup> See Memorandum of February 20, 2013 from Deputy Director Anthony Lucero to all Superintendents and Assistant Superintendents regarding revised monthly report, lessons learned/best practices and formats for force review committee minutes.

and in analyzing trends and patterns to reduce force use. Outside stakeholders will find the data useful as they provide greater clarity and perspective on use-of-force practices at the facilities. For example, based on NACYCF's January 2013 report,<sup>48</sup> 58 of 80 incidents that required a security response did not result in application of force. Fifty-four of the 80 incidents that occurred during the month were single youth incidents. Of these single youth incidents, 36 of the youth involved had a mental health designation and 31 of the 36 incidents were resolved through dialogue without use of force. Forty-six of the 54 single youth incidents were resolved through dialogue without application of force.

#### **B. DFRC Review of Cases Not Reviewed by the FRC**

In her twenty-fourth report, the Special Master raised a concern about insufficient oversight of cases that do not meet the threshold for FRC review. On February 20, 2013, the Deputy Director issued a memorandum announcing that the DFRC will review a sample of cases not reviewed by the FRC.<sup>49</sup> Starting March 1, 2013, each Superintendent will send five use-of-force cases not reviewed by the FRC to the DFRC for review. The FRC will also randomly select cases not submitted by the Superintendents for further review.

#### **C. Quality Assurance of Youth Crisis Intervention Plans**

Defendant has instituted a process that requires each living unit's manager, on a monthly basis, to conduct an audit to ensure that each youth has an up-to-date Crisis Intervention Plan (CIP). The Program Administrator over the living unit is to select a

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<sup>48</sup> See the sample monthly report that was included as an attachment to Deputy Director Tony Lucero February 20, 2012 memo to all Superintendents and all Assistant Superintendents regarding revised monthly report. The sample report was prepared based on NACYCF's use-of-force data for January 2013.

<sup>49</sup> See Memorandum of February 20, 2013 from Deputy Director Anthony Lucero to all Superintendents and Assistant Superintendents regarding use-of-force cases not reviewed by the FRC.



random sample of at least 20% of CIPs to verify the accuracy of the unit manager's assessments. The Superintendent is to send a memorandum to the Deputy Director to confirm and report on the results of the audits. In addition, Defendant has developed an audit tool for use by the facility's Quality Assurance Coordinators to perform quality assurance review of CIPs. The Deputy Special Master has participated in the development of the audit tool.<sup>50</sup> By following the audit tool procedures, the reviews will produce meaningful and useful information to improve the quality of CIPs.

Starting March 2013, the Use-of-Force Project Manager is to provide training to each facility's Quality Assurance Coordinator in the use of the new CIP audit tool. The Use-of-Force Project Manager will assist the Quality Assurance Coordinators with their first audit. The Use-of-Force Project Manager will then conduct a quarterly audit at each site.<sup>51</sup>

#### **D. Weekly Multi-Disciplinary Staff Meetings**

The Use-of-Force Project Manager continues to review the weekly living unit meeting minutes to ensure that meetings were in fact being held and that the discussions were meaningful and relevant to the objectives. The latest review, conducted by the Use-of-Force Project Manager, suggests that the meetings have occurred regularly at OHCYCF and at NACYCF and the content of the meeting minutes have improved. However, while she found the content of the meeting minutes at VYCF to be improving, the Use-of-Force Project Manager found the living units have regressed in conducting

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<sup>50</sup> See Memorandum of February 20, 2013 from Deputy Director Anthony Lucero to all Superintendents and all Assistant Superintendents regarding Crisis Intervention Plan.

<sup>51</sup> See email of February 25, 2013 from Use-of-Force Project Manager Yvette Marc-Aurele to Deputy Special Master John Chen attaching a document entitled "Use of Force Update for OSM 25."

living unit meetings.<sup>52</sup> In her twenty-fourth report, the Special Master noted that only 46 of 143 required meetings (36%) were held during the three-month period of June, July and August 2012 at VYCF. During the two-month period of September and October 2012, the Use-of-Force Project Manager found only 27 of 99 (27%) of the required meetings have been held.<sup>53</sup> As the facilities were directed to hold weekly living unit meetings starting August 1, 2011,<sup>54</sup> Defendant should consider start holding living unit managers at VYCF accountable for continuing to ignore a management directive.<sup>55</sup>

### **E. Crisis Intervention and Conflict Resolution Training**

The second phase of LETRA training on crisis intervention and conflict resolution is in progress and on target for completion by June 30, 2013. As of February 13, 2013, 102 of 139 (73%) of required staff at OHCYCF, 173 of 279 (62%) at NACYCF, and 111 of 254 (44%) at VYCF have completed LETRA training.<sup>56</sup> During the first phase, completed in August 2012, training was provided to staff in all mental health halls, behavior treatment units and high core units. The second phase covers staff in all remaining units.

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<sup>52</sup> See email of February 25, 2013 from Use-of-Force Project Manager Yvette Marc-Aurele to Deputy Special Master John Chen forwarding the results of review of minutes of weekly living unit meetings.

<sup>53</sup> *Ibid.*

<sup>54</sup> See 19th report of the Special Master, p 35.

<sup>55</sup> Defendant reported a considerable increase in weekly unit meetings after two rounds of training ó first by the Use-of-Force Project Manager in October 2012 and second by the Deputy Director in November 2012. According to the fourth quarter audit summary prepared by the Use-of-Force Project Manager, the living units conducted 22 of 44 required meetings (50%) in November 2012, 24 of 44 required meetings (55%) in December 2012, and 40 of 54 required meetings (74%) in January 2013.

<sup>56</sup> See email of February 25, 2013 from Use-of-Force Project Manager Yvette Marc-Aurele to Deputy Special Master John Chen attaching data on Crisis Intervention and Conflict Resolution Training for OHCYCF, NACYCF, and VYCF.

## **F. Expansion of Targeted Living Units' Methods to All Mental Health Units**

In her previous quarterly reports, the Special Master wrote about use-of-force data on two living units, Sacramento Hall at the NACYCF and Casa de Los Caballeros (CLC) 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. A review of data at these two living units shows significant declines in both the numbers of incidents that require security response and the actual number of force incidents within an eight-month period. The Special Master suggests Defendant consider exploring means to adopt and expand the practices at these living units to other units. Defendant is expanding this practice to all mental health halls starting March 2013.<sup>57</sup>

The number of force incidents increased at Sacramento Hall and CLC during November 2012. At Sacramento Hall, the incident number declined to a previous level during December 2012 and, at CLC, during January 2013. An update of use-of-force data to include November 2012, December 2012, and January 2013 for the two-targeted living units is provided below:<sup>58</sup>

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<sup>57</sup> See email of February 25, 2013 from Use-of-Force Project Manager Yvette Marc-Aurele to Deputy Special Master John Chen attaching a document entitled "Use of Force Update for OSM 25."

<sup>58</sup> *Ibid.*

**Sacramento Hall (Intensive Behavioral Treatment Program (IBTP))**

	<b>Security Response Without Force Use</b>	<b>Force Incidents<sup>59</sup></b>	<b>Chemical Force</b>	<b>Physical Force</b>
March	28	13	7	7
April	26	6	4	2
May	20	4	1	4
June	30	8	5	3
July	24	5	4	1
August	14	2	2	0
September	12	8	2	7
October	9	4	3	1
November	18	10	9	1
December	8	4	1	3
January	8	1	1	0

**Casa de Los Caballeros (High Core)**

	<b>Security Response Without Force Use</b>	<b>Force Incidents<sup>60</sup></b>	<b>Chemical Force</b>	<b>Physical Force</b>
March	11	8	5	5
April	12	11	7	6
May	6	8	2	6
June	6	3	2	1
July	20	6	4	4
August	2	5	2	4
September	5	3	1	2
October	3	3	1	3
November	13	8	6	3
December	7	8	7	3
January	9	3	1	2

**G. Force Review Committee (DFRC and FRC)**

As directed by the Deputy Director, all facilities are conducting FRC meetings on a weekly basis to ensure timely case reviews. The Deputy Special Master attended NACYCF's FRC meeting on February 13, 2013, OHCYCF's FRC meeting on February 21, 2013, and VYCF's FRC meeting on February 27, 2013. The Deputy Special Master and the Safety and Welfare Expert also attended DFRC meeting on February 22, 2013.

<sup>59</sup> Some incidents involve both chemical and physical use of force.

<sup>60</sup> *Ibid.*

In addition, the Deputy Special Master accompanied the Deputy Director who attended VYCF's FRC on January 23, 2013 to provide special training to the FRC members on how to conduct case reviews. Besides going over expectations, the Deputy Director and the FRC members pre-selected certain use-of-force cases for review.

The quality of FRC review continues to improve at all facilities. At OHCYCF and NACYCF, most FRC members came to the meetings well prepared and discussions were highly interactive. Moreover, the practice of interviewing youth after each incident has become routine and customary at the two facilities. At OHCYCF, several staff members, including the Assistant Superintendent, commented that they found value with the information obtained through the youth interview process. At NACYCF, some of the interview results as reflected in case counseling notes are very thoughtful and show genuine interest of youth. Besides gaining an understanding from the youth's perspective as to the cause of the incident and how it could have been avoided, the interviewers used the sessions to counsel youth on applying skills and techniques acquired through their treatment programs to avoid future conflicts. The Use-of-Force Project Manager attends OHCYCF and NACYCF's FRC meetings on a monthly basis to offer insights and suggestions. Defendant should consider circulating exemplary case counseling notes of youth interviews as examples of best practice for other interviewers.

At VYCF, the Use-of-Force Project Manager participates in the FRC meetings twice each month through video conferencing to coach and mentor the FRC members. Her participation and the special training session by the Deputy Director have led to more interaction among the FRC members during case reviews. For example, in one case involving a staff member applying chemical agent against a noncompliant youth in a

controlled setting, the supervisor recommended additional training to be provided to all staff members involved in the incident. After considerable deliberation, the FRC decided to issue a formal letter-of-instruction to the staff member who applied force. The FRC also started to identify cases where staff members failed to include case counseling notes to document youth interviews and discussed ways to take progressive disciplinary action against staff members who repeatedly failed to follow prescribed policies. The concept of holding staff accountable is a critical element in the review process.

After attending the DFRC meeting on February 22, 2013, both the Safety and Welfare Expert and the Deputy Special Master agreed that Defendant has a sound system in place to conduct meaningful review of cases at the DFRC level. As Defendant is starting to capture meaningful and constant data, the DFRC will be able to perform more in-depth analyses of trends and patterns to affect improvements at a broader level. The Special Master wishes to commend the Deputy Director whose efforts to revamp the process has been instrumental in the significant improvement of the DFRC and FRC review processes.

#### **H. Next Steps**

Based on its recent progress, the Special Master believes Defendant is well on the way to implementing an effective quality assurance system for use of force. Thus, it is appropriate to start a discussion on how to achieve compliance on this issue. In her twenty-fourth report, the Special Master stated that she would work with the Safety and Welfare Expert and Defendant to identify reasonable target goals for force reduction.

After discussing the issue with the Safety and Welfare Expert and Defendant, the Special Master believes that the most reasonable approach is to focus on reducing

incidents that are potentially avoidable. The two obvious areas are use-of-force incidents against a single youth and using chemical agents on youth with a mental health designation.

### Single Youth Incidents

Single youth incidents typically stem from a youth who refuses to follow staff instructions or exhibits aggressive behavior that eventually escalates to staff's decision to use force to address a now perceived "immediate" threat. A three-month review of data compiled from the facilities' monthly use-of-force reports indicates OHCYCF had few single youth use-of-force incidents over the three-month period whereas NACYCF and VYCF had a high percentage of incidents involving a single youth.<sup>61</sup> At NACYCF, the percentage of single youth incidents (55% in November 2012, 33% in December 2012, and 36% in January 2013) appears to be excessive. The proportion of single youth incidents declined significantly at VYCF, from 50% (21 of 42) in November 2012 to 16% (7 of 43) in January 2013. The percentage of single youth incidents still appear to be too high at these two facilities, especially in comparison to OHCYCF. During VYCF's FRC meeting on February 27, 2013, the FRC members reviewed three single youth use-of-force incidents and the general consensus was all three incidents were avoidable.<sup>62</sup> Defendant should consider placing greater emphasis on ways to avoid use of force against single youth through the DFRC and the FRC processes. The pattern of single youth incidents by living unit and by staff should be one of the focal points in the review of use-of-force data by the DFRC and the FRC.

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<sup>61</sup> Compiled by OSM using facilities' monthly use-of-force reports.

<sup>62</sup> Based on notes taken by the Deputy Special Master during the FRC meeting.

### Single Youth Incidents -- November 2012, December 2012, and January 2013

	OHCYCF	NACYCF	VYCF
<b>November 2012</b>			
Number of Incidents	7	20	42
Single Youth Incidents	0	11	21
Security Responses without Incidents	18	94	42
<b>December 2012</b>			
Number of Incidents	3	15	40
Single Youth Incidents	1	5	15
Security Responses Without Incidents	14	77	49
<b>January 2013</b>			
Number of Incidents	12	22	43
Single Youth Incidents	2	8	7
Security Responses Without Incidents	6	58	70

#### Use of Chemical Agents on Youth with a Mental Health Designation

This issue is complicated by the fact that Defendant's mental health youth population is not well classified at this time. However, in mental health halls, Defendant's current practice allows staff members to use chemical agents against youth in any incident where "immediate use of force" is deemed necessary. An overwhelming proportion of use-of-force incidents are designated as "immediate." In actuality, the youth's mental health status has little or no impact on whether chemical agents should be used. This issue is also of significant consideration under the *Mental Health Remedial Plan*.

In the upcoming months, the Special Master will engage the parties, the Safety and Welfare Expert, and the Mental Health Experts on means to resolve the above issues.



Defendant is to be congratulated for making considerable progress in creating a quality assurance system that is already resulting in changes in practice.

## **VI. VENTURA YOUTH CORRECTIONAL FACILITY**

### **A. Current Progress**

On January 24, 2013, VYCF consolidated the operations of two BTP units into one by moving all youth from Monte Vista Living Unit (MV) to El Miroso Living Unit (EM). As a result of the decline in BTP youth population, it was deemed not cost effective to continue maintaining two BTP units. In addition, a decision was made to completely renovate and convert MV into a facility with functionalities suitable for the BTP setting. The renovation is expected to be completed in about six to nine months. Upon completion, the BTP youth will move to MV and EM will be renovated.

Predictably, the consolidation posed significant challenges to the living unit staff's efforts to provide services and treatment to youth in the unit. Immediately after the transfer took place, EM had 24 youth which is the maximum size for the BTP youth population. The 24 youth were segregated into nine program groups<sup>63</sup> (including five youth on program solo status) that caused serious logistical problems in the delivery of treatment and services. Of the nine program groups, only one group consisted of all high school graduates and thus classes were provided in as many as eight separate settings. The process of aligning the schedule of eight teachers, eight classroom YCCs, and eight youth groups/individuals has been very confusing at times and required close coordination. As EM does not have the capacity to deliver education to youth in eight segregated settings, arrangements were made to hold some classes at the now closed Casa

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<sup>63</sup> See email of March 1, 2013 from Program Administrator Ray Galaviz to Farrell Litigation Coordinator Doug Ugarkovich.

de Los Caballeros Living Unit. Youth had to be placed in leg restraints while being transported to and from the classrooms.<sup>64</sup> Under these circumstances, youth movement becomes highly time consuming. When the Deputy Special Master visited EM on the morning of February 27, 2013, which only had six program groups at the time, he observed that the first classroom movement took approximately 30 minutes to complete.

Staff informed the Deputy Special Master that they started programming youth in separate groups from 8:00 in the morning to 9:30 at night.<sup>65</sup> However, VYCF management and staff acknowledged that, despite their best efforts, they could not meet the department's PSD guidelines that youth should spend a minimum of 40% of their waking hours in out-of-room activities because treatment and services have been curtailed.<sup>66</sup> On a positive note, according to EM's SYCC, the living unit staff had anticipated total chaos, which did not materialize as EM only had two minor incidents since consolidation of the BTP units. This is likely due to the vigilant efforts of supervisors and staff at the EM unit who continue to strive to provide mandated services to youth under very difficult circumstances.

Moreover, to their credit, the management and staff at VYCF have stabilized the situation in weeks. By the time of the Deputy Special Master's visit on February 27, 2013, EM had reduced its program groups from nine to six program groups and its youth population count from 24 to 23.<sup>67</sup> One of the youth on program solo status transferred to the Division of Adult Institutions and the unit staff successfully transitioned two youth on

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<sup>64</sup> Leg restraints were removed when a youth reaches classroom or returned to the living unit.

<sup>65</sup> Based on discussion between SYCC Mark Carrillo and Deputy Special Master John Chen on February 27, 2013.

<sup>66</sup> Based on discussion between Program Administrator Ray Galaviz and Deputy Special Master John Chen on March 4, 2013 and email from Mr. Galaviz to Farrell Litigation Coordinator, Doug Ugarkovich on March 1, 2013.

<sup>67</sup> Based on Deputy Special Master's review of unit Program Group Listing as of February 27, 2013.

program solo status to other program groups. Staff reported that the operations of the unit were getting close to normal by the end of February 2013.<sup>68</sup>

On the day of his visit, the Superintendent informed the Deputy Special Master that arrangements have been made to transfer four of the BTP youth to NACYCF in March 2013. Two more youth with long entrenched history in the BTP program are scheduled to be released by the end of April 2013 (one in March 2013 and one in April 2013). Thus, while the conditions of the unit are still challenging, the BTP logistics should become more manageable in the immediate future. Availability of bed space at the BTP is also needed to provide VYCF management with options for transferring youth from other facility units when needed.

#### Reinforcement System

The RS continues to gain acceptance among youth and staff in the BTP unit. Although RS is still being refined and despite the challenges caused by the consolidation of the living units, staff strongly believes in RS and continues to identify and enter positive checks for desirable behavior on a daily basis. Staff indicated that youth who were transferred from MV are less acquainted with RS but are rapidly gaining familiarity. Staff also said that youth have increasingly expressed interest and inquired about the status of their daily incentive checks.<sup>69</sup> During the week of February 17 to February 23, 2013, three of the youth in the unit have met their weekly incentive requirement, which entails achieving their daily incentive requirement in six of seven days during the week.<sup>70</sup> Another youth was short of his meeting his weekly incentive requirement by one day and

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<sup>68</sup> Based on discussion between SYCC Mark Carrillo and Deputy Special Master John Chen on February 27, 2013.

<sup>69</sup> Based on discussion between SYCC Mark Carrillo and Deputy Special Master John Chen.

<sup>70</sup> Based on Deputy Special Master's review of RS positive checklist.

vowed to accomplish it the next week. It is also noteworthy that all three youth who met their weekly requirement and the one youth who failed to meet it by one day are assigned to program groups 4 and 5, long considered to be the most entrenched and difficult to deal with youth groups in Defendant's youth population.

#### Length of Stay and Youth Movement

VYCF's BTP youth population still primarily consists of long-term placements and those who rotate in and out of BTP. The average length of stay (LOS) for the BTP youth population remains constantly high ó from 341 days in November 2012 to 318 days in December 2012 and 327 days in January 2013. This is partially caused by the departures of youth with a short LOS. Of the eight youth who exited BTP during the November 2012, December 2012, and January 2013, three were successfully transitioned to core units with an average LOS of 43 days. For the remaining five youth, one was discharged, one was sent to NACYCF, and three failed to integrate and returned to BTP within 30 days. However, VYCF's inability to transition out a core group of long-entrenched youth remains the primary factor for the high average LOS numbers.

Based on projected youth movement, there is little prospect for drastic reduction in average LOS in the immediate future. On the contrary, the average likely will increase. While two youth in Program Group 5 with LOS of 245 days and 661 days are scheduled to be discharged, four youth with LOS that range from nine to 98 days are being transferred to NACYCF in March 2013, which will cause the average LOS to increase.

For quite a while, there has been the view that VYCF's inability to integrate a small population of youth in the BTP into the general population led to most of the

problems at the BTP. Through attrition, this youth population has declined to nine (two more are scheduled to be released by April 2013) and are assigned to Program Groups 4 and 5. As noted previously, youth in these two program groups are responding well to RS. However, supervisors and staff at the BTP are increasingly concerned about the possibility of youth in Program Group 7 following the patterns of Program Groups 4 and 5 and becoming more deeply entrenched and difficult to program.<sup>71</sup> The average LOS for youth in this program group, excluding one youth who recently transferred from VYCF to the Division of Adult Institutions,<sup>72</sup> was 340 days as of January 31, 2013. Clearly, despite the progress being made at implementation of RS, an effective intervention program is needed to promote sustainable behavior changes for this youth population.

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<sup>71</sup> Based on discussion between SYCC Mark Carrillo and Deputy Special Master John Chen on February 27, 2013 and review of BTP Monthly Reports for November 2012, December 2012, and January 2013.

<sup>72</sup> Youth was excluded from average calculation because he was placed into BTP after January 2013.

### Length of Stay of Youth by Program Groups on February 27, 2013

Program Group	Youth	Current Length of Stay <sup>73</sup>	HS Graduate	Status <sup>74</sup>
2	A	86	No	Released from BTP in November 2012 after 350 days. Returned to BTP in January 2013
3	B	24	No	Released from BTP in December 2013 after 58 days. Returned to BTP in January 2013. Being transferred to Chad (3/13/13)
4	C	558	No	
	D	306	No	
	E	256	No	
	F	548	No	
	G	608	No	
	H	495	No	
5	I	661	Yes	To be released in May 2013
	J	245	Yes	To be released in March 2013
	K	661	Yes	Being considered for possible transition to a core unit
	L	761	Yes	
6	M	9	No	Being transferred to Chad (3/6/2013)
	N	47	No	
	O	98	No	Being transferred to Chad (3/6/2013)
	P	42	No	Released and returned to BTP twice since October 2013. Being transferred to Chad (3/13/2013).
	Q	5	No	
7	R	109	No	
	S	530	No	
	T	473	Yes	
	U	542	Yes	
	V	47	Yes	Released from BTP after 438 days in December 2012 and returned to BTP in January
	W		No	Returned from DAI

<sup>73</sup> Compiled from data in PoP. 947 ó PLO Behavior Program Monthly Report ó January 2013

<sup>74</sup> Based on discussion between SYCC Mark Carrillo and Deputy Special Master John Chen on February 27, 2013.

### BTP Operational Plan

In her previous quarterly reports, the Special Master repeatedly reiterated the need to implement a true program that will focus on reduction in aggression in the BTP units at VYCF. RS is one of the key elements of the program. The Special Master also wrote about Director Minor's initiative in May 2012 to develop such a program, a component of which is the creation of an Operations Plan that is consistent with the RS, defines level system, and describes the method of communication, case management and documentation. Elements include:

- Reinforcement System ó immediate reinforcement as well as longer-term incentives/privileges.
- Level System and Incentives: Incentives and privileges/levels driven by behavior.
- Documentation and case planning: Progression in program is documented.
- Program services built on premise of immediacy. Little lag time between behavior and reinforcement or consequence.

On March 1, 2013, Defendant presented the Special Master with a draft of a "BTP Implementation Plan." While the plan is not fully complete and lacks certain details, the Special Master found it to be an excellent document that delineates the conceptual design and provides a framework for program implementation. The Special Master and the Mental Health Expert will offer comments and suggestions as the VYCF management and staff continues to refine and complete this document.

### **B. Youth Construction and Renovation Program**

As a part of its MV renovation effort, VYCF recruited and selected 25 Level A and Level B youth with high school diplomas to participate in the renovation project. The Office of Inmate Ward Labor (IWL) oversees the project. The project consists of employees from outside local Unions (carpenters, masonry, electrical, i.e.), state employees in the various trades and youth. Youth work side by side with the union

workers and state tradesmen and they are an integral part of the team. Youth are trained to learn various skills such as welding, metal fabrication and construction. They are given instruction on tools and safety and are paid at the maximum rate of \$2 per hour plus incentives such as occasional pizza parties. The program appears to be extremely well received. When interviewed, a group of youth making roof repair told the Deputy Special Master that while the work is physically demanding, they are grateful for the opportunity to have hands-on experience in acquiring skills that would be useful in the outside world. They said it feels good to work hard and expressed great pride in the work products they have accomplished. They also said they know many other youth in VYCF who would appreciate and could benefit from similar opportunities.

Given the age and condition of many of VYCF buildings, Defendant should consider exploring means to further this program. This type of innovation is commendable.

## **VII. CONCLUSION**

Defendant continues to make steady, incremental progress on this case. One of the most difficult and intransigent issues has been that of how and when force is used. Defendant has taken significant steps to ensure force is used only when necessary. The force review process is developing into a meaningful review of not just was force used properly but could it have been avoided and how it could be avoided in the future.

The actual amount of force being used by staff is less at OHCYCF than at the other two facilities. Younger youth are often more volatile than more mature youth so the notion that OHCYCF houses youth who are more compliant is likely not accurate. Defendant may want to study the history of youth at the three facilities over the last three



years to determine the level and amount of force used at the facilities prior to the introduction of the IBTM at OHCYCF. Without this research, the explanation for the lower levels of use of force at OHCYCF appears to be a result of the introduction of the IBTM. In any case, the work being done to create a meaningful assessment of when and how force is used is a significant step forward.

Not surprisingly, the implementation of the IBTM at NACYCF is moving forward in an organized fashion and plan deliverables are being met quickly and, in some cases, ahead of schedule. The leadership of NACYCF is skilled and knowledgeable and has a deep understanding and commitment to the IBTM. There is little reason to doubt that staff at all levels will not follow the direction of their leaders and perhaps most significantly because they exhibit an understanding and belief in the model.

VYCF continues to hold steady in its efforts to implement an RS system in the BTP unit and has developed a plan to ensure continued progress. This facility needs the most help and attention if it is to effectively implement the IBTM. Unfortunately the limited staffing of the Central Office IBTM will slow the time frame to take the IBTM to VYCF.

The quality of education services delivered by Defendant's high schools has achieved substantial compliance ratings that exceed the cumulative ratings required by the Standards and Criteria for the *Farrell Education Services Remedial Plan*. Defendant population has decreased but the graduation rate and GED completion rate for schools has increased. Defendant has worked hard to meet attendance expectations and has exceeded the expectations of the Special Master and the Education Experts in two

schools. A third school continues to have too high of an absence rate and this in turn is impacting delivery of special education services to a small percentage of youth.

Neither the Education Experts nor the Special Master believe the absence rate at Mary B. Perry High School (VYCF) will decline until the IBTM is implemented. As the experts have learned, this problem is the artifact of a small number of youth who simply do not have the will or desire to go to school. The experience of the other Defendant facilities indicates that the only thing that will change this is when the staff learns to engage in more constructive ways with the youth who in turn engage more positively and this includes attending school.

Defendant does not need more monitoring to continue to deliver effective educational services. The administration and school staff is doing a consistently good job of delivering high quality educational programs. The real question here is whether the Plaintiff can trust Defendant to attend to this last issue without the support of the Education Experts. This appears to be an excellent opportunity to test whether Defendant will move forward with the reform effort without any external support. Little is to be gained by more monitoring at this point.

The Education Experts are to be congratulated for supporting Defendant to create quality education services for youth who have a largely negative experience with school. As is the way of educators, the Education Experts taught as much as they monitored. Their approach was collegial and was one of training and development. It was respectful of the teachers, administrators and staff in the schools. The Special Master includes herself among the many who benefitted from working with the Education Experts. The Education Experts and Defendant are to be congratulated for ensuring that youth

committed to DJJ now receive an education that is equal to and in most cases superior to that provided in other public schools.

The Special Master respectfully submits this report.

Dated: April 4, 2013

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Nancy M. Campbell  
Special Master

**California Division of Juvenile Justice Summary Education Program Report**  
**For School Year 2012 / 2013**

**Submitted by**  
**Tom O'Rourke Ed.D. Robert Gordon Ph.D., and Jack Catrett Ed.D.**

**Section I. Introduction**

**Background**

During December 2002, Mr. Stephen Acquisto, Deputy Attorney General, California Department of Justice, contacted Dr. Tom O'Rourke and Dr. Robert Gordon to conduct a review of the California Youth Authority (CYA) educational program with two objectives: 1) to evaluate the CYA's general and special education programs based on 13 areas of inquiry; and 2) to provide specific comments and recommendations regarding the current status of the educational program in each of the areas of review.

The Division of Juvenile Justice (DJJ) education branch used the findings of this review and other information to develop the education section of the Consent Decree Remedial Plan (dated March 1, 2005). There are six major sections in the Education Services Remedial Plan:

- I. Overview, Philosophy, and Program Policy
- II. Staffing
- III. Student Access and Attendance
- IV. Curriculum
- V. Special Education/Record Keeping
- VI. Access to State Mandated Assessments

**Review Process:**

The Consent Decree required that a specific monitoring process for the Education Services Remedial Plan be established and implemented that directly measured compliance with the decree requirements. Dr. O'Rourke and Dr. Gordon were asked to develop standards for monitoring and to conduct site visits using a standardized monitoring instrument.

The Education Experts have conducted site visits during seven monitoring cycles, from September 2005 through March 2006, from September 2006 through April 2007, from October 2007 through March 2008, from October 2008 through May 2009, from October 2009 through May 2010, from February 2011 through April 2011, from February 2012 through March 2012 and from November 2012 through February 2013 at the following DJJ operated schools:

	<b>DJJ High School</b>	<b>DJJ Youth Correctional Facility</b>
****	James A. Wieden High School Johanna Boss High School	Preston Youth Correctional Facility O. H. Close Youth Correctional Facility
**	DeWitt Nelson High School	DeWitt Nelson Training Center

	N. A. Chaderjian High School	N. A. Chaderjian Youth Correctional Facility
*	Marie C. Romero High School	El Paso de Robles Youth Correctional Facility
	Mary B. Perry High School	Ventura Youth Correctional Facility
***	Lyle Egan High School	Heman G. Stark Youth Correctional Facility
*****	Jack B. Clarke High School	Southern Youth Correctional Reception and Center Clinic

- \* This facility was closed before completion of the 2008 cycle.
- \*\* This facility was closed before completion of the 2009 cycle.
- \*\*\* This facility was closed before completion of the 2010 cycle.
- \*\*\*\* This facility was closed before completion of the 2011 cycle.
- \*\*\*\*\* This facility was closed before completion of the 2012 cycle

Initial visits were announced and communicated to the Education Services branch and the sites being visited.

- Each of the audited facilities was provided with copies of the Education Services Remedial Plan and copies of the monitoring instrument that was based on the six major areas of the plan.
- In July 2006, July 2007, June 2008, June 2009, and August 2010, training was provided to the DJJ Office of Education personnel, Central Office personnel and site-based administrators in order to provide a framework for audit preparation prior to the site reviews.
- As a part of the 2006-2007, 2007-2008, 2008-2009, 2009-2010, 2010-2011, 2011-2012 and 2012-2013 review cycles, all sites were required to send specific written reports and other relevant documentation to the Education Experts two weeks prior to their site visit.
- All sites were audited by the Office of Audits and Court Compliance (OACC), Juvenile Court Compliance Unit's (JCCU) team 45 days prior to the Education Experts audit beginning with the 2010-2011 audit cycles and continuing during the 2012-2013 audit cycle.
- The DJJ Central Office and individual school administrators were provided with copies of the OACC audit finding a minimum of 30 days prior to the Education Experts' audit. Corrective action responses to the OACC audit and summaries of ratings were incorporated into the Education Experts' final reports.
- Each high school was visited and audited for compliance with the specific items noted in the Education Remedial Plan using the standardized monitoring instrument.
- A five-part approach was used by both the Education Experts and the OACC/JCCU audit team to obtain information in order to monitor progress toward substantial compliance with the Educational Remedial Plan:

- 1) Review of system level written materials (e.g., WASC reports, DJJ policies, annual reports, school improvement plans, school site plans, course standards, course guides, lesson plans, course syllabi, Special Education Manual, and other supporting documents).
  - 2) Review of site generated data, including special education records, Individual Education Plans (IEP's), attendance data, school closing data, special management unit documents, class rolls, school schedules, high school graduation plans, psychological evaluations and other educational reports and documents.
  - 3) Interviews with Central Office administrators, site-based administrators, counselors, teachers, other support staff and students.
  - 4) Observations of classroom activities, student movement, and special management programs, including mental health and other restricted programs.
  - 5) Comparison of OACC/JCCU audit findings and a review of corrective actions taken by the individual sites and interviews with the OACC/JCCU team were conducted by the Education Experts during their audit. A summary of findings by the OACC/JCCU team was incorporated into the Education Experts' final summary report.
- The written materials provided data collected since the beginning of the school year. Interviews with educational personnel provided staff perceptions of the strengths and needs of the education program. Analysis of this information, together with direct observations, resulted in a series of findings regarding compliance with the requirements of the Consent Decree in the areas of general and special education.
  - During the 2011 / 2012, 2012 /2013 monitoring cycles, the Education Expert team was expanded to include Dr. James F. Catrett, who conducted site visits at Johanna Boss High School, N. A. Chaderjian High School and Mary B. Perry High School.

### **Findings**

At the conclusion of each site review conducted by the Education Experts, an exit conference was held. The experts met with the site administrators and provided verbal feedback regarding the general findings of the audit. No written documentation or report was provided to the site at the exit conference.

A detailed Remedial Plan Site Compliance Report was prepared for each site by the Education Expert team. These reports were then provided to the Special Master's office within 30 calendar days of the site visit. After review, the Special Master's office submitted copies of the reports to representatives of the Plaintiff and the Defendant.

On the Remedial Plan Site Compliance Reports, findings on each item reviewed consisted of a compliance rating and specific written comments supporting the rating. The report used the following compliance ratings:

**Substantial Compliance** (as defined in Consent Decree) - if any violations of the relevant remedial plan are minor or occasional and are neither systemic or have been addressed to resolve or repair the issue.

**Partial Compliance** - elements of the remedial plan compliance are evident, but not to a sufficient degree to meet the standard of substantial compliance.

**Noncompliance**-compliance is not evident and/or the level of compliance does not meet minimal requirements of the remedial plan.

**Not Applicable** – item was not monitored at the site because the specific standard did not apply.

**Not Audited** – item was found in substantial compliance system-wide for two consecutive audits and was not reviewed in this audit cycle

Because of the relatively brief time involved in the actual site reviews, the reports were limited in their ability to provide ongoing descriptions and should be utilized as only one source of information for indicating progress by the DJJ facilities towards meeting the Consent Decree requirements.

**Content of the Summary Education Program Report:**

The content of this report is presented in three parts:

- I. Introduction- background on the development of the Education Services Remedial Plan, its inclusion in the Consent Decree and the methodology of the Remedial Plan review process
- II. Summary Report – report indicating the compliance ratings provided by the Education Experts and /or the OACC/JCCU audit teams on specific items in the Remedial Plan for each school program reviewed
- III. Education Experts' Comments/Recommendations– statements regarding areas of progress during the current audit cycle as well as areas identified by the Education Experts and/or OACC/JCCU audit team as needing improvement in order to achieve full compliance with the requirements of the Educational Remedial Plan.

Pursuant to an agreement reached between DJJ and the Office of the Special Master, DJJ created a system to shift monitoring responsibilities for the *Farrell v. Cate* Educational Remedial Plan from the Court-appointed experts.

The goals of this system included institutionalizing reform efforts to ensure that the Ventura Youth Correctional Facility (VYCF), the O.H. Close Youth Correctional Facility (OHCYCF) and the N.A. Chaderjian Youth Correctional Facility (NACYCF) demonstrate the ability to independently monitor their level of compliance in the area of education with ongoing monitoring by OACC/JCCU.

## **Section II. Summary Report of OACC/JCCU Audit Findings**

### **Ventura Youth Correctional Facility:**

During the period September 18-20, 2012, the OACC/JCCU conducted an Education Services Abbreviated Review at VYCF's Mary B. Perry High School (MBPHS). A Report of Findings was released in October 2012. On November 15-16, 2012, the Education Experts conducted an abbreviated review at VYCF and issued a Report of Findings in January 2013.

On February 13, 2013 the OACC/JCCU audit team conducted a follow-up audit of the Education Experts findings reported in January 2013. The stated purpose of this audit was to monitor the four items noted as less than substantially compliant in the Experts Report.

The following findings were presented by the OACC/JCCU audit team:

### **III. STUDENT ACCESS AND ATTENDANCE**

**Audit Item 3.15: Review 10 or 10 percent, whichever is greater, student files to document school attendance for the last 30 school days.**

**Experts' Finding** (Nov.15-16, 2012 audit):

A review of the "School Absence Audit Report" for the month of October 2012 was conducted. This report indicated that the cumulative number of absences was 4738 out of 20,290 scheduled student class periods. This number represents a 23.4% absence rate.

Of the 4738 absences, 2511 were excused and 2227 were unexcused. It's noted that 1689 of the 2227 unexcused absences were student refusals to go to school. Further disaggregation of the data indicated that 29 students (14.5%) of the student population were responsible for 1176 (70%) of the student refusals to go to class. Less than 15% of the youth were responsible for more than 70% of the unexcused absences from school.

**Rating:** Noncompliance.

**OACC/JCCU Finding** (February 2013 audit):

The OACC/JCCU conducted a review of the "School Absence Audit Report" for the month of January 2013. The report indicated the cumulative number of absences was 3,032 out of 14,005, resulting in an absence factor of 21.6 percent. In an effort to remedy this issue, the Superintendent of VYCF, in collaboration with the Principal of Mary B. Perry High School (MBPHS), has devised a plan to address the absentee rate at MBPHS. As a result, school truancy reduction meetings are held every day with the Superintendent, Principal, and managers from each living unit. Living unit managers discuss which youth missed class and what is being done to remedy the situation. The meetings have required staff to become more personally involved with issues involving each youth on their living unit, resulting in staff becoming more cognizant and reactive to the specific issues and needs of youth. The Mary Perry staff are committed to the new



process, but it is too early to gauge whether this system will be successful in reducing the absentee rate at MBPHS. Meetings began January 8, 2013, and are ongoing. Meeting minutes were provided for review.

**Rating:** Noncompliance

**OACC/JCCU Recommendation:**

Ensure Treatment Teams document when students are counseled on the importance of attending school. Ensure treatment teams and education teams work cohesively to assure students attend school as indicated in the Education Services Remedial Plan.

**Education Experts' Comments/Recommendations:**

Based on the current OACC/JCCU audit findings, this area continues to be viewed as noncompliant by the Education Experts. During previous reviews, the audit teams identified inconsistencies in treatment planning, interventions, follow-up and documentation of services being provided to youth who are chronically absent from school.

Education Experts continue to recommend that steps be taken to ensure that treatment and education management teams work together to develop treatment plans which provide interventions and support to re-engage these youth. It is further recommended that DJJ develop a model which incorporates consistent, comprehensive and integrated treatment strategies to be used in all units. All DJJ schools must aggressively address the problem of habitually absent students. This requires leadership, commitment, and documentation by all parties in the development of a viable model.

All DJJ facility staff, including living unit staff, youth correctional counselors, senior youth correctional counselors, educators and administrators must be involved in the development, implementation and oversight of individualized youth treatment plans. These plans should include clear youth and staff expectations, staff responsibilities, strategies, actions taken, timelines with follow-up and documentation to determine if the interventions are successful. Corrective actions should be developed and fully implemented based on the documented results of the interventions.

Staff training is necessary to ensure that consistent youth treatment planning is provided. Training should include, but not be limited to, the use of the IBTM, counseling, discipline, and positive incentives to encourage the youth to change school-resistant behaviors. School-resistant students should be provided alternative processes and content which include a modified self-directed curriculum, alternative vocational options, GED programming, relevant work-related opportunities and other activities in addition to the normal high school curriculum to improve behavior and support positive outcomes.

Youth in the restricted units who refuse to attend school must receive appropriate consequences for their actions. To be effective, these actions must take into account age, developmental capacities, and educational needs.

Reasons for school refusals cited by students in DJJ, reflective of typical adolescent viewpoints, include boredom, loss of interest in school, irrelevant courses, suspensions and bad relationships with educational staff. Cognitive-behavioral interventions related to decision-making, and social skills, are currently being considered for implementation. This type of skills training is ideal for use because it provides the youths with tools for reducing school-avoidance behaviors. These factors must be universally addressed by all facility staff before an effective school incentive program can be fully implemented.

## **V. SPECIAL EDUCATION**

**Audit Item 5.6: During site visits and staff interviews, determine whether each CYA facility provides a continuum of placement options, including the full range of time, frequency and duration within each option.**

**Experts' Finding** (Nov.15-16, 2012 audit):

A review of the WIN "One Day Schedule" for Wednesday November 14, 2012 was conducted. Schedule confirms all Special Education (SE) students are appropriately enrolled in a school program per their Individual Education Program (IEP) needs. A review of the WIN report "Service Hours Assigned" by the experts indicated that all SE students were assigned to either Special Day Class (SDC) or to a Resource Specialist Program (RSP) service provider, per IEP requirements, SE students were assigned to a school Psychologist or LSH Specialist. The audit found that MBPHS was providing a full continuum of placement options in all areas of special education.

An additional review of "Monthly Service Provider Reports" was conducted. SDC services were reported at the following levels: August 2012, 86%, September 2012, 72 %, and October 2012, 72%. While this does not meet the 90% established level of service, MBPHS is continuing to improve in this area.

**Rating:** Partial Compliance

**OACC/JCCU Finding** (February, 2013 audit):

A review of the WIN "One Day Schedule" for Wednesday February 13, 2013 was conducted. The schedule confirmed all SE students are appropriately enrolled in a school program per their IEP needs. A review of the WIN report "Service Hours Assigned" indicated that all SE students are assigned to either Special Day Class or Resource Service Program service providers. Per IEP requirements, SE students were assigned to a school psychologist or Language Speech and Hearing Specialist. MBPHS is providing a full continuum of placement options in all areas of special education.

**Rating:** Substantial Compliance

**Education Experts' Summary Comments/Recommendations:**

On March 1, 2013 the DJJ provided additional Service Provider documentation that indicates that services were provided at the following rates during the month of January, 2013: Resource Specialists Program 97%, Special Day Class 87%, Psychological services

100% and Language, Speech and Hearing 90 %. The Month of February 2013: Resource Specialist Program 100%, Special Day Class 92%, Psychological Services 100% and Language Speech and Hearing 90%. The DJJ further reported that any services not provided would be provided as compensatory services. The Education Experts recommended that this audit item rating be in Substantial Compliance based on changes made by the facility staff after the OACC/JCCU review. The facility and audit teams are commended for their demonstrated ability to take corrective actions in a timely manner.

**Audit Item 5.8 - Review 10 or 10% whichever is greater, of special education student files at each site to verify that eligible students are receiving the required number of segments and full instructional day. Interview special education students to verify that services listed in IEPs are being provided.**

**Experts' Finding** (Nov.15-16, 2012 audit):

A review of the Individual Service Provider logs for the months of August 2012 through October 2012 was completed. Experts report that MBPHS was providing the required number of segments and a full instructional day in three of the four required areas (resource services, psychological services, and speech and language services). SDC services were not being provided at an acceptable rate.

Individualized Education Programs are required by the Individuals with Educational Disabilities Act (IDEA) for students who have physical, cognitive, emotional or behavioral disabilities that impact their ability to learn. Those who meet criteria for an IEP are eligible for additional resources and support to ensure that they receive a free, appropriate public education. DJJ must provide all IEP mandated services to eligible students in their charge. Documentation of full provision of IEP services including service hours and compensatory education when appropriate are not optional. This priority area must be fully addressed.

**Rating:** Partial Compliance

**OACC/JCCU Finding** (February, 2013 audit):

A review of the Individual Service Provider logs for the months of November 2012 through January 2013 was conducted. SDC Services were being provided at the following levels: 72% in November 2012, 70% in December and 87% in January 2013. There were deficiencies in Speech Language during the months of November and December. RSP services were deficient during the month of December 2102. This does not meet the 90% level established by the California Board of Education. The low provision of special education services is directly related to the high absence of students from scheduled classes.

**Rating:** Noncompliance

**OACC/JCCU Recommendation:**

Ensure SDC services are provided at a minimum of 90 percent as required by the California Department of Education and the Education Remedial Plan.

## **Education Experts' Summary Comments/Recommendations:**

On March 1, 2013 the DJJ provided additional Service Provider documentation that indicates that services were provided at the following rates during the month of January, 2013: Resource Specialists Program 97%, Special Day Class 87%, Psychological services 100% and Language, Speech and Hearing 90 %. The Month of February 2013: Resource Specialist Program 100%, Special Day Class 92%, Psychological Services 100% and Language Speech and Hearing 90%. The DJJ further reported that any services not provided would be provided as compensatory services.

IDEA (2004) explicitly requires that a free appropriate public education ("FAPE") must be available to all children with disabilities, "including children with disabilities who have been suspended or expelled from school." (20 U.S.C. §1412(a) (1) (A). Special education eligible students enrolled in DJJ school programs are entitled under this law to continue to receive an appropriate education to include the provision of access to the required number of segments and full instructional day. As indicated in audit area 3.15 school attendance continues to be a systemic area of concern for this facility.

Based on the January 2013 Service Provider Summaries provided to us March 1, 2013, the experts are optimistic that substantial compliance can be obtained by Ventura in this area through the use of continued focused monitoring by key DJJ staff and the OACC/JCCU audit team.

This item is viewed as noncompliant until the DJJ can consistently provide the OACC/JCCU audit team with data verifying DJJ's ability to provide eligible students with the required number of segments and a full instructional day on a continuing basis.

**Audit Item 5.22: Review Administrator's Compensatory Services Plan. Through teacher and student interviews, verify that compensatory services are provided to students when required.**

**Experts' Finding** (Nov.15-16, 2012 audit):

The Compensatory Services Plan and the compensatory service logs for July 2012 through October were reviewed. Compensatory services were not being provided on a consistent basis. The expert noted there has been no compensatory service provided since July 2012.

**Rating:** Noncompliance

**OACC/JCCU Finding** (February, 2013 audit):

The OACC/JCCU conducted a review of the Compensatory Services Plan and the compensatory service logs for November 2012 through January 2013. Compensatory services are not being provided adequately on a consistent basis.

**Rating:** Partial Compliance

**OACC/JCCU Recommendation:**

Ensure SE students are receiving compensatory services as required by the California Department of Education.

**Education Experts' Summary Comments/Recommendations:**

On March 1, 2013 the DJJ provided assurances that all eligible students were receiving compensatory services at the facility. Their continues to be a backlog of compensatory services to be provided.

This item is viewed as partial compliance until the DJJ can consistently provide the OACC/JCCU audit team with data verifying that eligible students are receiving compensatory services in a timely manner. School administrators must monitor the provision of mandated compensatory services to eligible students. Focus should be placed on increasing attendance incentives, providing more positive behavioral interventions in the school and modifying the school curriculum in an effort to provide more appropriate offerings for young adult students.

**O.H. Close Youth Correctional Facility:**

On October 29, 2012 through November 2, 2012, the OACC/JCCU conducted a review of the DJJ Education Services Remedial Plan at the O.H. Close Youth Correctional Facility.

On December 12, 2012, the OACC/JCCU audit team filed a Report of Findings that indicated that they examined all 115 items identified in the Education Services Audit Instrument. Compliance ratings were determined utilizing a comprehensive and subjective methodology primarily consisting of document reviews and interviews. Of the 115 items reviewed, there were 109 items (95%) identified as substantially compliant, five items (4%) identified as partially compliant, and 1 item (1%) identified as noncompliant.

On February 11, 2013 the OACC/JCCU audit team conducted a follow-up audit of their December 12 findings. The stated purpose of the audit was to monitor compliance in the five items (4%) identified as partially compliant, and 1 item (1%) identified as noncompliant.

The scope of this review covered November 1, 2012 through January 31, 2013 in the following areas:

**I. Overview, Philosophy and Program Policy**

**Audit Item 1.4 - Verify whether semi-annual reviews have been conducted.**

**OACC/JCCU Finding** (October 29, 2012 - November 2, 2012 audit):

A review of 20 (14%) of 143 student files at Johanna Boss High School (JBHS) was conducted. Eleven (55%) student files contained High School Graduation Plan (HSGP) Progress Reviews within the previous six months.

**Rating:** Partial Compliance.

**OACC/JCCU Finding** (February 11, 2013 audit):

A review of 15 (11 percent) of 136 student files at JBHS was conducted. Fourteen (93 percent) student files contained completed High School Graduation Plan (HSGP) Progress Reviews within the previous six months.

**Rating:** Substantial Compliance

**Education Experts Summary Comments/Recommendations:**

The Education Experts recommended that this audit item rating be considered to be in Substantial Compliance based on corrections made by the facility staff after the OACC/JCCU review.

## **II. Student Access and Attendance**

**Audit Item 3.8: Review 10 or 10 percent, whichever is greater, of files of students not making minimal progress to determine if referrals have been made to SCT (general education students), the Special Education Team (SE students) and/or the Case Conference Team (all students) for evaluation and possible intervention plans.**

**OACC/JCCU Finding** (October 29, 2012 - November 2, 2012 audit):

A review was conducted of WIN-generated records of all six students whose HSGP's indicated they were not making satisfactory progress since the beginning of the 2012-2013 school year. There were five general education students and one SE student. One general education student had a School Consultation Team (SCT) meeting scheduled and held. Two were recently referred; and their SCT meetings had not yet been scheduled but were still within the set timeframe. The one special education student had an Individual Education Program (IEP) meeting held with the set timeframe. Referrals for the remaining two general education students were not scheduled for an SCT meeting within the set timeframe.

**Rating:** Partial Compliance

**OACC/JCCU Finding** (February 11, 2013 audit):

A review of the Ward Information Network (WIN) generated report "HSGPs Not Making Satisfactory Progress." noted there were five students whose records indicated they were not making satisfactory progress since November 1, 2012. All five were general education students. Three students had a SCT meeting scheduled and those meetings were held. One student was recently referred for a SCT. The SCT meeting had not yet been scheduled but was still within the set timeframe. A SCT Referral for the remaining student had not yet been made but was still within the set timeframe.

**Rating:** Substantial Compliance

**Education Experts' Summary Comments/Recommendations:**

The Education Experts recommended that this audit item rating be considered to be in Substantial Compliance based on corrections made by the facility staff after the OACC/JCCU review. The facility and audit teams are commended for their demonstrated ability to take corrective actions in a timely manner.

**Audit Item 3.15: Review 10 or 10% whichever is greater, student files to document school attendance for the last 30 school days.**

**OACC/JCCU Finding** (October 29, 2012 - November 2, 2012 audit):

A review of the "School Absence Audit Report" for September 2012 was conducted. During the month of September 2012, the overall absence rate was 12.2%, which exceeded the 7% threshold. The absence rate attributable to Education Administration was .2%. The majority of school absences are not education related. Youth who refuse education are counseled to identify and resolve issues that may hinder school attendance. A Behavior Report (BR) is issued when a youth fails to attend school.

**Rating:** Noncompliance

**OACC/JCCU Finding** (February 11, 2013 audit):

A review of the "School Absence Audit Report" for January 2013 was conducted. During the month of January 2013, the overall absence rate was 7.5 percent. The absence rate attributable to Education Administration was 2.2 percent. The majority of school absences were not education related. The current absentee rate of 7 percent set by the Education Remedial Plan has not been obtained at any DJJ facility in past audits. The Education Experts have stated a 10 percent absentee rate is more in alignment with DJJ's current population. JBHS has made a significant improvement in the past three months and should be commended for its efforts.

**Rating:** Substantial Compliance

**Education Experts' Comments:**

The Education Experts recommended that this audit item rating be in Substantial Compliance based on corrections made by the facility staff after the OACC/JCCU review.

**Audit Item 3.36: Review behavioral goals in IEPs of all special education students placed in restricted programs. Interview IEP team members, psychologists and related service providers.**

**OACC/JCCU Finding** (October 29, 2012 - November 2, 2012 audit):

The records of the two special education students currently placed on restricted programs were reviewed. One of two IEPs contained behavior goals. The remaining student did have an IEP inclusive of a Manifestation Determination, but no behavior goals were present. Although there were no behavior goals for this student, JBHS is within the required timeframe to conduct an IEP and develop behavior goals for this youth.

**Rating:** Partial Compliance

**OACC/JCCU Finding** (February, 2013 audit):

The OACC reviewed the record of the one special education student currently placed on a restricted program. This student was recently placed on Inyo Behavior Treatment Program (BTP) within the last two days and has not had an Individualized Education Program (IEP) with a review of behavioral goals. JBHS is within the set timeframes for completion of the behavioral goals.

**Rating:** Substantial Compliance

**Education Experts' Comments:**

The Education Experts recommended that this audit item rating be in Substantial Compliance based on corrections made by the facility staff after the OACC/JCCU review.

**Audit Item 3.37- Verify existence of classrooms in restricted settings. Verify that all classrooms meet minimum CDOE size standards. Report the number of students in restricted settings served in small classrooms and the number not being served.**

**OACC/JCCU Finding** (October 29, 2012 - November 2, 2012 audit):

A visit to the restricted program on Inyo confirmed classroom space meets minimal California Department of Education (CDE) size standards. There were 10 students housed in the Behavior Treatment Program (BTP) at the time of this review. Teachers were observed providing educational services to students and adequate space is provided with separate classrooms for instruction. However, there were three youth in the BTP who were not receiving a full complement of education services. Staff in the living unit reported all three youth pose a security risk and are being provided education services individually in the dayroom of the BTP. An interview with a teacher on the BTP confirmed three youth were provided education services in the dayroom, one or two hours per day.

**Rating:** Partial compliance.

**OACC/JCCU Finding** (February, 2013 audit):

OACC's visit to the Inyo BTP confirmed classroom space meets minimal California Department of Education (CDOE) size standards. On February 11, 2013, there were 14 students assigned to the Behavior Treatment Program (BTP) on the Inyo living unit at OHCYCF. OACC/JCCU reviewed the WIN Schedule of Classes and conducted a direct observation of the BTP school. All 14 students were scheduled and provided a full day of classes in the classrooms. It was confirmed that all 14 students were in their classrooms receiving instruction from the credentialed teachers.

**Rating:** Substantial Compliance

**Education Experts' Summary Comments/Recommendations:**



The Education Experts recommended that this audit item rating be in Substantial Compliance based on corrections made by the facility staff after the OACC/JCCU review. The DJJ site school principal, DJJ Central Office administrative staff, and the OACC/JCCU audit teams provided written and/or verbal assurances indicating continued documentation of compliance efforts for this education audit item.

## **V. Special Education**

**Audit Item 5.8: Review 10 or 10%, whichever is greater, of special education student files at each site to verify that eligible students are receiving the required number of segments and full instructional day. Interview special education students to verify that services listed in IEPs are being provided.**

**OACC/JCCU Finding** (October 29, 2012 - November 2, 2012 audit):

A review of the Individual Service Provider logs for the months of June, August, and September 2012 was completed. JBHS did not provide appropriate psychological services during two of the months reviewed. Psychological services were being provided at the following levels: June 2012, 87%, and August 2012, 86%. Resource Services Program was deficient during the month of June 2012, 89%.

**Rating:** Partial Compliance

**OACC/JCCU Finding** (February, 2013 audit):

A review of the Individual Service Provider logs for the months of November 2012, December 2012, and January 2013 indicated that Speech and Learning, Psychological, and Resource services were being provided at 100 percent during all three months reviewed. Special Day Class (SDC) services were provided at the following levels: 92 percent in November 2012, 88 percent in December 2012, and 100 percent in January 2013. The SDC services were substantially compliant in two of the three months reviewed.

**Rating:** Substantial Compliance

### **Experts' Comments:**

The DJJ site school principal, DJJ Central Office administrative staff, and the OACC/JCCU audit team provided written and/or verbal assurances indicating continued documentation of compliance for this education audit item. Based on these assurances, the experts recommend substantial compliance.

### **N.A. Chaderjian Youth Correctional Facility:**

On October 15, 2012 through October 19, 2012, the OACC/JCCU conducted a review of the DJJ Education Services Remedial Plan at the (NACYCF).

On December 7, 2012 the OACC audit team filed a Report of Findings that indicated that they examined all 115 items identified in the Education Services Audit Instrument.

Compliance ratings were determined utilizing a comprehensive and subjective methodology primarily consisting of document reviews and interviews. Of the 115 items reviewed, there were 111 items (97%) identified as substantially compliant, 3 items (3%) were identified as partially compliant, and 1 item (1%) was identified as noncompliant.

On February 11, 2013, the OACC audit conducted a follow-up audit of their December 7 findings. The stated purpose was to monitor compliance in the four items (3%) of partial compliance and one item (1%) identified as noncompliant. The scope of the review covered November 1, 2012 through January 31, 2013 in the following areas:

### **III. Student Access and Attendance**

#### **Audit Item 3.15: Review 10 or 10 percent, whichever is greater, student files to document school attendance for the last 30 school days.**

**OACC/JCCU Finding** (October 29, 2012 - November 2, 2012 audit):

A review of the N.A. Chaderjian High (NACHS) "School Absence Audit Report" for September 2012 was conducted. During the month of September 2012 the overall absence rate was 15.8%, which exceeded the 7% threshold. The absence rate attributable to Education Administration was 1.2%. The majority of school absences were not education related. Interviews with living unit staff indicated youth are encouraged to attend school through incentive programs on each living unit. Youth who refuse education are counseled to identify and resolve issues that may hinder school attendance. A Behavior Report (BR) is issued when youth fail to attend school.

**Rating:** Noncompliance

**OACC/JCCU Finding** (February, 2013 audit):

A review of the NACHS "School Absence Audit Report" for January 2013 was conducted. During the month of January 2013 the overall absence rate was 8.4%. The absence rate attributable to Education Administration was 0%. The current rate of 7% as noted in the Education Remedial Plan has not been obtained at any DJJ facility. However, the Education Experts have stated a 10% absentee rate is more realistic with DJJ's current population. NACHS has made significant improvement in the past three months and should be commended for its efforts.

**Rating:** Substantial Compliance

#### **Experts' Comments:**

The DJJ site school principal, DJJ Central Office administrative staff, and the OACC/JCCU audit team provided written and/or verbal assurances indicating continued documentation of compliance efforts for this education audit item. Based on these assurances, the experts recommend substantial compliance.

**Audit Item 3.37: - Verify existence of classrooms in restricted settings. Verify that all classrooms meet minimum CDOE size standards. Report the number of students in restricted settings served in small classrooms and the number not being served.**

**OACC/JCCU Finding** (October 15, 2012 - October 19, 2012 audit):

A visit to both restricted programs confirmed classroom space meets minimal California Department of Education (CDE) size standards. An interview with the Treatment Team Supervisor (TTS) of the BTP was conducted. The TTS reported that for safety and security reasons, one student was being provided alternative education services.

Education services are not being provided to this student on a full-time basis. Said youth is a minor and unable to program with others without compromising his safety. All other students in the restricted program are adults and are receiving full education services.

**Rating:** Partial Compliance

**OACC/JCCU Finding** (February, 2013 audit):

A visit to restricted programs, Sacramento and Kern, confirmed classroom space meets minimal California Department of Education (CDOE) size standards. On February 11, 2013, there were a total of 12 students assigned to the Intensive Behavior Treatment Program (IBTP) and Behavior Treatment Program (BTP) living units at NACYCF. Sacramento housed the 9 Intensive Behavior Treatment Program (IBTP) students, and Kern housed the 3 Behavior Treatment Program (BTP) students. OACC/JCCU reviewed the WIN Schedule of Classes and conducted a direct observation of the IBTP and BTP schools. All 12 students were scheduled and provided a full day of classes in the classrooms. It was confirmed that all 12 students were in their classrooms receiving instruction from the credentialed teachers.

**Rating:** Substantial Compliance

**Experts' Comments:**

The DJJ site school principal, DJJ Central Office administrative staff, and the OACC/JCCU audit team provided written and /or verbal assurances indicating continued documentation of compliance efforts for this education audit item. Based on these assurances the experts recommend substantial compliance.

#### **IV. Curriculum**

**Audit Item 4.21: Verify the practice of quarterly teacher observations by administrators using the revised rubric for Classroom Observation.**

**OACC/JCCU Finding** (October 15, 2012 - October 19, 2012 audit):

A review of the last three quarters "Quarterly Classroom Observation Summary" was conducted. Completed "California Education Authority Teaching Standards" were presented for review. Documentation presented indicated the Principal of NACHS is conducting teacher observations quarterly yet not all teachers are being observed. The

Principal has been made aware of this issue and will begin observation of all teachers for the next quarterly report.

**Rating:** Partial Compliance

**OACC/JCCU Finding** (February, 2013 audit):

A review of the NACHS Principal's "Quarterly Classroom Observation Summary" for October 2012 through December 2012 was conducted. Documentation indicated the principal is conducting teacher observations quarterly.

**Rating:** Substantial Compliance

**Experts' Comments:**

The DJJ site school principal, DJJ Central Office administrative staff, and the OACC/JCCU audit team provided written and /or verbal assurances indicating continued documentation of compliance efforts for this education audit item. Based on these assurances the experts recommend substantial compliance.

## **V. Special Education**

**Item 5.8 - Review 10 or 10%, whichever is greater, of special education student files at each site to verify that eligible students are receiving the required number of segments and full instructional day. Interview special education students to verify that services listed in IEPs are being provided.**

**OACC/JCCU Finding** (October 15, 2012 - October 19, 2012 audit):

A review of the Individual Service Provider logs for the months of June, August, and September 2012 was completed. NACHS is not providing appropriate Special Day Class (SDC) services. SDC services were only being provided at the following levels: June 2012, 88%; August 2012, 68%; September 2012, 72%. Psychology services were also not appropriately provided during the month of June 2012, at 67%.

**Rating:** Partial Compliance

**OACC/JCCU Finding** (February, 2013 audit):

A review of the Individual Service Provider logs for the months of November, December and January 2013 was conducted. During the three months reviewed, NACHS provided resource, psychology and speech and learning services at or above the 90 percent compliance rate set by the CDOE. Special Day class services were not provided at the following levels: 75% in November 2012; 80% in December and 70% in January 2013. Special Education services are being provided as required in three of the four service areas.

**Rating:** Partial Compliance

**Experts' Comments:**

The DJJ provided the February 2013 Service Provider Report to the experts March 6, 2013. This report indicates that the Special Day Classes were being provided at the 93% level for the month of February. The education experts agree with the JCCU audit findings (Feb 2013 audit). This item is viewed as partially compliant until the DJJ can consistently provide the OACC/JCCU audit team with data verifying DJJ's ability to provide eligible students with the required number of segments and a full instructional day on a continuing basis.

### **Education Experts' Comments/Recommendations:**

The Education Experts commend DJJ for the progress that's been made in meeting the Standards for California Public Schools, Federal Guidelines as well as the mandates of the Education Remedial Plan.

Education is an essential component of treatment and rehabilitation for incarcerated youth. It serves as the foundation for helping youth to acquire the skills needed to empower them to become civil, responsible and employable citizens. Systems are now in place in the DJJ to provide a comprehensive educational program that will assist and facilitate each student's successful reintegration back into the community and workplace.

The educational program now provides services in the following areas:

- Special education and related services for students diagnosed with cognitive, behavioral and / or learning disabilities
- Academic credit courses for students pursuing a high school diploma.
- General Equivalency Diploma (GED) preparation, testing, and attainment for students not likely to return to their local community school.
- Vocational education related to student interests to prepare them for meaningful employment opportunities in the community and workplace.
- Transition services prior to release to ensure the successful reintegration of youth back into the community.
- College course offerings for youth who wish to further their education.

The success of this program will be ensured by the DJJ's ability to independently monitor its level of compliance. The system, designed by DJJ and the Special Master, to shift monitoring responsibilities to the facilities is paramount to the ongoing success of this reform effort. The Department of Juvenile Justice Office of Education and the Office of Audits and Court Compliance (OACC), Juvenile Court Compliance Unit and Court Compliance Unit (JCCU) working together to identify and correct problems will ensure that education meets California State Standards and Federal Education Requirements.

The Educational Experts commend the DJJ for their hard work and progress towards obtaining substantial compliance in most Remedial Plan areas. As noted in the current report, Ventura Youth Correctional Facility audit items: 3.15 (noncompliance), 5.8 (non compliance), 5.22 (partial compliance), and the Chaderjian Youth Correctional Facility

audit item 5.8 (partial compliance) do not meet full educational remedial plan compliance requirements.

It is the experts recommendation that formal site based monitoring by the education experts team be concluded at this time. It is further recommended, that the Department of Juvenile Justice Office of Education and the Office of Audits and Court Compliance (OACC), Juvenile Court Compliance Unit and Court Compliance Unit (JCCU,) provide the Office of the Special Master with documentation regarding sustained substantial compliance for the two partial and two noncompliance issues identified in this summary report.

We remain available to provide consultation and assistance as requested.

Submitted by:

Tom O'Rourke, Ed. D.

Robert Gordon, Ph.D.

Jack Catrett, Ed.D.

**CALIFORNIA DIVISION OF JUVENILE JUSTICE**  
**UNIVERSITY OF CINCINNATI QUARTERLY REPORT**

**January 31, 2013**

**Submitted by: Lori Lovins, Ph.D.**

**Project Description**

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

Two facility units housing high risk youth at OH Close Youth Correctional Facility (OHCYCF) in Stockton, CA were selected by DJJ as the initial implementation sites. Eventually, the program components successfully implemented at these sites will be implemented DJJ wide. This will allow for program adaptations to be made before wide-scale implementation occurs. Likewise, these sites can serve as model training units for DJJ.

The development and implementation of evidence-based programming involves a collaborative effort between DJJ headquarters, OHCYCF unit staff, and UCCI. A multidisciplinary implementation team (MIT) was developed, as well as subcommittees charged with addressing programming deficiencies. Subcommittees consisted of: *1) Assessment and Case Planning; 2) Treatment/Scheduling; 3) Behavior Management; and 4) Quality Assurance.* Both DJJ headquarters staff and unit staff were represented on these committees. IBTM deliverables were identified and addressed by each subcommittee, as outlined in the IBTM Implementation Plan. Subcommittees met regularly during the design/development phase to address program needs and ensure deliverables were being met. While subcommittees no longer meet, representatives from the various committees serve as subject matter experts as needed for the IBTM expansion efforts. The MIT does continue to monitor ongoing progress of the implementation efforts at OHC; likewise, a team of staff focused on various quality assurance aspects meets regularly.

The following report represents a summary of services rendered by UCCI within the last quarter (Nov 1, 2012—Jan 31, 2013). The report will specify progress being made toward meeting IBTM goals, current areas of focus, recommendations, as well as upcoming tasks. This report will also itemize the contract tasks being met.

## **Progress in Implementation of the IBTM**

The IBTM Implementation Plan covered a 24 month period. Deliverables on the initial implementation plan were completed last quarter (September 2012). The IBTM team will continue to work on ongoing quality assurance efforts as well as any necessary implementation modifications or enrichments as the needs are identified. Currently, IBTM programming and coaching on that programming is being conducted across OH Close, including programming on specialized units such as the Sexual Behavior Treatment Program (SBTP) and Behavior Treatment Programs (BTPs). IBTM strategies are also beginning to be used and monitored at NA Chaderjian Youth Correctional Facility and, on a more limited basis at Ventura. Chaderjian is the primary target for expansion efforts at this time.

With regard to work with UCCI, DJJ is working on a contract extension with University of Cincinnati so that we might continue to assist with IBTM program expansion and fidelity monitoring. In particular, the contract will focus on “providing consultation towards the effective implementation of the IBTM elements throughout CDCR/DJJ facilities, in order to identify necessary adaptations with intervention group processes, Quality Assurance (QA), and Behavior Management System processes”.

### **UCCI Areas of Focus**

This past quarter, UCCI has worked with the QA committee and various subcommittees identified to oversee specific QA functions. Included is the Program Service Day subcommittee, charged with reviewing the current PSD standards to ensure they are up to date and consistent with other IBTM goals. Monthly meetings have been held by this committee. Also being examined is the case conference process, to ensure these conferences are consistent with IBTM goals, and to increase consistency with how the conferences are conducted.

A subcommittee was also developed to oversee implementation of the substance abuse curriculum. The SA curriculum is currently being piloted at all three DJJ facilities. At a mid-January implementation meeting, sites reported being roughly one third of the way through the curriculum. Feedback from facilitators during the meeting suggested that implementation is going well. There seem to be limited issues with mixing youth from various units, aside from some logistics with movement. There was also some discussion of how to manage youth sent to BTP during the course of treatment. Currently youth are typically being discharged from the group, with plans for re-enrolling them in a subsequent session. Other options are being explored. There was also discussion of strategies for communicating progress with the treatment team, as well as standardizing some of the reinforcement mechanisms being used at the OH Close pilot.

The IBTM QA team has developed a 21 month QA plan for developing QA documents and protocols, which will assist with IBTM expansion and fidelity monitoring across all DJJ facilities. Included in the plan are QA processes that will monitor and coach in the following areas: use of the Reinforcement System and other behavior management strategies; case planning and case conferences; interventions on the SBTP and MH units; and monitoring of IBTM programming (Introduction to Treatment, Skill of the Week, Advanced Practice, Counterpoint, AIT).



Implementation of the IBTM has begun at NA Chaderjian. A formal kick-off meeting was held on January 25, 2013. The proximity to OH Close and access to Program Specialists experienced with IBTM development and implementation will help to expedite the expansion process. In March, DJJ plans to formally begin IBTM implementation at Ventura on the girl's unit. Program specialists are assigned to Ventura that can assist with overseeing these interventions.

### **Recommendations**

A formal pilot of one cycle of the substance abuse group has been established by DJJ. As noted above, the curriculum is being piloted at all three facilities (one group each at OH Close and NA Chaderjian and two groups at Ventura, one female and one male). An implementation meeting is being held regularly to oversee the pilot process, check in with group facilitators and problem-solve any issues. Before use of the curriculum is expanded beyond the 4 pilot groups, the SA committee should finalize formal admission criteria to the group that includes consideration of both overall risk level as well as substance abuse need. Substance abuse need should be determined, in part, by a validated substance abuse assessment. The SA committee should also explore behavior management strategies specific to the group that can be standardized across facilities and groups. The pilot gives sites an opportunity to try various strategies.

Continued effort should be placed on use of core correctional practices by all program staff, which will assist in operating the facilities in a safe manner geared toward long-term behavioral change among youth. Use of the Positive Reinforcement System should be closely monitored. Feedback should be collected from staff on its implementation. DJJ should continue to explore expansion of the use of effective reinforcement and sanctioning practices, including examination of the DDMS system and development of a comprehensive contingency management system.

DJJ should continue to monitor the IBTM deliverables that were put into place for any necessary adjustment. Where problems emerge, the multidisciplinary implementation team should problem-solve solutions to effective implementation. Although the implementation of the formalized IBTM plan was a two year process, use of these strategies is still new to staff and DJJ, and efforts need time and support before stability can be expected. Ongoing assistance will be needed long-term from the Program Specialists and other IBTM staff in order to continue the training, monitoring and coaching process. Long-term stability and fidelity depends on this. It is therefore imperative that the IBTM team be supported so that they can lead the expansion efforts. A small body of highly skilled IBTM staff, along with dedicated facility staff, was able to transition the IBTM from a plan to a daily practice within DJJ. Continued support by DJJ leadership of the IBTM staff is necessary to continue this work.

Despite the ongoing attention needed at OH Close to continue to build IBTM skills among staff and monitor fidelity to the programming that has been implemented, focus must turn to the remaining institutions where IBTM interventions are much needed. The experience from implementation at OH Close should be used to guide effective implementation at the remaining sites.

**Consultation**

<b>Contact Type/ Deliverable</b>	<b>Purpose</b>	<b>Name</b>	<b>Date</b>	<b>Time</b>
Conference call <b>Task 2b</b>	IBTM QA meeting	Lori Lovins	11/20/12	1.5 hours
Consultation <b>Task 2b</b>	Call IBTM member to review program description questions	Lori Lovins	12/5/12	1 hour
Conference Call <b>Task 2b</b>	QA meeting and review of PDS standards	Lori Lovins	12/6/12	1.5 hours
Conference Call <b>Task 2b</b>	Call with special master, Barry Krisberg and DJJ IBTM administrators	Lori Lovins	12/7/12	1 hour
Conference Call <b>Task 2b</b>	QA meeting	Lori Lovins	1/9/13	1 hour
Conference Call <b>Task 2b</b>	Substance abuse implementation meeting	Lori Lovins	1/14/13	1 hour

**UCCI Off-Site Development/Planning Work**

<b>Name</b>	<b>Hours</b>	<b>Deliverable</b>
Lori Lovins Eva Kishimoto	10—includes report writing and material review with feedback	<b>Task 2b</b>

**Summary**

DJJ continues to work on expansion of the IBTM. A contract extension is currently underway to continue the relationship between UCCI and DJJ. UCCI is currently working with the QA committee and subcommittees as well as the SA committee. DJJ should continue pressing forward with IBTM implementation at NA Chaderjian, followed by Ventura. UCCI will schedule a site visit with DJJ once the new contract has been finalized. This visit will be used to assess fidelity at OH Close to IBTM programming, as well as identify barriers and assist with expansion efforts to NA Chaderjian.