

## **I. INTRODUCTION**

The Special Master submits for filing the Thirty-Second Report of the Special Master. This report reviews the *Farrell* Mental Health Expert Dr. Bruce Gage's third Integrated Behavioral Treatment Model (IBTM) comprehensive report for his 2015 round of audits (site visits March and April 2015) and summarizes and analyzes the status of the California Department of Corrections and Rehabilitation, Division of Juvenile Justice's (DJJ) compliance with the *Farrell* remedial plans. The IBTM comprehensive report is attached to this report as Appendix A. The Special Master's report, consistent with an agreement by the parties, limits the summarization of the expert's report and instead identifies the major areas of improvement as well as areas of concern.

The report begins with an analysis of staffing issues followed by an update on the implementation of the IBTM that includes the agreement reached regarding the transfer of approximately 37% (13 of 35) of the IBTM audit items to Defendant for monitoring. An analysis of progress in implementing the Mental Health Program is next provided as well as an update on the status of the few remaining Safety and Welfare items including the reforms of the Behavioral Treatment Program (BTP) and facility physical plant improvements. The report concludes with a discussion of progress in changes in the process of the Parole Board and an overview of initiatives Defendant is undertaking that will only serve to strengthen the reform efforts.

## **II. STAFFING ISSUES**

### **A. Overview**

In her thirty-first report, the Special Master identified two issues pertaining to staff composition and assignment. The first is a shortage of staff in open positions and the second is succession planning for senior administrators at the facilities and at the Central Office (CO). Both issues may impact Defendant's reform efforts. The Special Master wishes to update the Court on the status of these issues.

### **B. Staff Shortage**

The Special Master's thirtieth report identified staff shortages in open positions, which include Youth Correctional Counselors (YCCs), Youth Correctional Officers (YCOs), Parole Agents (PAs), Case Work Specialists (CWSs) and other positions at all three facilities.<sup>1</sup> She also discussed the adverse impact of such shortages which, when they persist over an extended period, cause staff fatigue and other conditions that may jeopardize the safety and security of the living units as well as the quality and quantity of services to youth.

To address this critical situation, Defendant initiated a "Transitional Academy" for peace officers in the Adult Institutional Division who are interested in transferring to the juvenile system. In comparison with the regular academy, the completion timeframe for the Transitional Academy is shorter (seven weeks instead of 16 weeks) as the prospective candidates already have correctional background and experience, in addition to having peace officer status. The Transitional Academy started on April 1, 2015 and was completed May 20, 2015. At the completion of the academy, Ventura Youth

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<sup>1</sup> See OSM 30, p. 3-4.

Correctional Facility (VYCF) was able to fill seven YCC positions while the Stockton Complex filled nine YCC positions.<sup>2</sup> While the new hires certainly are welcome and helpful, they are far from sufficient as they have mostly been absorbed by attrition and employees on long-term leave status. A comparison of vacant positions and employees on Industrial Disability Leave (IDL) and on Long-Term Leave Status (LTLS) shows VYCF's total number of employees on such status declined by nine from January 31, 2015 to June 30, 2015. However, the total increased by six and three, respectively, at N. A. Chaderjian Youth Correctional Facility (NACYCF) and O. H. Close Youth Correctional Facility (OHCYCF) despite the infusion of new staff from the Transitional Academy. Defendant alleviated the staff shortage situation to some extent through the use of Retired Annuitants (RA). As of June 30, 2015, Defendant employs three YCCs at NACYCF, two YCOs and seven YCCs at OHCYCF, and one YCC at VYCF as RAs.<sup>3</sup> The following table provides a comparison of vacant positions and employees on IDL/LTS between January 31, 2015 and June 30, 2015.

**Table 1**  
**Comparison of Vacant Positions and Staff on Long-Term Leave Status<sup>4</sup>**  
**January 31, 2015 and June 30, 2015**

	VYCF		NACYCF		OHCYCF	
	Vacancies IDL/LTLS		Vacancies IDL/LTLS		Vacancies IDL/LTLS	
January 31, 2015 <sup>5</sup>	8	14	3	9	13	5
June 30, 2015 <sup>6</sup>	3	10	3	15	16	5
Increase (Decrease)	(5)	(4)	0	6	3	0

<sup>2</sup> See email of July 2, 2015 from Teresa Perez regarding facility vacancies.

<sup>3</sup> See email of July 3, 2015 from Teresa Perez regarding facility vacancies.

<sup>4</sup> Comparison made based on data presented in OSM 31, p. 4 and DJJ RO6 Vacancies Report as of July 1, 2015.

<sup>5</sup> See OSM 31, p. 4.

<sup>6</sup> Compiled by OSM from DJJ RO6 Vacancies forwarded by Teresa Perez via email of July 3, 2015.

As noted in the thirty-first report of the Special Master, Defendant initiated an YCC/YCO Cadet Academy for new employees but the process is lengthy. The YCC/YCO Cadet Academy started on April 29, 2015 with a scheduled completion date of August 14, 2015. By mid-August 2015, VYCF is expected to receive 19 new employees consisting of 14 YCCs, four YCOs, and one Parole Agent (PA) I. The 19 new employees should adequately address the current staffing issue at VYCF, which has a combined total of 13 vacancies and employees on IDL/LTLS as of June 30, 2015. The Stockton Complex is expected to receive 27 new employees consisting of 22 YCCs and five YCOs. The total of 27 at the Stockton Complex does not appear to be sufficient as NACYCF and OHCYCF have a combined total of 37 vacant positions and employees on IDL/LTLS as of June 30, 2015. Defendant should anticipate further staff attritions and start the planning process for further hiring, especially in light of the lengthy hiring process. The following tables provide the vacant positions and employees on long-term leave status at each facility as of July 1, 2015.

**Table 2**  
**NACYCF – Vacant positions and staff on leave as of June 30, 2015<sup>7</sup>**

<b>Classification</b>	<b>Authorized</b>	<b>Filled</b>	<b>Vacant</b>	<b>IDL/LTLS</b>
YCO	88	86	2	3
YCC	88	86	2	11
PA1	8	9	-1	1
CWS	10	10	0	0
Total	194	191	3	15

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<sup>7</sup> See DJJ RO6 Vacancies provided by Teresa Perez via email of July 3, 2015.

**Table 3**  
**OHCYCF – Vacant positions and staff on leave as of June 30, 2015<sup>8</sup>**

Classification	Authorized	Filled	Vacant	IDL/LTS
YCO	41	37	4	2
YCC	60	49	11	2
PA1	8	8	0	1
CWS	5	4	1	0
Total	114	98	16	5

**Table 4**  
**VYCF – Vacant positions and staff on leave as of June 30, 2015<sup>9</sup>**

Classification	Authorized	Filled	Vacant	IDL/LTS
YCO	66	60	6	1
YCC	86	92	-6	8
PA1	14	14	0	1
CWS	5	2	3	0
Total	171	168	3	10

Defendant reported that it has active lists for Senior Youth Correctional Counselor (SYCC), PA II, and PA I positions.<sup>10</sup> Thus, should any of the positions in these classifications become vacant, Defendant could fill the vacancy rapidly. One essential classification that does not have an active list is the CWS classification. Defendant informed the Special Master that it was in the process of establishing such a list, which was reported in the thirty-first report of the Special Master.<sup>11</sup> This list has not yet been established.

### **C. Succession Planning for Senior Leaders and Managers**

In her thirty-first report, the Special Master noted that most individuals in senior management positions at the facilities and at the CO are nearing retirement age. Should

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<sup>8</sup> *Ibid.*

<sup>9</sup> *Ibid.*

<sup>10</sup> See email of July 2, 2015 from Teresa Perez regarding facility vacancies.

<sup>11</sup> See OSM 31, p. 5.

they become vacant, it is critically important to timely appoint well-qualified individuals into these positions to maintain stability and consistency in leadership, especially in the current reform environment. To do so, Defendant needs to identify the next generation of potential leaders and position them for advancement by mentoring, coaching, and providing opportunities to broaden their skills and experiences.

Defendant has begun taking action to facilitate succession planning for senior leaders and managers. Effective April 3, 2015, Defendant made the following management changes designed to provide the individuals with broader experience:<sup>12</sup>

- The OHCYCF Assistant Superintendent was transferred to NACYCF as its Assistant Superintendent.
- The Assistant Superintendent at NACYCF was transferred to CO as the Associate Director of Facility Operations.
- The Superintendent of Education was transferred to OHCYCF as its Assistant Superintendent.
- The Assistant Superintendent of Education was appointed Acting Superintendent of Education.

All the above individuals have three to five years remaining in state service. In addition, various staff members who have been identified with leadership potential have recently been promoted including:<sup>13</sup>

- The promotion of three individuals (two at VYCF and one at OHCYCF) to Treatment Team Supervisor (TTS) in June 2015.
- The promotion of three individuals to SYCC in the Stockton Complex in June 2015.

Defendant has completed testing and established a list for PA III classification in May 2015 and has scheduled a test for Program Administrator classification in

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<sup>12</sup> See email of March 5, 2015 from Director Mike Minor to Special Master Nancy Campbell regarding succession planning.

<sup>13</sup> See email of July 2, 2015 from Teresa Perez forwarding a document entitled: *Question and Answers regarding Staff Planning and Promotion*.

August.2015.<sup>14</sup> Upon completion of the Program Administrator testing, Defendant will have active list for all manager and supervisor positions with the exception of the Captain and Lieutenant classifications.

### **III. INTEGRATED BEHAVIORAL TREATMENT MODEL**

The Mental Health Expert Dr. Bruce Gage conducted a round of site audits during March and April of 2015. During this audit round, Dr. Gage conducted a site visit to the CO. Dr. Gage completed a draft of his comprehensive report and submitted it to the parties and the Office of the Special Master for feedback on May 26, 2015. The Special Master has received the parties' feedback on the report. The final comprehensive report for his site visits is attached as Appendix A.

Dr. Gage used both objective and subjective measures to assess Defendant's progress in implementing the IBTM at facilities and the CO. He used an audit instrument (audit tool), which he developed in consultation with the parties as one measure of progress. For each site audited, he presented the audit results in accordance with the reporting format specified in the audit tool. In addition, he made qualitative assessments through youth interviews, staff interviews, and onsite inspections. For each audit site, he provided a summary report of his observations to assist management with their implementation efforts.

Consistent with the rating system of other *Farrell* remedial plans, Dr. Gage assigned ratings of substantial compliance (SC), partial compliance (PC), and non-compliance (NC) or not rated (NR) to each of the audit items. The following table provides a summary of the ratings at each of the facilities and at the CO for the audit in

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<sup>14</sup> *Ibid.*

comparison with his last audit round. The overall percentage of audited items found to be in substantial compliance has increased at all facilities audited.

**Table 5**  
**Summary of Compliance Rating Percentages<sup>15</sup>**  
**Comparison between Round One and Round Three**

**OHCYCF**

	Percentage in SC	Percentage in PC	Percentage in NC	Percentage in NR
Round 1	34%	56%	10%	0%
Round 2	43%	46%	11%	0%
Round 3	59%	29%	8%	4%

**NACYCF**

	Percentage in SC	Percentage in PC	Percentage in NC	Percentage in NR
Round 1	11%	78%	11%	0%
Round 2	32%	57%	11%	0%
Round 3	54%	33%	8%	4%

**VYCF**

	Percentage in SC	Percentage in PC	Percentage in NC	Percentage in NR
Round 1	22%	68%	11%	0%
Round 2	46%	43%	11%	0%
Round 3	63%	25%	8%	4%

**CO**

	Percentage in SC	Percentage in PC	Percentage in NC	Percentage in NR
Round 1	13%	87%	0%	0%
Round 2	13%	87%	0%	0%
Round 3	46%	36%	0%	18%

Dr. Gage described progress in the implementation of the IBTM this round as "strong and steady."<sup>16</sup> He indicated that the staff's overall understanding of the IBTM

<sup>15</sup> Source: Compiled by OSM based on DJJ's Quarterly Compliance Reports and Mental Health Expert's audit tables.

continues to develop with one exception where there appears to be some slippage at NACYCF.

Again, executive leaders have demonstrated their ongoing support for the IBTM by fully staffing the CO IBTM Team, supporting all training efforts, providing the needed resources and hosting two system-wide forum.<sup>17</sup> The management forum consisted of both management and system training.<sup>18</sup> Creative approaches, such as fitting puzzle pieces together, were used to explain how the components of the IBTM fit together. Defendant had invited the Plaintiff, the Mental Health Expert and the Special Master to respond to questions from managers about the lawsuit and the IBTM. Managers and supervisors were engaged and positive about the changes. Similarly, Defendant brought together the first-line supervisors, the SYCCs from around the state to learn more about structuring the milieu (living unit environment and activities). As the SYCCs are key to establishing the organizational culture, this type of meeting has the potential to enhance the pace of organizational changes.<sup>19</sup>

While in this round the actual percentage in substantially compliant items increased the most at NACYCF (22%, compared to 16% at OHCYF and 17% at VYCF), the facility still lags slightly behind the others overall in this area. That is not the concern of the Mental Health Expert or the Special Master. The concern is that the quality of many of the IBTM elements at NACYCF is lower than those at the other two facilities. Chief among them is the lack of understanding of and/or support for the IBTM by a number of supervisors and managers of the facility.

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<sup>16</sup> IBTM Comprehensive Summary 5-15 p. 1

<sup>17</sup> While there have been a few retirements from the CO IBTM Team, management has moved expeditiously to fill any vacancies.

<sup>18</sup> See Management Forum Agenda.

<sup>19</sup> See Memo regarding Statewide SYCC meeting.

A key indicator of just basic good management in any corrections facility is the extent that managers are in the living units.<sup>20</sup> Despite the challenge of running a 24/7 institution, effective managers get out to the living units to observe whether or not the strategic direction of the agency is being implemented. Defendant has chosen to implement the IBTM and managers who are committed to this direction are actively observing the ways in which services are delivered. All programs and services should align with the direction of the IBTM.

There are some indicators at NACYCF that some managers either are not in the living units or are not supportive of the IBTM. For example, in one unit, a sign was posted on the wall that said "if you ask for a positive check you will receive a negative check." In another unit, staff members have implemented rules that clearly are not consistent with the IBTM.<sup>21</sup> The Special Master can only conclude that either the managers are not in the units, do not support the Defendant's agreed-upon direction and/or do not understand the IBTM well enough to ensure fidelity to it.

In contrast, the behavior of unit staff in the other two facilities reflects more consistent efforts by managers to support the IBTM. This is not to say that in these facilities all managers in fact do support the IBTM but there are clear signs that the majority do and those who do not are being coached or held accountable for their failure to support the program. At all facilities, there are a variety of management meetings and training that are consistently occurring where the various aspects of the IBTM are discussed (see below). Defendant also continues to provide training to increase the

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<sup>20</sup> It should also be noted that they should be performing management functions that are discussed in this section.

<sup>21</sup> The Special Master visited NACYCF on April 9, 2015. In one unit, it appeared staff had created rules that were clearly inconsistent with the IBTM.

fidelity to the behavioral management system.<sup>22</sup> At VYCF the Superintendent and Assistant Superintendent continue to teach, talk and model the IBTM way in all of their actions. The benefit of this cohesive approach is seen in the obvious excitement and commitment of many newly appointed managers and those with longer tenure with the facility.

One of the challenges of an audit tool is that it does not always capture the more qualitative aspects of implementing changes. The qualitative measures of IBTM implementation that the Mental Health Expert and Special Master look for include but are not limited to:

- Does the unit staff complete training timely? Do the managers attend training with the unit staff?
- Are regular unit meetings held that have agendas and minutes? Do managers monitor (or attend) these meetings to ensure information is being accurately conveyed to unit staff?
- Is there evidence that managers are in the unit regularly? Such evidence can be seen in the quality of group delivery as well as feedback provided to staff facilitators by managers.
- Similar indicators include managers are knowledgeable regarding how the reinforcement system (RS) is being implemented and there are noted efforts to remediate or change practices that conflict with or undermine the RS or any other element of the behavior management system.
- Is there evidence that managers are using quality assurance management systems created by the CO IBTM Team to address the lack of fidelity to the model?
- Evidence that managers are facing problems and proposing solutions to their chain of command regarding ways to more fully imbed IBTM principles should be evident. Innovation or experimentation with new ways of implementing elements of the IBTM should be evident.
- Evidence that managers are modeling with staff and not just the youth the behavior management principles of the IBTM.

The Superintendents and Assistant Superintendents are responsible for ensuring that managers perform the administrative functions that ensure fidelity to the model. The CO

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<sup>22</sup> A skilled RA went into all facility units and observed the implementation of the RS and provided feedback to unit staff regarding areas that were well done and/or needed correction. The CO IBTM Team provided RS training in all facilities in June and July of 2015 to increase fidelity to the model.

IBTM Team and headquarters can only support mechanisms in the change effort. Both entities have created numerous systems and tools that managers can use. Department leadership has demonstrated unflinching support of the IBTM.<sup>23</sup>

#### The Assessment Process

Discussion with a vendor to make desired changes to the assessment process began in the last quarter of 2014.<sup>24</sup> The contract to begin work is still not completed. Why it takes over a year to complete a contract is simply baffling. It appears that the California Department of Corrections and Rehabilitation (CDCR) simply is not capable of executing a contract timely. There has been some progress in this area since the last reporting round.

#### Case Management Process

Efforts to assist staff to learn to write clear case plans that have specific action steps and case notes continue. Each facility now has a weekly IBTM meeting where supervisors and managers come together to review progress in implementing the IBTM. The meetings have clear agendas and minutes so those who do not attend can follow progress.<sup>25</sup> Example meeting minutes from VYCF and OHCYCF indicate that CO IBTM Team members and facility management are taking an active role in supporting and teaching staff good case management practices.

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<sup>22</sup> The Superintendent and Assistant Superintendent of VYCF are to be congratulated for continuing to create a climate that supports staff that demonstrate the behavioral change required to implement the IBTM.

<sup>24</sup> Defendant began working with the vendor in mid 2014 to identify what if any changes are needed. See OSM 30, pp. 9-10.

<sup>25</sup> For meeting examples see, NAC IBTM Weekly Meeting Minutes 5-27-15, OHC IBTM Weekly Meeting Minutes 3-18-15, OHC Weekly Meeting Minutes 4-15-15, VYCF IBTM meeting minutes 052015 and VYCF IBTM weekly minutes 051315. The Special Master appreciates the Superintendent of the NACYCF addressing both the positive and constructive feedback from the last audit round.

Training is being provided at the weekly facility IBTM meetings and in individual sessions.<sup>26</sup> When the contract with the vendor is completed, the vendor will develop a coaching module for staff that provides supervisors and trainers the needed materials to help staff develop more effective case management skills and strategies.

The CO IBTM Team has taken a less formal but more targeted approach to training. The team began with conversations with the TTSs about the assessment process and case planning. The sessions targeted the areas raised by the participants. The discussions focused on all issues staff wanted help with including the behavioral management system.<sup>27</sup> The approach was so successful that the NACYCF Superintendent requested the SYCCs be included. The process was repeated for all facilities, headquarters staff and the Parole Board members.

VYCF has implemented a quality assurance (QA) process for the assessment and case planning functions that is comprehensive and thorough. A TTS has been assigned the role of Quality Assurance Coordinator. There is a clear description of job duties as well as thoughtful audit processes and other quality assurance strategies. Each unit TTS must complete an audit of one PA each month. The Quality Assurance Coordinator performs an audit of a random sample of the California Youth Assessment Screening Instrument (CA-YASI) assessments each month.<sup>28</sup>

There has also been some progress in creating a more integrated and meaningful intake process but there are still critical gaps in the process. The Associate Director of Mental Health has trained the Psychologists on both case formulation and case conceptualization. Case formulation is the process whereby a Psychologist summarizes

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<sup>26</sup> *Ibid.*

<sup>27</sup> See YASI/Case Planning Training for an overview and sign in sheet example.

<sup>28</sup> See CA-YASI Case Planning QA process for an example of an audit.

and integrates data from various sources to identify what appear to be the presenting issues with a youth. Case conceptualization is using the case formulation and other data to identify what the professional staff believe is the best course regarding the desired behavioral change and when appropriate, treatment.

Examples of case formulations are beginning to show up in case files. There aren't many because they are being done largely at intake and thus, only are found in the files of the newest residents.<sup>29</sup> The early examples show sound thinking and process by the Psychologists.<sup>30</sup>

In contrast, when the Special Master observed two Initial Case Reviews (ICR), she found the files included thoughtfully completed offense history, victim impact statements, offender's version of the offense, social history and education, drug and alcohol history as well as completed CA-YASI but the Individual Change Plans usually had only identical generic templates for intervention and sometimes were blank.<sup>31</sup> Upon inquiry, the Special Master was told that this key element of the case conceptualization is to be completed by the living units. While there is no question that the living unit staff, because of their closeness to the youth, will potentially come to view the case conceptualization differently, they need to be informed of the opinion of the intake staff prior to the transfer of the youth to their unit.

The intake staff members have the most complete and current information regarding the youth. Thus, they are in the best position to make an objective assessment

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<sup>29</sup> The Mental Health Expert found in his recent mental health audit at VYCF that some case formulations are being done post-intake.

<sup>30</sup> The Mental Health Expert reviewed some formulations when performing the current IBTM audit. The opinion expressed here is that of the Mental Health Expert and not the Special Master who has not reviewed any formulations.

<sup>31</sup> The Special Master observed two ICR meetings on April 9<sup>th</sup> and spoke with the staff members in attendance. The staff members were open and forthcoming about the strengths and weaknesses of the process.

and recommendations for treatment at that point. Otherwise, it makes no sense and is wasteful to have a specialized intake unit. Providing these recommendations to the living unit team allows them to initiate treatment more promptly. While it is true that, in time, their view may differ, that does not mean the intake process lacks objectivity or validity.

The team members that were present at the ICRs could not easily articulate the purpose of the meeting. When systems change from the large size and scope of the former California Youth Authority (CYA) to the smaller, narrower scope of the DJJ, often the processes and procedures that made sense no longer do or need to be modified for the new system. The ICR is one of these processes. The purpose needs to be clarified; it needs to be structured to ensure that purpose is clearly communicated to the youth, the pace and timing need to move at an adolescent speed, not that of busy adults and finally, the staff must employ the principles of motivational interviewing where they speak with a youth and not at him/her. Most staff members talked at the youth telling him/her what s/he needs to do or actually spoke in the third person as if the youth was not in the room. In fairness to the staff, most have not been trained in motivational interviewing and senior leaders have not attended to the strategic questions regarding purpose of the meeting and integration into the intake process.<sup>32</sup>

The Special Master suggests the Defendant consider restructuring this meeting and having it held in the living units led by the intake staff and the unit staff that work daily with the youth. Key members like the Parole Board and the intake Psychologist should continue to be involved.

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<sup>32</sup> Defendant has committed to providing motivational interviewing training but this issue is stuck in the clearly failed contracting process. This particular issue has been caught in the limbo of the contracting process for approximately 18 months.

### Cognitive-based Behavioral Treatment (CBT) Group Delivery

The Mental Health Expert noted in his comprehensive report that “The quality and fidelity of the CBT groups are improving steadily.” The Special Master has reviewed the monthly group report documentation and it indicates that groups are being held consistently at all facilities.<sup>33</sup> Similarly, when a group is cancelled, it is rescheduled timely. Defendant has maintained the group schedule despite suffering a staff shortage. While this circumstance is not desirable and certainly having substitute facilitators is not ideal, the staff have demonstrated their high level of commitment to the groups by ensuring that substitute facilitators run the groups rather than cancelling them. The Special Master again wants to recognize the unit staff and SYCCs for making this happen.

Intervention group outcomes are checked at several levels of the organization.<sup>34</sup> All of the steps outlined in the NACYCF process are fine for this point in implementation but the Special Master encourages Defendant to push decision authority and accountability down to unit managers leaving only high-level aggregate data reviews to be made by executives. Issues such as ensuring groups are occurring is a tactical issue that should be monitored and addressed at the lowest level possible. Executive level discussions should be reserved for strategic issues such as how to implement a new element of the behavioral management model that at this time is the level system.

The quality of the groups is also improving. Staff seem to be growing more comfortable with the idea of a set curriculum and are typically demonstrating a higher

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<sup>33</sup> For facility examples, see OHC Glenn Intervention Group Data Mar-April 2015; VYCF Alta Vista Intervention Group Summary Mar-April 2015; and NAC San Joaquin Intervention Group Data Mar-April 2015.

<sup>34</sup> See Accountability Process for NAC and OHC.

level of mastery with the material.<sup>35</sup> Again, thoughtful quality assurance systems are in place and they are improving as well. Summary data for observations are now collected and reviewed.<sup>36</sup> Observations of group delivery are more thoroughly completed and provide positive feedback but there is little evidence of constructive feedback. There are still not often plans for remediation of problems noted but the problems are noted.<sup>37</sup>

One of the unique programs that Defendant has developed is Skill of the Week (SOTW). Taking the skills from the evidence-based curricula, Defendant has developed a module where a skill from Aggression Interruption Training (AIT) is practiced twice daily in all living units. It is also practiced in school and posted throughout the facilities. The Special Master and Mental Health Expert have observed the SOTW sessions on many occasions. The level of youth participation continues to be impressively high. Youth typically report enjoying the sessions and learning from them. To ensure full understanding and engagement of managers, Defendant has had all managers deliver SOTW and be observed using the same assessment process that is used by the line staff. Having managers deliver SOTW has demonstrated to line staff the commitment of the agency leaders to the IBTM. It has also increased the understanding of managers regarding what they are asking the staff to do. Defendant plans to repeat this process for other intervention groups.<sup>38</sup>

While there is room for growth in the quality of delivery of the groups by some facilitators, it appears the concept of the groups being a core part of the IBTM

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<sup>35</sup> In the past, YCCs were expected to lead groups with the youth they supervised. With few exceptions there were no curricula and certainly few evidence-based curricula for these groups. Adjusting to a structured curriculum has been a challenging transition for some staff members.

<sup>36</sup> See OSM 32 NAC March ó May 2015 Group Observation Data.

<sup>37</sup> See OSM 32 NAC Observations and OSM 32 VYCF Observations.

<sup>38</sup> Percentage of SOTW Observations (5) (5) identifies the staff that have been trained.

intervention strategy is firmly cemented in all facilities. Quality assurance measures will always be needed to ensure there is not only no slippage in group delivery but to assist in training new staff and to achieve the level of quality that Defendant is capable of producing.

#### Behavioral Management System and Level System

Notable progress has been made in two of the three facilities with the RS.<sup>39</sup> First, most staff are beginning to understand that the system provides a mechanism for staff to shape youth behavior. The staff members who understand the system are recognizing that initially youth just want the rewards but later often begin to develop the skill that is being rewarded. There are more examples of staff not just rewarding generic issues like cleaning the unit but rewarding behaviors that are a demonstration of desired skills.. The Mental Health Expert noted problems with the late night not being consistently provided -- in some cases because of an increase in the use of limited programs and in others, staff are not following the procedure.

Defendant has moved aggressively to correct the areas where there are problems with the RS. A senior-level manager was assigned to make unannounced visits to all the living units. A report was written on the RS practices in each unit and reviewed with the unit management. Supervisory staff were provided with the reports. The Manager also met with YCCs in the living units and later with supervisors and managers in the weekly IBTM meetings. The Manager indicated that she has been able to both correct

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<sup>39</sup> The Mental Health Expert noted that "With the exception of NACYCF, the fidelity to the (RS) is steadily increasing and it is improving on some NACYCF units as well."

misperceptions and to help staff understand why fidelity is important. Not surprisingly, she reported that the youth fully understand the system.<sup>40</sup>

A key element of the RS that was not always happening is having the staff meet with youth in a large group at the end of the day to review the RS. In both OHCYCF and NACYCF, managers now stay late one night each week so they can observe the RS. In addition, the Sergeants on duty are observing. This is an excellent example of the ways in which security staff are a valuable part of the IBTM team.<sup>41</sup> Another good example of all disciplines working together as part of the IBTM is the NACYCF education staff requesting and participating in an RS refresher.<sup>42</sup> The management staff at VYCF have been briefed on the required RS procedures and the unit visits are scheduled. The procedure that codifies the RS is in the final stages of review and changes have been made to the computer system, the Ward Information Network (WIN).

Finally, it should be noted that not only has the number of positive checks grown over time but also who is giving them. Security at NACYCF is typically in the range of 500 or more checks each month. This is followed by VYCF security that began the round with slightly over 100 positive checks and ended at almost 500 positive checks. OHCYCF security staff participates minimally with a high of 40 positive checks for this report period. Education and mental health are active participants and even the kitchen staff and the Free Venture Staff (private industry program) at NACYCF are participating. There are still a few Psychologists and supervisors who do not provide positive checks on

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<sup>40</sup> The global findings are described in the email regarding Reinforcement System Observations. The example unit report is from a unit where youth complained to the Special Master about problems with the RS system including being given a negative check if youth asked for a positive check. Recognizing the unit staff knew they were being observed, the report still documents problems and thus, the Special Master concludes the Manager observing the units was able to accurately identify problems.

<sup>41</sup> See Fidelity of RS.

<sup>42</sup> See Positive Checks email that attaches the sign in sheet from the training and the chart that tracks the positive checks.

an on-going basis. The latter is problematic because it's preventing the youth who work from getting late night while those in school do.

The final key element of the behavioral management system, the Level System (LS), has been finalized and some initial training has begun and all staff training is scheduled.<sup>43</sup> The Mental Health Expert has reviewed the LS and found it conceptually sound.

"The level system is very consistent with the principles of the IBTM and while it will doubtless require adjustment, it sets out reasonable criteria for achieving a corresponding set of privileges, which also represent graded exposure to risk consummate with the skill acquisition demonstrated by achieving the criteria for advancement. The work demonstrates a strong creative impulse along with a sound understanding of the foundational principles of the IBTM."<sup>44</sup>

The amount of work involved in preparing for the introduction of the new LS has been substantial. Classroom and on-the-job training materials had to be created, computer systems modified and tested and quality assurance measures developed.<sup>45</sup> The LS Committee and the CO IBTM Team have worked hard to prepare a launch where the staff are well trained and supported. CO IBTM Team members have been assigned to living units to resolve issues and to address questions and concerns when the LS is launched.

#### Quality Assurance (QA)

One of the strengths of the IBTM program Defendant has developed is the quality assurance program. As mentioned above, Defendant has developed a host of different types of quality assurance measures and methods. They are:

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<sup>43</sup> See LS and RS Training Dates Memo.

<sup>44</sup> IBTM Comprehensive Summary 5-15, p.2.

<sup>45</sup> The email OSM 32 LS overviews many of the activities that are underway to prepare for LS implementation.

"The key elements of the Integrated Quality Assurance Plan include: 1) clear guidance regarding staff roles; 2) standardized quality assurance forms that insure meaningful feedback to staff; 3) discussion of quality assurance functions at a regular meetings and, 4) regular data collection and reporting processes to provide management with timely updates on strengths and opportunities for improvement. Several elements have already been developed, while others will be developed as outlined in this plan"<sup>46</sup>

An example of how many of these elements are combined in one activity is the training of management staff in SOTW. The managers are physically observed, provided oral and written feedback and where remediation is needed, they must address problem areas and be observed again. Once proficiency is achieved, the manager may now observe and provide feedback to others. Clear roles are established, training provided, proficiency rated and only then can that staff member observe others and provide feedback.

Now that the Program Administrators, Supervising Casework Specialists (SCWS), TTSs, and the majority of SYCCs have been observed and received feedback regarding their delivery of SOTW, those who have been rated proficient will observe and rate the PAs, CWSs and YCCs. In this way, Defendant will address the concern of the Mental Health Expert that there is no system to determine proficiency for those delivering interventions.

The many examples cited of summary data on interventions being reviewed at different levels throughout the organizational hierarchy are demonstrations of the growing understanding of how to use aggregate and case-level data to monitor program fidelity.

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<sup>46</sup> 6-12-15 QA Plan.

### Transfer of Monitoring

The Mental Health Expert has indicated that many of the headquarters and facility IBTM audit items have achieved two rounds of substantial compliance. The expert recommended that most of these items be returned to Defendant for monitoring.<sup>47</sup> The parties reviewed a list of proposed items for transfer and reached agreement that 37% (13/35) of the total items can be transferred back to Defendant. As in the past, while the expert will no longer monitor these items, should he or the Special Master observe problems with any of the items, they will work with Defendant to remedy the situation or resume monitoring them. Defendant is to be congratulated for this accomplishment.

### **IV. MENTAL HEALTH**

Dr. Heather Bowlds, the Associate Director of Mental Health, has been in her position for over eight months. The benefit of having her oversee all behavioral health programs is becoming more and more evident. Integration of the core IBTM elements into the mental health units continue as does adaptation of some program elements from the excellent Sexual Behavior Treatment Program (SBTP) into core units. Psychologist and Psychiatrist staffing remains stable with few vacancies.<sup>48</sup> Progress in developing a more robust mental health program has continued at a steady and measured pace.

Of the eight steps in the Mental Health Implementation Plan,<sup>49</sup> five are completed with a sixth almost complete.<sup>50</sup> The revision of the mental health policies and procedures that has been a huge undertaking is nearly complete with only one policy still under

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<sup>47</sup> Items marked in red in the IBTM Facility Audit Tool Change recommendations 5-15 and IBTM HQ Audit Tool change recommendations 6-15 are those scheduled for transfer.

<sup>48</sup> See Summary of MH Activities.

<sup>49</sup> See OSM 28, pp. 49-51; OSM 29, pp. 30-31; OSM 30, pp. 23-26; OSM 31, pp. 29-36.

<sup>50</sup> Completed are the Mental Health Definition, Levels of Care Roundtable, Mental Health Entrance and Exit Criteria, Program Guide, and the Mental Health Policies and Procedures.

review. The Mental Health Expert is in the process of completing an audit of the mental health program. The Special Master will report on his results in her thirty-third report and thus will not report on all aspects of the program in this report.

#### Developing a Treatment Program

Defendant continues to develop an understanding of how to use the Trauma Focused Cognitive Behavioral Treatment program (TF-CBT). The program works well for many of the youth in the mental health programs but not all. Psychologists are working to identify what other types of programs and services are needed to either complement the program or to supplant it. There is a current plan to implement a medication education group that is a good first step.

#### Policies and Procedures

Defendant has finalized all policies and procedures with only the Involuntary Medication Policy still undergoing legal review. The Mental Health Expert has reviewed and commented on the proposed policy changes regarding the use of involuntary medication. In chronological order, the policies and procedures are listed by completion date.<sup>51</sup>

- July 21, 2014: Mental Health Services Policy. This policy incorporated nine formerly separate policies. It includes:
  - Acceptance and Rejection Criteria,
  - Mental Health Levels of Care which include Licensed Facilities,
  - Forensic Evaluations,
  - Community Re-entry of Youth with Mental Health Treatment Needs, Communication with Counties,
  - Mental Health Referrals,
  - Principles of Mental Health Assessment, and
  - Treatment, Mental Health Documentation, and Mental Health Evaluations.

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<sup>51</sup> Completion date is different from implementation date. Implementation is the date all staff are trained on the policy.

- December 26, 2014: Treatment Confidentiality Policy<sup>52</sup>
- January 6, 2015: Mental Health Services Guide<sup>53</sup>
- February 19, 2015: Informed Consent Policy<sup>54</sup>
- June 30, 2015: Suicide Prevention Assessment and Response Policy (SPAR)<sup>55</sup>
- July 2, 2015: Psychopharmological Policy<sup>56</sup>

Training for the SPAR policy is being planned. Training on all the policies has been comprehensive and thoughtful. While the training on SPAR is critical, it should be noted that in the mental health audits, unit staff have always been found to understand when and how to implement a suicide watch. Staff err on the side of caution with any hint of suicidal ideation, they immediately contact a mental health professional for help. There have been some minor problems in documentation that the training should resolve.<sup>57</sup>

#### Intake Procedures

Defendant is addressing the concerns raised in the Special Master's thirty-first report. Chief among them is the initial assessment process when a youth arrives at intake.

Defendant has identified a semi-structured interview to replace the former standardized assessment.<sup>58</sup> Defendant is also now timely in the completion of intakes prior to a youth being placed in a unit.<sup>59</sup> Case formulations, the process of integrating and

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<sup>52</sup> See PB14-08\_TreatmentConfidentialityPolicyandForms.pdf

<sup>53</sup> See PB 1407\_Appendix; PB 1407\_Appendix2; PB 1407\_Appendix3.

<sup>54</sup> See PB15-01\_InformedConsentFor MentalHealthTreatment\_PolicyBulliten.pdf.

<sup>55</sup> See CN60\_Signed Policy\_06302015.pdf

<sup>56</sup> See CN421\_Signed Policy\_07022015.pdf

<sup>57</sup> The Special Master just completed interviewing mental health unit staff at VYCF and they are very clear on how to identify and address possible suicide concerns.

<sup>58</sup> VYCF completes the intake process for girls and uses one structured interview while the intake unit for boys uses another. See scicaprotocol.pdf for the boys interview and Intake Evaluation Interview.doc for the interview used for girls.

<sup>59</sup> Conclusions in this section are reached from conversations with Dr. Bowlds and recent observations at the first mental health audit at VYCF. The accuracy of these conclusions will be reached by the Mental Health Expert in his upcoming assessment of the mental health program. Additionally, the headquarters

distilling the data gathered in the intake process into a usable format, are now being completed on youth and a case conceptualization process is being developed. Senior staff members are reviewing the ICR process and reports.<sup>60</sup>

#### Quality Assurance Outcomes and Measures

Defendant is developing good supervisory procedures and practices as well as quality assurance measures to ensure maintenance of progress to date and improvement in the future. Senior Psychologists complete a monthly report that reviews basic program areas. They meet with Dr. Bowlds to review the report. A quality assurance tool for the TF-CBT, the group observation form is being created and will follow the current IBTM process.<sup>61</sup>

#### **V. OUTSTANDING SAFETY AND WELFARE AUDIT ITEMS**

When the parties stipulated to revert monitoring of the *Safety and Welfare Remedial Plan* to Defendant, they agreed that two audit items remained outstanding and required further monitoring by the Special Master. The two items are the BTP and facilities improvement.<sup>62</sup> Defendant has made progress on both items. Although further work is needed, the Special Master believes these two issues could be resolved expeditiously with appropriate management focus and attention. The status of each of the two outstanding items is discussed below.

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intake lead is being involved in this process to ensure better coordination between headquarters intake activities and the intake unit activities.

<sup>60</sup> Defendant has assigned a capable PA III to assist Dr. Bowlds and the CO IBTM Team Director in this process.

<sup>61</sup> See Summary of MH Activities.

<sup>62</sup> See OSM 30, p. 51.

### Behavioral Treatment Program

Defendant continues to make progress toward implementing an effective BTP model. The number of youth housed in the facilities' BTPs and their length of stay (LOS) remain on a declining trend. There is clear understanding among facility staff members that the purpose of the BTP is to promptly address the violent and aggressive behavior that resulted in the BTP referral to enable rapid transition back to the sending unit. In recent months, VYCF has been successful in transitioning a number of deeply entrenched youth with lengthy stays out of its BTP, which was identified as one of the key remaining issues.<sup>63</sup> The long-awaited BTP Program Guide was finalized and approved and training on the content of the program guide has been delivered to all BTP and all high-core unit staff members. However, certain key elements in the program guide, including the LS, staff engagement with youth in structured activities and quality assurance are a work in progress. Moreover, Defendant has not yet been able to timely produce a work plan to implement the program guide, which is a key element in assessing Defendant's readiness for assuming monitoring responsibility for this audit item. This audit item remains in need of further monitoring by the Special Master.

### BTP Population and LOS

The BTP youth population further declined from its historically low level. While the BTP youth population can fluctuate significantly because of events such as group disturbances and destabilization of group dynamics caused by changes in the youth population total and mix, the general trend is on the decline. In her recent reports, the Special Master noted drastic reduction in the number of youth housed in the BTP units,

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<sup>63</sup> See OSM 31, p. 10.

particularly at NACYCF and at VYCF.<sup>64</sup> Previously, the BTP population at these two facilities was always at or near the maximum capacity of 24. In recent months, the numbers declined significantly to 13 and 10, respectively, at NACYCF and VYCF as of February 27, 2015. Since February 2015, both facilities experienced further decline, to five and seven at NACYCF and VYCF, respectively, as of May 31, 2015.<sup>65</sup> Defendant's total BTP youth population declined from 35 as of February 27, 2015 to 25 as of May 31, 2015.

There has also been a corresponding decrease in the number of youth with lengthy BTP stays. The total number of youth with LOS in excess of 60 days declined from 15 on February 27, 2015 to eight on May 31, 2015. During this period, VYCF successfully transitioned six youth with lengthy LOS out of its BTP.<sup>66</sup> One of the six youth who has been on BTP since December 2013 exited BTP on March 3, 2015 to a low-core unit. All six youth remained in core units as of May 31, 2015.<sup>67</sup> At NACYCF, two of the four youth with an LOS in excess of 60 days are scheduled to be transferred to adult institutions and show little inclination to respond to staff intervention efforts.<sup>68</sup> At OHCYCF, only one youth has an LOS in excess of 60 days, which is consistent with its historical pattern of very few youth with lengthy LOS. The following tables provide the facilities' BTP youth population and their LOS as of May 31, 2015 and February 2015.

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<sup>64</sup> See OSM 31, p. 10 and OSM 30, p. 48.

<sup>65</sup> VYCF's BTP youth population increased to 14 as of June 24, 2015 primarily due to a group disturbance in the high core unit. SYCC Mark Carrillo expressed confidence that most youth involved in the incident will transition out shortly.

<sup>66</sup> See email of June 8, 2015 from SYCC Mark Carrillo to Assistant Superintendent Maria Harper. Subject: MV BTP/Successful Exits.

<sup>67</sup> *Ibid.*

<sup>68</sup> Based on conversation between Deputy Special Master and TTS David Rossi on May 27, 2015.

**Table 6**  
**BTP Youth Population<sup>69</sup>**  
**As of May 31, 2015**

	<b>Under 60 Days</b>	<b>Over 60 Days</b>	<b>Total</b>
OHCYCF	10	1	11
NACYCF	2	3	5
VYCF	3	4	7
Total	15	8	23

**Table 7**  
**BTP Youth Population**  
**As of February 17, 2015<sup>70</sup>**

	<b>Under 60 Days</b>	<b>Over 60 Days</b>	<b>Total</b>
OHCYCF	11	1	12
NACYCF	9	4	13
VYCF	0	10	10
Total	20	15	35

The average LOS declined significantly at OHCYCF and VYCF but increased at NACYCF between February and May 2015. The decline is particularly significant at VYCF, which went from an average of 209 days to an average 74 days. However, with fewer youth in the unit, there likely will be more volatility in the average calculation as one or two youth with lengthy LOS stay could easily significantly inflate the average. This is likely the cause of the recent increase at NACYCF. The number of youth included in NACYCF's average calculation decreased from 18 in February 2015 to six in May 2015 and, proportionally, there were more youth with lengthy LOS in the May calculation. The following table provides a comparison of the average LOS between February and May 2015.

<sup>69</sup> From BTP LOS report of May 2015.

<sup>70</sup> See OSM 31, p. 12.

**Table 8**  
**Comparison of Average LOS<sup>71</sup>**  
**February 2015 and May 2015**

	February 2015 <sup>72</sup>		May 2015 <sup>73</sup>	
	Average LOS	Total Youth	Average LOS	Total Youth
OHCYCF	47	17	30	15
NACYCF	79	18	111	6
VYCF	209	15	74	11

**A. Out-of-Room Time**

One of Plaintiff's concerns about BTP is the negative consequence of placing youth in an isolated setting over an extended period. Defendant's Program Service Day (PSD) schedule calls for youth to be out of their rooms at least 44 hours per week while engaging in structured activity based on evidence-based principles. In her thirty-first report, the Special Master noted that, according to the PSD schedule, an overwhelming number of youth at OHCYCF and VYCF were spending most of their time out of their rooms and far in excess of the minimum PSD requirement during a sample two-week period. However, NACYCF lagged far behind the other two facilities in providing youth out-of-room time. Noting that Defendant's CO staff are supposed to monitor weekly PSD activities and intervene when necessary, the Special Master suggested the CO staff should conduct inquiries and youth interviews to quantify the cause of the disparity and seek possible solutions if this condition exists over an extended period of time. Nevertheless, this condition apparently continues to persist..

Defendant's PSD data over a two-week period in May 2015 show the same trend at the three facilities. At OHCYCF, the average weekly out-of-room time for each youth was 67 hours one week and 69 hours the following week. At VYCF, the average weekly

<sup>71</sup> BTP LOS reports of February and May 2015.

<sup>72</sup> BTP LOS report of February 2015.

<sup>73</sup> BTP LOS report of May 2015.

numbers were 61 hours one week and 54 hours the following week. In comparison, the May 2015 weekly average at NACYCF was 42 hours one week and 40 hours the next week, which represents a slight decline from the February 2015 weekly averages of 47 and 44 hours. During each of the two-week periods, more than 50% (four of seven during one week and five of seven the next week) of youth in NACYCF's BTP did not meet the minimum threshold of 44 out-of-room hours per week.

**Table 9**  
**Weekly Youth Out-of-Room Hours**  
**Week of May 18 – May 24 2015<sup>74</sup>**

	Low	High	Average	Youth with Under 44 hours
OHCYCF	41	80	67	1/14
NACYCF	34	51	42	4/7
VYCF	46	67	61	0/9

**Table 10**  
**Weekly Youth Out-of-Room Hours**  
**Week of May 25 – May 31, 2015<sup>75</sup>**

	Low	High	Average	Youth with Under 44 hours
OHCYCF	57	78	69	0/12
NACYCF	34	47	40	5/7
VYCF	42	66	54	1/9

Defendant suggests that it is difficult to provide youth with more out-of-room hours when they refuse to program with each other. Logistically, it does pose more challenges when youth refuse to integrate and thus need to be segregated into program groups or placed on program-alone status. However, given the drastic decline in NACYCF's youth population (from an average of 13 in February 2015 to an average of seven in May 2015) and the enriched staffing level for BTP, one would expect that there

<sup>74</sup> Data based on weekly PSD reports provided by Program Administrator Alicia Ginn via an email dated June 15, 2015.

<sup>75</sup> *Ibid.*

should be ample opportunities for staff to engage youth in one-on-one counseling sessions and other out-of-room activities continuously as a part of the daily routine of providing intensive treatment. The fact that the youth population declined by nearly 50% and staffing level remained the same should cause management to question why youth are not receiving more out-of-room time for treatment and services. When the Deputy Special Master visited NACYCF's BTP unit on May 27, 2015, he observed four staff members congregating at the YCC station when three youth were in the unit. One youth was alone in the dayroom while the two other youth were confined to their rooms. When interviewed, all three youth asserted that they were confined to their rooms most of the times and staff-youth interaction is minimal at best.

#### **B. Structured Activities**

The Special Master routinely observed during her site visits that when youth were in the dayroom, they were either alone or in a group with little or no staff interaction or intervention. Such unstructured activity adds little value toward the core mission of the BTP, which is to provide intensive treatment and services to promptly address a youth's aggressive and violent behaviors. Moreover, placing high-risk youth in unstructured activities creates unnecessary risk and sets youth up to fail. The reason they are on the BTP is that they are unable to manage themselves in less-structured settings. She suggested that many staff members do not have the experience, knowledge, and skills necessary to engage youth in meaningful and structured activities. Some staff members likely are unaware that they are expected to engage youth in structured activities or have an understanding of what constitutes a structured activity.

The Special Master is pleased to note that staff members in VYCF's BTP are taking the initiative and proactive actions to engage youth in structured activities. For May and June 2015, the unit developed a monthly calendar of a "BTP/Activity Schedule" that identifies the event, date, time, and the staff member who is to organize the activity. Examples of the structured activities include IBTM & Movie Trivia, a Spelling Bee Contest, a Pictionary Contest, a Handball Tournament, and Trivia US History. The response from youth has been overwhelming positive.<sup>76</sup> While reluctant at first, the staff members have been encouraged by the positive youth reaction, and they show enthusiasm by volunteering and offering new ideas for the structured activities.<sup>77</sup> There is little evidence suggesting such activities are being conducted on a routine basis at NACYCF or OHCYCF.

### **C. BTP Program Guide and Program Guide Training**

While recent developments in the BTP units in general are very positive and encouraging, Defendant needs to ensure sustainability by formalizing the program and installing measures to ensure the program elements are effectively carried out and the program requirements are adhered to. After several delays, the BTP Program Guide was finalized and approved by Director Minor on May 20, 2015. The Mental Health Expert has extensively reviewed draft versions of the program guide and the final draft was circulated to Plaintiff for review and comment. The final version incorporated all comments by the Mental Health Expert, the Special Master, and Plaintiff. All are in agreement that the program guide is a sound document and, if properly implemented, it

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<sup>76</sup> Based on telephone conversation between the Deputy Special Master, Assistant Superintendent Maria Harper, and SYCC Mark Carillo.

<sup>77</sup> *Ibid.*

will accomplish the BTP goal of delivering intensive and meaningful services designed to reduce aggressive behavior in youth.

Training on the content of the program guide was delivered to the facilities' BTP and high core units' staff members in May and June 2015. Training entails that CO staff members first provide training to Program Administrators, TTSs, and SYCCs of the BTP, who in turn serve as trainers for other staff members (YCCs, PAs, Psychologists, et al.). The Deputy Special Master observed the training for NACYCF's staff on May 28, 2015 and found the four-hour course content and delivery to be appropriate by clearly identifying and explaining the purpose and intent of the program guide, as well as its components and requirements. However, at the time of the training, certain critical components of the program guide, which include the LS and guidelines for structured activities, were still being refined and thus were not discussed in detail to provide clarity on how to proceed. Defendant is scheduling additional training on the RS and the LS.<sup>78</sup> Both the Mental Health Expert and the Special Master are planning to review the training material in advance and attend the training sessions to provide comments and suggestions.

#### **D. BTP Work Plan**

While there is consensus that the newly created BTP Program Guide is a very sound document, it has little value if it is not properly implemented. There is a need for a work plan to implement the program guide by identifying goals, strategies and action steps, staff responsibilities, deliverables, milestones, and target timeframes for completion. Similar to the development of the program guide, Defendant has been tardy in completing the work plan. Logically, the work plan should have been completed and issued at the same time the program guide was released on May 20, 2015 to provide the

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<sup>78</sup> See RS and LS Training Dates Memo.

framework and guidance on how to proceed. Yet, despite having started on a work plan in March 2015 in anticipation of the release of the program guide in April 2015, Defendant did not provide the Special Master with a draft version of the work plan until June 26, 2015.<sup>79</sup> The work plan is an essential element in Defendant's effort to implement the program guide by identifying tasks, measuring progress, and targeting areas that need further refinement. It also enables the Special Master to assess Defendant's progress in implementing the program guide and readiness to assume monitoring for this audit item. The Special Master will work closely with Defendant to develop a viable work plan.

#### Facilities Improvement

This audit item pertains to improving the appearance and functionality of the living units to provide for a less prison-like setting and an environment conducive to treatment. While Defendant continues to make incremental improvements, the Special Master, in her thirtieth report, noted that there is a lack of clarity regarding how much more work is needed to resolve this issue. She suggested one approach might be for Defendant to develop a model unit at each facility for discussion and concurrence before proceeding to other units. Another approach would be for Defendant to prepare artist renditions of what the units would look like for consideration and concurrence.

In her thirty-first report, the Special Master noted that Defendant had not taken any action with respect to the two approaches identified by the Special Master. She suggested Defendant identify alternative measures for consideration if the approaches she identified are not deemed feasible.

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<sup>79</sup> The work plan was finalized on July 15, 2015 after review and comment by the Special Master.

Finally, in June 2015, Defendant made little effort to address this issue until after the Deputy Special Master made an inquiry regarding its status on June 1, 2015. Defendant adopted the Special Master's suggestion to develop a living unit at each facility and use it as a model for what the other living units should look like. Defendant selected Alborado (female unit) at VYCF, Merced (mental health unit) at NACYCF, and Glenn (low-core unit) at OHCYCF as the model living units.<sup>80</sup> Once it had reached a decision and identified the model units, Defendant embarked on an aggressive timeframe by targeting completion of the model before the Special Master's next scheduled visit to each facility ó June 24, 2015 for VYCF, July 8, 2015 for OHCYCF, and July 22, 2015 for NACYCF.<sup>81</sup> The facilities were advised to present ideas and were allowed flexibility to procure goods through an expedited process to furnish and decorate the models.

The completion target for VYCF was unmet because of the short turnaround time and logistical issues. However, Defendant is well positioned to complete the models at OHCYCF and at NACYCF before the targeted timeframe. Both Glenn and Merced Halls have been painted and furnished. Rugs, beddings, games, and other supplies have been ordered and received. Defendant also received a delivery of 28 computers that, upon clearance by the CDCR information technology unit, will be allocated to all living units.

On June 27, 2015, Defendant decided to accelerate the completion of the Glenn Hall model for the Court's scheduled visit to the Stockton Complex two days later with Plaintiff and the Special Master. Defendant assigned this task to Associate Director Tammy McGuire and Youth Incentive Coordinator Brenda Jackson who should be commended as they worked tirelessly with staff and youth in the unit and completed the

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<sup>80</sup> See email of June 8, 2015 from Teresa Perez to Superintendents and Assistant Superintendents regarding "Living Unit Revitalization and Enhanced Decoration."

<sup>81</sup> *Ibid.*

model within an incredibly short timeframe. The Special Master found the outcome to be quite impressive, and the remodel dramatically improved the look and feel of the living unit consistent with the IBTM. Once fully completed, Glenn Hall is an appropriate model for other living units at OHCYCF to emulate. The Special Master is looking forward to observing the models at NACYCF and VYCF. Both are scheduled for completion in July 2015.

Once agreement is reached on the prototype, Defendant will develop a plan and schedule to modify the remaining units in line with the general design of the prototype and consistent with the therapeutic goals of the IBTM. The plan should include a protocol for regularly scheduled inspection of each living unit to identify items in need of repair and replacement due to wear and tear, which occur frequently in group living settings. Funds should be allocated to ensure repairs and replacements occur rapidly.

By its action to complete quality improvements to the Glenn Hall model in such a short timeframe, Defendant has demonstrated that its staff certainly has the creativity, imagination, and the capability to rapidly improve the appearance and functionality of its living units. There is little doubt that this audit item could have already been addressed had appropriate management focus and attention been devoted to it. The Special Master is hopeful that this outstanding issue could be expeditiously addressed in the upcoming months.

## **VI. PAROLE BOARD**

The relationship between a paroling authority and the agency that oversees offenders is often complex. In addition, the task assigned to any paroling authority is difficult and places a not insignificant burden upon decision-makers. The job of the

California juvenile paroling authority is in large part to determine a youth's readiness for parole. To do this effectively, the Juvenile Parole Board must work closely with Defendant to ensure understanding of treatment programs and behavioral management systems. The Board, composed of gubernatorial appointees as well as civil service appointees,<sup>82</sup> has been challenged to understand the change in philosophy and approach to supervising youth that Defendant has undergone as it transitions to a behavioral health approach to managing youth.

The Special Master has observed several Parole Board hearings.<sup>83</sup> The most recent round of hearing observations were in January 2014. There have been changes in process since the appointment of the new Juvenile Parole Board Commissioner that the Special Master has not observed.

Not surprisingly in many instances, the Special Master observed board members struggling to interpret or ignoring the information being presented to them by Defendant. The structure of hearings varied depending on which board member led the hearing. The lack of clarity regarding hearing content and format understandably creates confusion for youth and staff. Staff members do their best to prepare the youth for hearings but predictability was not a feature of the hearing process. Thus staff members often go to great measures to prepare youth for hearings by using the Juvenile Justice Administrative

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<sup>82</sup> A debate has existed for years regarding the effectiveness of paroling authorities appointed by elected officials versus those that are civil servants. The history of gubernatorial appointees throughout the country is indeed mixed. Too often in adult and juvenile paroling authorities positions are viewed as rewards for campaign support or other issues and do not result in the most capable and/or committed board members. Conversely the concern of having civil servants in such positions is that they can be too protected from public scrutiny and/or grow too close to parole agencies to remain unbiased in their decision making.

<sup>83</sup> The most recent round of hearing observations were in January 2014. There have been changes in process since the appointment of the new Juvenile Parole Board Commissioner that the Special Master has not observed.

Committee (JJAC) as a trial run for board hearings<sup>84</sup> and in some units, groups are held where youth rehearse for board hearings.<sup>85</sup> It is the opinion of the Special Master that such strategies are not only inconsistent with demonstrating whether the youth has actually learned new skills and strategies but result in youth being reinforced to be at best disingenuous and at worst dishonest.

Further, because board hearings were often focused primarily on a recitation of the details of the committing offense and often prolonged probing of the youth as to why s/he committed the offense followed by a seemingly required recitation of the impact of the crime on the victim (and an additional requirement seems to be explaining that the impact extends beyond the immediate victims to include the broader community) little time was left to focus on what the youth may have learned that actually is shown to reduce criminogenic behavior and thus risk to reoffend.

If one thinks about the developmental stage of an adolescent, the simple act of remembering details of what are typically serious offenses (when the brain is flooded with adrenaline) is not only unlikely to be accurate but is not useful in discerning risk to reoffend, a not inconsiderable criterion for release. If the focus is on helping a youth learn to reduce their risk to reoffend, a seemingly important consideration for release, hearing officers and staff members must understand the limitations of the not fully formed adolescent brain and focus on those issues that research demonstrates impact risk to reoffend.

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<sup>84</sup> The Special Master heard on several occasions a JJAC chairperson tell youth that this indeed is one purpose of JJAC.

<sup>85</sup> These groups were often referred to as victim awareness groups. The focus of such groups appears to be directed today to the more appropriate subject matter of the victim awareness journals designed to heighten a youth's understanding of the impact of his or her crime on his or victim(s).

All of the current board members have attended training in the intervention strategies Defendant is now using with youth. They have also observed IBTM programs. To their credit, they inquire about progress in the interventions and query youth and staff about what, if any, learning has taken place. Some board members ask very useful questions such as “knowing what you know now, what might you have done differently?” Several board members are beginning to demonstrate an understanding of the principles of the IBTM by focusing on indicators of risk reduction. Other members appear to have less understanding of current practices and rely largely on the disciplinary record of the youth.

The current Board Commissioner has both prior experiences as a Board member and most recently as a Reentry Coordinator for Defendant. In this position, the Commissioner was not just exposed to the principles of a behavioral health model but worked actively with youth to help them use their learning to transition effectively back into society.<sup>86</sup> He is working actively to bring board practices into alignment with current evidence-based practices.

The current Board Commissioner and the Director of DJJ are collaborating on how to achieve alignment between Defendant and Board practices. It is essential that Board practices align with the IBTM. If they do not, the outcome is that an intervention program focused on risk reduction is measured almost solely on a conviction-based criterion for success. While the nature of a youth’s offense as well as victim impact is

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<sup>86</sup> The juvenile corrections system is very fortunate to have Mr. Chuck Supple as the current Juvenile Parole Board Commissioner. Mr. Supple understands the principles of the IBTM and is currently focused on learning how other adult and juvenile paroling authorities are modifying their practices to rely on evidence-based practices to enhance their decision-making.

certainly one element that should be weighed when considering release, so must the behavioral indicators that research tells us reduce risk to re-offend.

The Board Commissioner has engaged national researchers as well as the Mental Health Expert in identifying both what constitutes the type of decision-making process that will best address issues such as risk to re-offend and the criteria that board members should consider to determine release eligibility. For example, the Board must wrestle with how to discern if a disciplinary infraction constitutes a normal developmental behavior of a youth or when it rises to the level of evidence that the risk for re-offense is too high for release. The Commissioner has also begun a process of educating Defendant in the change in the Board's approach to decision making.<sup>87</sup>

Finally, it is incumbent upon Defendant to now align the JJAC process with the Board process. The JJAC process requires a significant expenditure of Defendant resources. Unfortunately, it is the opinion of the Special Master that two of the three committees are not only not aligned with the IBTM but can be detrimental in assessing youth progress and preparing them for release.<sup>88</sup> JJAC, like some other processes once were, is in some ways a vestige of the past when the state juvenile corrections system was much larger and composed of different elements than today. A reassessment of both the purpose and structure of the committee is required.

At a minimum, the process can be streamlined and the decision-making process aligned with the IBTM.<sup>89</sup> The Special Master believes this process could be pushed down to the unit level where staff are better acquainted with the youth and more knowledgeable

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<sup>87</sup> See *Aligning Release Decision Making with Reforms* a PowerPoint presentation used by the Board Commissioner to educate Defendant.

<sup>88</sup> There has been leadership turnover in one of these committees so this situation may have changed.

<sup>89</sup> Notably some of the staff who lead the JJAC meetings are not trained in the elements of the IBTM and appear either to not understand them or not to subscribe to them.

about the IBTM. Such a process, if initiated, would require some level of either peer or administrative review to ensure equitable decision making across units.

## **VII. CONCLUSION**

Defendant continues to make steady progress in the implementation of the BTP, IBTM, and the mental health programs. The final element of the behavioral management model, the LS, is ready for implementation. While challenging, this last element will ultimately make it easier for unit staff to identify targets and treatment interventions for youth and provide the milieu support needed to reinforce skills learned in CBT groups. The leadership of the mental health program is finalizing the last policy and procedure, fixing problems with the intake system and is beginning work on quality assurance mechanisms for the mental health programs. The BTP programs continue to have few youth in them and staff members are careful to work with youth so that extended lengths of stay are now the exception not the norm. Each facility has identified a unit for a proof of concept for the facility improvement project. The Special Master expects to review implementation plans for the remaining work in the BTP and the facilities plan in the immediate future. An exciting and much needed development is the proposed changes to the Parole Board hearing processes. The Special Master hopes Defendant will create a plan to revise the JJAC process to align with the Parole Board changes.

Defendant has also begun to engage in other initiatives that will strengthen and support the reform efforts. Defendant's efforts have appropriately been focused on the process measures that must be implemented to achieve outcomes. The ultimate outcome measure, albeit it should by no means be the only one, is recidivism. The question of how to measure recidivism has been debated by researchers and practitioners for decades.

There are no right answers. Defendant is engaged in two initiatives that will attempt to define and measure recidivism of youth released from DJJ as well as other program measures. The CDCR is contracting with the University of California at Irvine (UCI) to develop program outcome and performance measures. As part of this contract, Defendant will work with UCI to create an annual report that focuses on performance and outcome measures for youth. Also, Defendant is one of five states engaged in a national project funded by the Pew Charitable Trust to study recidivism.

In addition to defining and studying performance and outcome measures, Defendant has been selected to participate in a training and technical assistance program through the Council of Juvenile Correctional Administrators to explore strategies to reduce or eliminate isolation of youth in juvenile correctional facilities. Defendant's dramatic reduction and near elimination of the use of isolation should be explored by other systems so they can use similar or modified strategies. Finally, Defendant is part of the Defending Childhood Initiative funded by the U. S. Department of Justice and led by the California Attorney General's Bureau of Children's Justice. Defendant will contribute knowledge regarding screening and assessing trauma-impacted youth.

While all of these initiatives align with the principles of the IBTM, the Special Master counsels Defendant that full implementation of reform efforts has not been achieved and to be careful not to divert focus and energy from the critical task of implementation of the IBTM. That said, the focus on defining performance and outcome measures is excellent.

The Special Master only hopes that those in authority in the executive and legislative branches of state government take note of the fact that this agency, that many

were so anxious to eliminate, is now being requested to contribute to the body of evidence of knowledge so desperately needed to improve the treatment of young people who have come into conflict with the law. Defendant is returning the California State juvenile corrections system to its once long-held tradition of providing high quality services that are guided by evidence-based research. While no doubt weary of Court monitoring, Defendant should take pride in the dramatic transformation of this once-troubled agency that hurt youth as much as it helped them into a place where youth can learn the skills needed to reduce or eliminate the criminogenic patterns that brought them into conflict with the law.

The Special Master respectfully submits this report.

Dated: July 27, 2015

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Nancy M. Campbell  
Special Master

**Bruce C. Gage, M.D.**  
**Puget Sound Mental Health**  
**General and Forensic Psychiatry**

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**IBTM Comprehensive Summary**  
**Spring 2015 Audits**

Progress towards completed implementation of the IBTM is strong and steady. While there has been something of a lapse at NACYCF, especially with regard to the Reinforcement System (RS), the overall understanding of the IBTM continues to develop. This is especially true at VYCF where there has been a quantum leap in understanding. OHCYCF continues to develop steadily and most staff at NACYCF are moving forward. That said, there is considerably more resistance to elements of the IBTM at NACYCF than at the other facilities. The commitment of the agency to the IBTM is clear and has produced a number of easily recognized improvements, including steady reductions in use of force, reduction in BTP populations, and (perhaps most importantly) improved relations between staff and youth. The staff is coalescing around the vision of the IBTM. In short, the difficult process of cultural change has taken firm root, though is not yet completely embedded.

The quality and fidelity of the Cognitive Behavior Therapy (CBT) groups are improving steadily. While there remains no mechanism for evaluating group leaders for proficiency or expertise prior to starting groups, using the group observation process coupled with new leaders co-leading with experienced leaders is sufficient to ensure new leaders are properly trained and ready to lead groups. The key is to support and observe new leaders until they are capable of running groups independently and then periodically assess all leaders to assure there is no drift or loss of fidelity. The inclusion of the facility leadership in running groups is an essential developmental step that will doubtless improve the quality of the groups generally. Their full participation and welcoming feedback from the IBTM team is a clear sign to all staff that leading groups and participation in the process of change essential and that the agency is committed to self-examination, openness, and the development of a learning environment.

There is still a problem of too many substitute facilitators for sessions. Ensuring that designated facilitators are consistently delivering group content typically improves group quality.

With the exception of NACYCF, the fidelity to the (RS) is steadily increasing and it is improving on some NACYCF units as well. On the whole, the staff are showing more capacity to identify and reinforce skill utilization; with continued emphasis and implementation of the planned coaching and mentoring this will continue to develop. The monthly incentive is used in varying ways, often more as a unit reward than as an individual incentive. Having unit-wide “challenges” with a reward for achievement is an entirely reasonable, even desirable, approach but it should not supplant the individual incentive. The weekly reinforcer is being implemented well on most units, though there are some at NACYCF where this has slipped. The late night has become something of a challenge because of growth in the use of limited program (notably at OHCYCF), in part because some youth are undermining it by extending shower times, and also because some staff are frankly not following the procedure for rewards such as late night. To be effective, the late night must rarely be cancelled, and that should happen almost exclusively in

the immediate wake of a large disturbance. Even in the wake of a disturbance it should continue for any youth who did not participate in the disturbance. In those rare instances that it must be cancelled, it must be reinstated as soon as possible or it will lose its power. The youth must feel it is reliable and that those who earn it get it.

Complete training in Motivational Interviewing (MI) is to be accomplished in the near future. As at the last audit, some staff are using MI in their interactions with youth but it has not yet gotten to the point of routine use on the units and there continues to be limited evidence of MI principles being employed in case planning. Full penetration will require completion of training and coaching and mentoring. It will also help pave the way for the new level system, which is based in part on MI concepts.

The new level system to replace the Youth Incentive Program (YIP) is ready to roll out. The level system is very consistent with the principles of the IBTM and while it will doubtless require adjustment, it sets out reasonable criteria for achieving a corresponding set of privileges, privileges which also represent graded exposure to risk commensurate with the skill acquisition demonstrated by achieving the criteria for advancement. The work demonstrates a strong creative impulse along with a sound understanding of the foundational principles of the IBTM. It must be understood that implementation will be a shock to the system. There will be resistance from both staff and youth. If done with fidelity, it exemplifies a strong commitment to halting violence that some youth will try to undermine. And it will be easy for staff to allow some things to go by that the level system would not permit and/or to not to give youth the privileges that the level system requires. There will also be some youth who are accustomed to their comfortable privileges without continued effort who will be upset with the increased expectations placed upon them. Staff must be clear that the level system is not open to interpretation or modification. Violent behaviors must lead to loss of level and youth's positive efforts that are in accordance with the level system criteria must result in increase in level, regardless of other distasteful behaviors the youth emits.

There is still little evidence of synthesis of the excellent database DJJ collects during the intake process. Psychologists' input is rarely incorporated into the initial assessment or the case plans. There are some beginning formulations, especially at VYCF. But these are not yet making much impact on the case plans, especially the goals and action steps. One simple approach to begin this process would be for the psychologists to generate a formulation that could then be placed in the case plan, which is happening to a limited extent. But there also needs to be a process developed whereby the database is reviewed by the intake staff and distilled into both a formulation and into specific recommendations. The recommendations coming out of the intake unit are entirely generic, in fact identical in part or in whole most all the time at NACYCF.

DJJ has a number of pending implementations, some that have been ready for some time. Once completed, it is expected that many of the IBTM audit items that are Partially Compliant will rapidly move to Substantially Compliant. In addition to the level system, this includes the BTP Program Guide, the RS coaching and mentoring, and the Case Planning initiatives. It should be noted that for the development of such products as a guide are not sufficient to achieve substantial compliance. Evidence of implementation must also be demonstrated.

DJJ has developed a strong track record of producing sound QA processes and following through on them. Because of the strength of these systems and the clear commitment to the IBTM, it is recommended that future IBTM audits are limited in scope to items that are still outstanding and which have not yet achieved stable implementation. If the parties are amenable to this approach, a modified audit tool that targets these remaining items will be created.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Bruce C. Gage". The signature is fluid and cursive, with a large initial "B" and "G".

Bruce C. Gage, M.D.