

SUPERIOR COURT OF CALIFORNIA
CITY AND COUNTY OF ALAMEDA

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

SEVENTEENTH REPORT OF SPECIAL MASTER

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APPENDICES

- Appendix A: Goldenson and LaMarre, *Farrell v. Cate, Fourth Report of Consent Decree by the Medical Experts Based on Site Visits Conducted February 23, 2010 to December 1, 2010* (January 2011).
- Appendix B: Krisberg, *Farrell v. Cate: Update on Safety and Welfare Remedial Plan Progress* (February 1, 2011).
- Appendix C: *Safety & Welfare Compliance Ratings – Round 3 S&W Expert-only Ratings.*

I. INTRODUCTION

The Special Master submits for filing the Seventeenth Report of the Special Master. This quarterly report reviews the *Farrell* Medical Experts' and the Safety and Welfare Experts' comprehensive reports for their rounds of audits in 2010 and summarizes and analyzes the status of the California Department of Corrections and Rehabilitation, Division of Juvenile Justice's (DJJ) compliance with the *Farrell* remedial plans. The fourth comprehensive report of the Medical Experts, Dr. Joe Goldenson and Madie LaMarre (site visits, February 2010 to December 2010) and the third comprehensive report of the Safety and Welfare Expert, Dr. Barry Krisberg (site visits, December 2009 to September 2010), are attached to this report.¹ The Special Master submits this report following careful consideration of the parties' comments on a prior draft.

II. MEDICAL CARE

The Medical Experts, Joe Goldenson, MD and Madie LaMarre, MN, FNP-PC, completed their third formal round of audits between February and December 2010.² Their comprehensive report was completed in February 2011 and is attached as Appendix A. The Experts' findings and recommendations are summarized in the report's executive summary and recommendations sections.³

¹Goldenson and LaMarre, *Farrell v. Cate*, Fourth Report of Consent Decree by the Medical Experts (January 2011) (Appendix A) and B. Krisberg, *Farrell v. Cate*: Update on Safety and Welfare Remedial Plan Progress (February 2010) (Appendix B).

² The Experts completed their facility monitoring during fiscal year 2009-2010; their Health Care Services Central Office audit was conducted in December 2010.

³ *Id.* at pp. 3-5 and 38.

A. Facility Compliance

As with the Medical Expertsø first and second rounds of formal compliance audits, the experts have assigned compliance scores to each DJJ facility for 18 aspects of medical care.⁴ Generally, facility compliance scores have increased from the previous audit round and DJJ facilities have achieved substantial compliance in most aspects of care assessed. The Special Master previously reported average facility compliance scores for the Medical Expertsø first and second audit rounds and the resulting percentage point increases in average scores.⁵ The following table depicts the same data plus (in bold) average facility compliance scores for the 18 aspects of care assessed and resulting percentage point changes from the Medical Expertsø third audit round⁶:

⁴ With the closure of Heman G. Stark Youth Correctional Facility in February, 2010, the experts conducted site visits to the five remaining DJJ facilities, Preston Youth Correctional Facility, Ventura Youth Correctional Facility, Southern Youth Correctional Reception Center and Clinic, NA Chaderjian Youth Correctional Facility and OH Close Youth Correctional Facility.

⁵ See Fifteenth Report of the Special Master, July 2010, p. 3.

⁶ *Id.* at pp. 3-4.

Average Facility Compliance Scores (%)

Aspect of Care	1st Round ^a .	2 nd Round (% difference) ^b .	3 rd Round (% difference) ^c .
Peer Review	41	97 (+56)	100 (+3)
Facility Leadership, etc.	52	90 (+38)	95 (+5)
Quality Management	50	88 (+38)	95 (+7)
Health Records	38	75 (+37)	81 (+6)
Nursing Sick Call	45	72 (+27)	75 (+3)
Chronic Disease Management	68	93 (+25)	91 (-2)
Intra-system Transfer	65	89 (+24)	91 (+2)
Infection Control	62	83 (+21)	100 (+17)
Credentialing	79	98 (+19)	100 (+2)
Consultations	78	92 (+14)	96 (+4)
Medical Care	78	92 (+14)	88 (-4)
Medication Administration: Process	77	89 (+12)	95 (+6)
Outpatient Housing Unit	70	81 (+11)	88 (+7)
Medical Reception	58	67 (+9)	84 (+17)
Pharmacy Services	92	100 (+8)	96 (-4)
Urgent/Emergent Care	71	74 (+3)	79 (+5)
Medication Administration: Records	82	84 (+2)	88 (+4)
Preventive Services	85	87 (+2)	89 (+2)

The experts again report improvement in Health Care Services Remedial Plan implementation across aspects of care. All but four (78%) of the 18 aspects of care assessed now meet the 85% or above substantial compliance benchmark compared to only 7 of 18 (39%) aspects of care that met the benchmark as of the experts' previous audit round.⁷ DJJ health care staff is commended for achieving at least 90% compliance in more than half of the aspects of care assessed

^a. The data source for this column is the Ninth Report of Special Master (June 2009) pp. 2-4, based on *Farrell v. Hickman*, Second Report of Consent Decree by the Medical Experts.

^b. This column depicts the average of facility compliance scores from Goldenson and LaMarre Third Comprehensive Report, pp. 18-38. The average is calculated by adding the scores for all facilities for an area and dividing by the number of facilities scored on the area.

^c. This column depicts the average of facility compliance scores from Appendix A, pp. 19-37.

⁷ See Health Care Audit Instrument, pp. 3-4.

and for achieving fully 100% compliance in three aspects of care including Peer Review, Infection Control and Credentialing. For each of four aspects of care that did not meet the 85% benchmark, including Health Records, Nursing Sick Call, Medical Reception and Urgent/Emergent Care, average facility compliance scores increased by at least three percentage points (Nursing Sick Call) and as much as 17 percentage points (Medical Reception).

In addition to auditing facilities for implementation across aspects of care, the experts provide overall compliance scores for each facility audited. The Special Master previously reported that four of five DJJ facilities met or exceeded the 85% substantial compliance benchmark.⁸ The Medical Experts again report progress at facilities, but only identify one facility as having achieved overall substantial compliance. Preston Youth Correctional Facility (øPYCFö) received a score of 92% overall compliance and achieved substantial compliance with Health Care Services Remedial Plan.⁹ Ventura Youth Correctional Facility (øVYCFö) achieved an overall compliance score of 87%, up from 79% for the previous audit round.¹⁰ Despite improvements, the experts did not find VYCF in substantial compliance pending the reduction of unnecessarily high medical appointment volume and appointment rescheduling and cancellation rates.¹¹ Southern Youth Correctional Reception Center and Clinic (øSYCRCCö) received a lower overall compliance score for this round than it did for round two.¹² The facility's overall compliance score reduced by two percentage points from 88% for round two to 86% this round.¹³ Despite the reduction, the facility's score

⁸ See Sixteenth Report of the Special Master, November 2010, p. 22.

⁹ Appendix A, p. 19 and see Fifteenth Report of the Special Master, July 2010, p. 6.

¹⁰ Compare Appendix A, p. 23 with Goldenson and LaMarre Third Comprehensive Report, p. 33.

¹¹ Appendix A, p. 23. The medical experts report that the closure of Heman G. Stark Youth Correctional Facility and problems related to the subsequent transfer of youth to VYCF, resulted in an unexpected spike in violence which caused or increased the frequency of medical appointment rescheduling and cancellations.

¹² Compare Appendix A, p. 40 with Goldenson and LaMarre Third Comprehensive Report, p. 28.

¹³ Appendix A, p. 28.

exceeds the 85% substantial compliance benchmark. However, the Medical Experts do not find SYCRCC in substantial compliance this audit round, noting problems in the areas of Medical Reception and Urgent/Emergent Care in particular. Lastly, Northern California Youth Correctional Complex (ñNCYCCö) received an overall compliance score of 84%.¹⁴

B. DJJ Central Office Compliance

In addition to facility ratings, the Medical Experts again provided ratings for DJJ Central Office on twenty ñquestionsö or topics under two categories: (1) organization, budget, leadership and staffing (13 topics) and (2) statewide pharmacy services (seven topics). Ratings are reported in cumulative compliance percentages of the 13 and seven topics that the experts find in substantial compliance.¹⁵ DJJ has achieved substantial compliance with five (38%) of the 13 topics related to organization, budget, leadership and staffing and with five (71%) of the seven statewide pharmacy services topics.¹⁶

Notably, Central Office ratings are substantially lower overall than facility ratings. This difference is explained by the lack of progress and, in some cases, a decline in ratings of Central Office implementation measures since the Medical Expertsø last audit round.¹⁷ In the previous round, DJJ achieved substantial compliance ratings for 12 of the 20 Central Office compliance measures and partial compliance for the eight remaining measures. This round, DJJø Central Office achieved substantial compliance for 10 measures, partial compliance for nine measures and

¹⁴ On Defendantø request, beginning this audit round, the Medical Experts assess for and assign a single compliance rating for NA Chaderjian Youth Correctional Facility and OH Close Youth Correctional Facility, which are now identified in the expertsø reports and the Office of Special Masterø report as, ñNorthern California Youth Correctional Complexö.

¹⁵ Appendix A, p. 7.

¹⁶ *Id.* at pp.14,18.

¹⁷ Compare *ibid.* with Goldenson and LaMarre Third Comprehensive Report, pp. 17, 21. This is the source for the remainder of the paragraph.

noncompliance for one staffing measure that requires the appointment of a Clinical Record Administrator to ensure compliance with health record policies and procedures.

C. Areas for Improvement and Implementation Successes

The experts identify several Central Office Health Care Services Remedial Plan implementation problems that have persisted through at least two audit rounds.¹⁸ These issues must be resolved in order for DJJ to achieve substantial compliance with the Health Care Services Remedial Plan:

Organizational Structure. The experts report that as of December 1 2010, DJJ still had not approved a final organizational chart that clearly identified reporting relationships and Health Care Services structure at Central Office and the facilities, an observation that was also made following the previous audit round.¹⁹ By December 31, 2010, DJJ finalized and approved an organizational chart that the experts note includes the chief dental authority consistent with their round three recommendation.²⁰ The experts note that as DJJ continues to undergo change, shifts in leadership and reporting structure are expected, but that staff must be clear at all times about the reporting structure and lines of authority and accountability.

Staffing. Following their second round of audits, the experts recommended that DJJ monitor health resource utilization and assess whether the number and type of Health Care Services staff were sufficient, with the goal of adjusting personnel resources consistent with the needs of DJJ's changing patient population.²¹ They make the same recommendation this round.²² Failure to

¹⁸ *Id.* at 3-19.

¹⁹ *Id.* at 3 and Goldenson and LaMarre Third Comprehensive Report, p. 7

²⁰ See Letter from William Kwong, January 24, 2011, to J. Goldenson and M. LaMarre, p. 2 and Appendix A pp. 3-4. This is the source for the next sentence.

²¹ See Goldenson and LaMarre Third Comprehensive Report, p. 4.

²² Appendix A, pp. 3-4. As of the filing of the experts' last comprehensive report, Heman G. Stark Youth Correctional Facility had been closed and resources redistributed significantly. As of this Seventeenth Report of the Special Master
March 2011

properly monitor and assess staffing needs coupled with high turnover in health care leadership result in poor management and what the experts believe is an unsustainably high health care budget.

Quality Management Plan. The experts again recommend that DJJ's Quality Management Plan allow for and require DJJ facilities to focus on issues unique to facilities in addition to the current focus primarily on the Health Care Services Remedial Plan requirements.²³ Failure to identify and remedy issues unique to individual facilities places at risk for compromise the provision of services overall and ultimately DJJ's compliance with Health Care Services Remedial Plan requirements.

Nursing Sick Call. Lastly, following the second audit round, the experts recommended that DJJ improve implementation of nursing sick call requirements. Requirements are still not fully met as of this filing.

The Special Master also notes areas of continued progress as reported by the Medical Experts over two audit rounds including, at facilities, highly motivated staff in the provision of quality services, custody and medical staff cooperation and health care and housing unit sanitation. In the provision of services generally, the experts note continued success in the areas of pharmacy and preventative services, chronic disease evaluation and management and clinical evaluations. DJJ is commended for continued progress in these and other areas of successful implementation.

D. Transfer of Health Care Services Monitoring to DJJ

In November 2010, the Special Master outlined the plan to begin the transfer of monitoring responsibilities for certain items in each of the remedial plans from the *Farrell* Experts and the

filing, the PYCF closure has been announced along with plans for additional resource redistribution. The experts believe that DJJ can meet remedial plan requirements with reduced staffing. This is the source for the next sentence.

²³ *Id.* at p. 5 and Goldenson and LaMarre Third Comprehensive Report. This is the source for the next sentence and the following paragraph.

Office of the Special Master (OSM) to DJJ.²⁴ The OSM and experts reviewed each plan, their accompanying audit tools and corresponding compliance histories for items audited and selected those that were appropriate for transfer of monitoring. Initially, having completed only their second round of formal audits, the Medical Experts identified few areas that they believed would be appropriate for self-monitoring by DJJ Health Care Services and internal audit staff. Following this third audit round, the Medical Experts should now be able to utilize the patterns of successful implementation to select additional items or even plan topics that may be appropriately transferred for monitoring to DJJ. Items that might be particularly appropriate for transfer include but are not limited to those with compliance scores of at least 85% and that are neither the cause of nor impacted by an on-going systemic problem as identified by the experts.

III. SAFETY AND WELFARE

The Safety and Welfare Expert, Dr. Barry Krisberg, conducted a full round of site audits between December 2009 and September 2010.²⁵ Data referred to as "the round" indicates this time period unless otherwise specified. Dr. Krisberg provided his draft and final revised version of his comprehensive report to the parties and the OSM on February 1, 2011.²⁶ The comprehensive report for the third round of site visits is attached as Appendix B. The Special Master has organized this review of safety and welfare issues in accordance with the organization of the Safety and Welfare Remedial Plan ("remedial plan"). The remedial plan clearly identifies the areas that DJJ is expected to change or improve to achieve compliance with agreements negotiated by the parties and therefore sets the standard by which progress should be assessed. While this review focuses mostly on areas

²⁴ See Sixteenth Report of the Special Master, pp. 39-42.

²⁵ This will be the second round in which Dr. Krisberg audited all facilities and central office since the inception of the audit tool in October of 2006. In the first round, Dr. Krisberg audited three of eight facilities and central office. See OSM 13, p.1.

²⁶ See e-mail from Barry Krisberg to Nancy Campbell, January 7, 2011 (attaching draft report) and e-mail from Barry Krisberg to Nancy Campbell, et al, February 1, 2011 (attaching revised report).

monitored by the Safety and Welfare Expert, when assessing progress, it is important to review as many aspects of the remedial plan as possible. A summary of progress to date will be followed by an assessment of progress in each major section of the remedial plan.²⁷

A. Progress Overview

Progress in the area of safety and welfare can be difficult to measure. There are objective and subjective measures of issues like safety. The Safety and Welfare Remedial Standards and Criteria (‘standards and criteria’) which were developed by DJJ and the Safety and Welfare Expert and approved by the Plaintiff provides one measure of progress.²⁸ The Safety and Welfare Expert uses these standards and criteria to audit DJJ facilities and Central Office. At the Special Master’s request, the *Farrell* Litigation Coordinator summarized the change in progress by action item and provided documentation. Recognizing that items vary in complexity, review of the major areas helps to develop a picture of DJJ’s safety and welfare progress. Based on Table 1 below, it is clear that with a few exceptions, progress was made between rounds two and three.

²⁷ There is a section in the remedial plan labeled ‘Other Issues.’ Where the Special Master believes a topic in this section is important to discuss, she has incorporated it into one of the other sections of the remedial plan. For example, Identifying a Rehabilitative Model is in this section.

²⁸ Recognizing the on-going dispute regarding weighting of issues, the standards and criteria while not a perfect measure of compliance are at this point the best guide for measurement.

Table 1²⁹

**Safety & Welfare Expert’s Compliance Percentages
by Audit Tool Sections and Round**

Add Central Office Resources				Clarify Lines of Authority				Improve MIS Capability			
2.1	Rd. 1	Rd. 2	Rd. 3	2.2	Rd. 1	Rd. 2	Rd. 3	2.3	Rd. 1	Rd. 2	Rd. 3
SC	100%	100%	100%	SC	14%	40%	33%	SC	0%	0%	0%
PC	0%	0%	0%	PC	86%	40%	50%	PC	0%	0%	100%
BC	0%	0%	0%	BC	0%	20%	17%	BC	0%	0%	0%
NC	0%	0%	0%	NC	0%	0%	0%	NC	100%	100%	0%
# Items	1	1	1	# Items	7	5	6	# Items	1	1	1
(#NA)	(0)	(0)	(0)	(#NA)	(0)	(2)	(2)	(#NA)	(0)	(0)	(0)
Add Resources at Each facility				Research				Reduce Violence and Fear			
2.4	Rd. 1	Rd. 2	Rd. 3	2.5	Rd. 1	Rd. 2	Rd. 3	3.0	Rd. 1	Rd. 2	Rd. 3
SC	100%	33%	80%	SC	0%	0%	50%	SC	45%	54%	72%
PC	0%	0%	20%	PC	0%	0%	50%	PC	40%	34%	23%
BC	0%	0%	0%	BC	0%	0%	0%	BC	8%	6%	5%
NC	0%	67%	0%	NC	100%	100%	0%	NC	7%	6%	0%
# Items	2	3	5	# Items	1	1	2	# Items	73	68	64
(#NA)	(4)	(4)	(0)	(#NA)	(1)	(1)	(0)	(#NA)	(2)	(2)	(7)
Identify Rehabilitation TX Model				Lay Foundation for TX Reform				Convert Facilities to Rehab. Model			
4.0	Rd. 1	Rd. 2	Rd. 3	5.0	Rd. 1	Rd. 2	Rd. 3	6.0	Rd. 1	Rd. 2	Rd. 3
SC	50%	67%	50%	SC	0%	0%	62%	SC	29%	36%	29%
PC	0%	0%	50%	PC	25%	25%	25%	PC	19%	29%	19%
BC	0%	0%	0%	BC	25%	25%	12%	BC	14%	14%	14%
NC	50%	33%	0%	NC	50%	50%	0%	NC	38%	21%	38%
# Items	2	3	2	# Items	8	8	8	# Items	21	28	21
(#NA)	(0)	(0)	(0)	(#NA)	(0)	(0)	(0)	(#NA)	(13)	(11)	(13)
System Reform for Females				Acceptance/Rejection Criteria				Orientation			
7.0	Rd. 1	Rd. 2	Rd. 3	8.1	Rd. 1	Rd. 2	Rd. 3	8.2	Rd. 1	Rd. 2	Rd. 3
SC	0%	0%	33%	SC	20%	20%	40%	SC	0%	0%	60%
PC	0%	0%	0%	PC	80%	80%	40%	PC	0%	0%	40%
BC	0%	0%	67%	BC	0%	0%	0%	BC	80%	80%	0%
NC	100%	100%	0%	NC	0%	0%	20%	NC	20%	20%	0%
# Items	3	3	3	# Items	5	5	5	# Items	5	5	5
(#NA)	(0)	(0)	(0)	(#NA)	(1)	(1)	(1)	(#NA)	(0)	(0)	(0)
Disciplinary System				Positive Incentives				Grievance System			

²⁹ Table 1 was created by the *Farrell* Litigation Coordinator at the request of the Special Master. Seventeenth Report of the Special Master
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8.4a	Rd. 1	Rd. 2	Rd. 3	8.4b	Rd. 1	Rd. 2	Rd. 3	8.5	Rd. 1	Rd. 2	Rd. 3
SC	87%	83%	100%	SC	20%	20%	40%	SC	84%	85%	94%
PC	4%	8%	0%	PC	20%	20%	60%	PC	8%	9%	6%
BC	9%	8%	0%	BC	40%	40%	0%	BC	8%	6%	0%
NC	0%	0%	0%	NC	20%	20%	0%	NC	0%	0%	0%
# Items	23	24	24	# Items	5	5	5	# Items	38	33	33
(#NA)	(0)	(0)	(0)	(#NA)	(0)	(0)	(0)	(#NA)	(0)	(0)	(0)

Time Adds				Access to Courts and Law Library				Access to Religious Programs			
8.6	Rd. 1	Rd. 2	Rd. 3	8.7	Rd. 1	Rd. 2	Rd. 3	8.8	Rd. 1	Rd. 2	Rd. 3
SC	44%	50%	64%	SC	27%	20%	90%	SC	100%	100%	100%
PC	0%	0%	36%	PC	18%	30%	10%	PC	0%	0%	0%
BC	37%	43%	0%	BC	9%	10%	0%	BC	0%	0%	0%
NC	19%	7%	0%	NC	45%	40%	0%	NC	0%	0%	0%
# Items	16	14	14	# Items	11	10	10	# Items	3	3	3
(#NA)	(0)	(0)	(0)	(#NA)	(0)	(0)	(0)	(#NA)	(0)	(0)	(0)

Physical Plant Improvements				Master Planning				Restricted Housing			
8.9	Rd. 1	Rd. 2	Rd. 3	8.10	Rd. 1	Rd. 2	Rd. 3	9.0	Rd. 1	Rd. 2	Rd. 3
SC	88%	87%	100%	SC	0%	0%	0%	SC	84%	85%	79%
PC	0%	0%	0%	PC	50%	50%	50%	PC	3%	4%	21%
BC	0%	0%	0%	BC	50%	50%	50%	BC	3%	4%	0%
NC	12%	13%	0%	NC	0%	0%	0%	NC	9%	8%	0%
# Items	17	15	16	# Items	2	2	2	# Items	32	26	24
(#NA)	(2)	(1)	(0)	(#NA)	(0)	(0)	(0)	(#NA)	(9)	(9)	(11)

Lockdowns			
10.0	Rd. 1	Rd. 2	Rd. 3
SC	100%	100%	80%
PC	0%	0%	20%
BC	0%	0%	0%
NC	0%	0%	0%
# Items	5	5	5
(#NA)	(0)	(0)	(0)

Of the twenty-two major areas covered in the standards and criteria, 17 show improvement and five show a small decline in compliance. Notable increases in compliance have occurred in

adding resources at the facility, research, laying a foundation for reform, orientation, positive incentives, and access to courts and a law library.³⁰ The five areas of decline include:

- Clarify Lines of Authority,
- Identify a Rehabilitative Model,
- Converting Facilities to a Rehabilitative Model,
- Lockdowns, and
- Restricted Housing

Clarify Lines of Authority, item 2.2, decreased from 40% to 33% substantial compliance, largely as a result of senior staff changes following the departure of the former Chief Deputy Secretary and the failure of DJJ to reflect some of the staff changes in the agency organizational chart.³¹ It is unclear why Dr. Krisberg shows a decline from 67% to 50% in the area of Identifying a Rehabilitative Model (item 4.0) because, during this period, agreement on the model was finally reached, a consultant was hired to facilitate the process and DJJ formed a team for development and implementation of the model.³² The Special Master believes that progress has been made on this action item. Decline in the rating for item 6.0, Converting Facilities to a Rehabilitative Model, follows the results of a DJJ internal audit that revealed problems and inconsistencies (between units and institutions) with Program Service Day implementation. The Program Service Day is a foundation for any rehabilitative model.³³ For the second time, the Safety and Welfare Expert rated four out of five elements under Lockdowns (item 10) in substantial compliance. However, he reduced the rating for the fifth element because of a perceived need to expand current policy to

³⁰ The areas noted for improvement all have at least a 40% increase in substantial compliance. It should be noted that these items vary significantly in their scope, importance and the baseline from which the percentage is derived. The areas of decline range from 6% to 20% decrease in substantial compliance.

³¹ See Central Office SW Audit Round Three Final, item 2.2.

³² Further discussion of the agreement on the Integrated Behavioral Treatment Model can be found in Section E. Identify a Rehabilitative Model.

³³ See item 6.2a of the Central Office SW Audit Round Three.

include limited programs on the living units.³⁴ Finally, restricted housing showed a decline of 6% because of the small decline in cleanliness and in the provision of mandated services at some facilities.³⁵ The Safety and Welfare Expert notes this area as one of DJJ's great successes. All Special Management Programs have been eliminated and the use of Temporary Detention (TD) units has dropped by more than 50 percent.³⁶ Not only has the number of youth placed on TD declined, but lengths of stay on TD have declined as well.³⁷

Overall, significant gains have been made this round as reflected in scores for several remedial plan audit items including Access to Courts and Law Library (70%), Research (50%), Laying the Foundation for Reform (62%), Adding Resources, Conflict Resolution Teams (47%), Positive Incentives (40%) and System Reform for Females (33%). Several of these issues, such as the use of Conflict Resolution Teams, Positive Incentives and Creating a Foundation for Treatment Reform and Research are directly related to the issue of reducing fear and violence discussed in Section C below.

B. Creating Capacity for Change

The elements of the remedial plan that speak to creating the capacity for change include:

- Insufficient management resources in the central office and at facilities,
- Lack of clarity and consistency in agency policies and procedures,
- An inadequate system for holding staff accountable at all levels,
- An inadequate management information system for providing managers with useful data,
- Inadequate training, particularly in regard to juvenile standards of care and practice.

³⁴ *Id.*, item 10.5

³⁵ See e-mail from Doug Ugarkovich, January 31, 2011. Specifically, S&W Item 9.2.3: TD rooms clean, well lighted, graffiti free. NA Chaderjian Youth Correctional Facility went from Substantial Compliance in Round 2 to Partial Compliance in Round 3. Also, SYCRCC went from Not Applicable in Round 2 to Partial Compliance in Round 3.

³⁶ Appendix B, p.11.

³⁷ *Id.* Dr. Krisberg provides an example here of thoughtful, evidence-based thinking. Data regarding reasons for placing youth in restricted housing were analyzed and then policy and training was adjusted to stop inappropriate placement of youth. DJJ should continue this process to ensure achievement of substantial compliance in this area.

Not all of these areas will be fully reviewed in this report, though a cursory review of these issues indicates that DJJ continues to build its capacity to support change.

Staff "right sizing" efforts at both the facilities and Central Office indicate that there are sufficient management resources in both settings.³⁸ The dramatic decline in DJJ's youth population has actually resulted in excessive management resources at DJJ Central Office.³⁹ The challenge before DJJ at this time is to ensure that the right sizing of Central Office results in the right quantity and quality of staff necessary to continue the reform efforts in the most cost-effective manner.

Efforts to create clear and consistent policies and procedures have continued throughout this round. Forty-four policies and procedures were written or re-written by DJJ compliance team staff and reviewed by experts and the Special Master's office staff.⁴⁰

The Special Master has not explored the issue of performance management for staff and therefore cannot comment on any progress or lack thereof during the round.

There has been consistent work throughout the round to improve management information systems. Instructions for the entry of data into the Performance Based Standards ("PbS") and "COMPSTAT" data bases continue to be updated and refined.⁴¹ Trend data exists for youth violence, batteries, physical alterations, group disturbances, serious disciplinary incidents, use of force, chemical use of force and staff assaults that provides measures for staff to analyze whether or

³⁸ See "Right Sizing DJJ Central Office Operations, CDCR, Division of Juvenile Justice, July 2010, a report by consultant Christopher Murray. Mr. Murray also did a similar right sizing report for institutional staffing. What is the site for that report?

³⁹ The Acting Deputy Secretary has discussed a proposal to reduce the Central Office staffing but no details of the proposal were available at the time of the writing of this report.

⁴⁰ See e-mail from Doug Ugarkovich, January 31, 2011.

⁴¹ The Use-of-Force Task Force has found the facilities each have different methods for capturing use-of-force data. Recommendations will be forthcoming to correct this.

not reform efforts are successful.⁴² Changes continue to be made that improve the data systems' accuracy.⁴³ Adequate trend data exist to analyze safety issues at all facilities. However, it is unclear to what extent such data have been used by DJJ's Central Office and facility administrators to reduce incidence of violence and force.

While these efforts are commendable and are critical to the reform effort, there remain many challenges in creating integrated information systems that allow staff to understand the behavior and needs of individual youth. Critical to achieving a safe and rehabilitative system is the sharing of information about a youth's treatment needs with all staff that work with the youth. DJJ is congratulated for working to implement a case plan that is tied to a valid and reliable risk/needs assessment such as the California-Youth Assessment Screening Instrument (CA-YASI). The goal of an integrated risk/needs and case plan is part of the Integrated Behavioral Treatment Model (IBTM) pilot.

At present, Case Managers are the only staff that currently have access to the CA-YASI assessment data and case plans.⁴⁴ This results in Case Managers completing two case plans, the Identified Treatment Issue (ITI) which is accessible by all unit staff and the CA-YASI, accessible

⁴² See DJJ Facilities Counting Rules (2). Trend data is drawn both from COMPSTAT and PbS databases. This allows for comparison within DJJ over time and to other juvenile correctional facilities over time.

⁴³ For example, changes are being made in how mechanical restraints are counted in the PbS system to make California data align better with the national data so more accurate comparisons can be made. Coaches are provided to ensure that if staff has questions regarding data entry for PbS or Compstat, they can contact someone for guidance.

⁴⁴ The initial CA-YASI is in the Word Information Network System but it appears few staff other than Case Managers know this and therefore do not access the information. This conclusion is drawn by the Special Master from conversations with staff on living units while touring institutions and from the comments of teachers at OH Cloce Youth Correctional Facility during IBTM training. See Proof of Practice (PoP) 780, p.2 of Memorandum from trainer, DaiNette Bowens to Tami McKee-Sani dated January 7, 2011.

only by the Case Managers. This duplication of efforts frustrates Case Managers who would like to put their time into other activities.

This parallel process is typical when implementing a new risk/needs tool and case plan. Recognizing that the implementation of such an assessment and case planning process takes time, interim efforts are under way to expedite the sharing of reliable risk/needs and treatment data to staff. DJJ is working to import information from the CA-YASI into the ITI. Early training efforts by the IBTM implementation team highlight the fact that staff are anxious to understand and to use the CA-YASI to better understand the needs of a given youth so they can interact successfully with the youth.⁴⁵ DJJ needs to prioritize the completion of tasks that will allow for the use of one case plan that can be shared by all unit staff.

Finally the capacity to create change relies on having staff trained in both the conceptual model of the desired change as well as the strategies and tactics to implement the model. There is no question that significant training of staff in several areas occurred during this round. DJJ is also beginning the critical step of explaining the conceptual model for rehabilitative change so that staff understand why the various changes in policy and practice are being requested.

Efforts to train staff in standards of care and practice have continued in this round. Training records reflect the following training during the round:

- 370 staff completed 3 day Motivational Interviewing.
- 21 staff were trained as trainers in Motivational Interviewing.
- 51 staff in case management I (ECWI).
- 51 staff in case management II (ECW2).
- 18 staff trained as trainers in ECW.
- 71 staff trained as coaches for ECW.
- 55 staff trained in Counterpoint a cognitive behavioral 5-day program.
- 12 staff trained as trainers in Counterpoint.

⁴⁵ See PoP 780 which describes the training of education staff by the IBTM implementation team. The educators indicate interest in accessing and using the CA-YASI.
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- 85 staff trained in the Cognitive Behavioral Primer.
- 14 staff trained in Safe Crisis Management.⁴⁶
- 123 staff trained as Master Trainers in Interactive Journaling.
- 308 staff trained in Interactive Journaling

Training in all of the areas listed above helps to build the type of skills needed by staff to transition from a culture of containment to a culture of rehabilitation. Motivational interviewing teaches staff to identify and respond effectively to youth needs and case-work training helps staff understand how to develop a cogent and effective plan for addressing rehabilitation issues. Cognitive behavioral programs help youth address criminogenic needs and safe crisis management helps staff learn how to safely and effectively defuse and contain crisis situations. While the numbers of staff trained during the round is impressive, DJJ faces the challenge of rapidly losing trained staff who are leaving the agency due to institution closures and fear that the agency will be closed altogether. For example, in the area of prevention and crisis management, of 368 staff trained only 225 remain at DJJ. Staff training is a key strategy in implementing the IBTM.⁴⁷ A stable vision of the future must be presented to stop the outflow of staff and thus ensure sufficient levels of staff are trained in key areas.

As discussed above, the next step is through the development of the IBTM to help staff understand why these strategies are needed and how they fit into a comprehensive model that will increase the physical and psychological safety and security of DJJ's youth. Feeling safe and secure is a prerequisite for rehabilitative efforts that can lead to changes in anti-social behavior.

C. Reducing Fear and Violence

⁴⁶ See PoP 785, p.1, #6, which is a request from the Special Master regarding a variety of issues. Re-certification is tentatively scheduled for April 11-15, 2011.

⁴⁷ See PoP 785, training records.

The remedial plan outlines many steps that DJJ will take to reduce the level of fear and violence in its facilities. Creating a safe environment remains one of the greatest challenges for any residential institution, particularly one with young people, most of whom have not developed the skills to self regulate their behavior. A safe environment is not something that can be dictated by policy, but rather is the product of changing the attitudes and beliefs of staff regarding their role. If staff believe safety is a product of using chemical restraints, they will attempt to use force to create a safe environment. On the other hand, if staff believe that safety is achieved by teaching youth how to regulate their emotions and behavior, they will want to learn how to help youth change their behavior and, in so doing, support the youth in creating a safe environment. In any case, staff cannot force safety to happen. It is a by-product of youth believing pro-social behavior has more benefits than anti-social behavior.

Many of the violence reduction steps outlined in the remedial plan have been achieved. DJJ has achieved substantial compliance ratings in the areas of reducing living unit size, employing a classification system for living unit assignment, creating violence reduction committees and conflict resolution teams in the institutions and replacing restrictive units with Behavior Treatment Programs (öBTPö).⁴⁸ The development of an integrated behavior treatment model and integration strategies for gangs are both underway but have yet to be completed and have thus received partial compliance ratings by the Safety and Welfare Expert.⁴⁹ Table 2 shows the progress to date for those action items that are included in the reduction of fear and violence section of the standards and criteria. Action items in standard 3.0 include the development of an institutional classification system, revising the use-of-force policy, training staff in safe crisis management, developing

⁴⁸ See Central Office and facility audits for the round and Appendix B, p.4. The Safety and Welfare expert has indicated that while there is substantial compliance with the number of BTPs, currently a longer-term plan is still needed.

⁴⁹ *Id.*

databases to track violence and use-of-force rates, developing gang integration strategies, opening and maintaining sufficient BTP units, and developing climate surveys to measure staff and youth perceptions and experience regarding fear and violence. Many of these items are in substantial compliance and/or are making significant progress toward achieving substantial compliance.⁵⁰ Significant progress has been made in implementing the action steps identified in the remedial plan.

Table 2
Safety & Welfare Expert
Section 3.0: Reduce Violence and Fear
Historical Progress by Rounds of Audits

ROUND 1				ROUND 2				ROUND 3			
REMEDIAL PLAN:	Safety & Welfare			REMEDIAL PLAN:	Safety & Welfare			REMEDIAL PLAN:	Safety & Welfare		
AUDIT SITE:	Reduce Violence and Fear			AUDIT SITE:	Reduce Violence and Fear			AUDIT SITE:	Reduce Violence and Fear		
AUDIT DATE:	S&W Expert - Round 1			AUDIT DATE:	S&W Expert - Round 2			AUDIT DATE:	S&W Expert - Round 3		
# ITEMS IN SC:	33	Substantial Compliance	45%	# ITEMS IN SC:	37	Substantial Compliance	54%	# ITEMS IN SC:	46	Substantial Compliance	72%
# ITEMS IN PC:	29	Partial Compliance	40%	# ITEMS IN PC:	23	Partial Compliance	34%	# ITEMS IN PC:	15	Partial Compliance	23%
# ITEMS IN BC:	6	Beginning Compliance	8%	# ITEMS IN BC:	4	Beginning Compliance	6%	# ITEMS IN BC:	3	Beginning Compliance	5%
# ITEMS IN NC:	5	Non-compliance	7%	# ITEMS IN NC:	4	Non-compliance	6%	# ITEMS IN NC:	0	Non-compliance	0%
# OF ITEMS RATED:	73			# OF ITEMS RATED:	68			# OF ITEMS RATED:	64		

S&WExpert - Reduce Violence and Fear - Rd. 1	S&WExpert - Reduce Violence and Fear - Rd. 2	S&WExpert - Reduce Violence and Fear - Rd. 3

While progress is being made in implementing the remedial plan’s prescribed action steps, it is unclear whether sufficient progress has been made to reduce fear and violence to tolerable levels. To accurately identify and measure what constitutes a safe environment is particularly challenging. Therefore, both qualitative and quantitative measures are included in the remedial plan.

As noted in the Safety and Welfare Expert’s third round comprehensive report, there has been a definite decrease in the number of incidents of youth-on-youth violence, however, the rate of

⁵⁰ To see a roll up of the items in this area, see SW Expert Only Master Tracking Sheet-Round 3- as of 1/31/11-for the Office of Special Master .
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violence per 100 youth has not changed significantly.⁵¹ Table 3 compares the ratio of youth-on-youth violence per 100 youth days for calendar years 2008 through the first half of 2010.⁵² Ratios were dropping at the end of 2009 and spiked again in the first half of 2010. Currently the trend has again shifted downward.

Table 3
Youth-on-Youth Violence
Rate Per 100 Youth Days
All Facilities

Month	2008	2009	2010 (Two Quarters)
January	.50	.60	.47
February	.41	.53	.54
March	.37	.45	.58
April	.60	.39	.48
May	.59	.44	.43
June	.49	.40	.43
July	.50	.32	
August	.49	.46	
September	.45	.45	
October	.46	.36	
November	.57	.38	
December	.57	.36	

⁵¹ Appendix B, p.3. Dr. Krisberg is citing data from Compstat which is calculated using violence compared to average daily population (ADP). Caution is advised when comparing data from 2005 and 2010 because changes have been made to the data collection systems so it is likely these are not completely comparable measures.

⁵² The reason that these rates are different from Dr. Krisberg's is they are based on youth days and not ADP. This data is based on youth days, which is the rate that a youth is involved in violence over a twenty four-hour period and population. This rate or ratio of youth days is a more accurate representation because the rate using ADP results is a cumulative measure of incidents of violence across the period being measured compared to an average daily population. Youth days measures the incidents for a twenty-four hour period and compares them against the population during that twenty-four hour period. This accounts for Dr. Krisberg's rate being higher than the data provided by the Special Master.

One hypothesis explains the spike in violence as the result of integrating youth from Heman G. Stark Youth Correctional Facility (HGSYCF) into DJJ's remaining facilities.⁵³ This theory is supported by the timing of the increase in youth-on-youth violence as well as the timing of the increase and decrease in group disturbances. From July 2009 to December 2009 DJJ reported 14 group disturbances. In the first three months of 2010, the period during the movement of youth from HGSYCF to other facilities, the number of group disturbances rose to 22. From April to June 2010, DJJ reported a total of nine group disturbances.⁵⁴ Again, the spike in violence indicators directly coincides with the youth movement. HGSYCF was noted for having a culture that relied more on force and authoritarian control than the other remaining juvenile institutions. The integration of youth from HGSYCF into institutions that focus more on dialogue and problem solving has not been easy but there is clear evidence that effective integration is occurring.⁵⁵

⁵³ See Microsoft excel spreadsheet QSR Jul 9 to Jun 10 Charts land.xls. This is the Compstat data for facility safety indicators discussed in this section.

⁵⁴ *Id.*, The total number of group disturbances from July 09 to December 09 was 14 and from Jan 10 to June 10, 31. These numbers, while similar to what was reported by the Safety and Welfare Expert, differ slightly. The Safety and Welfare Expert's report indicates 20 and 31 respectively. It should also be noted that the expert characterizes these disturbances as having, "often led to restricted programs for the impacted living units for hours and sometimes days." While the Special Master agrees with the expert's conclusion that disturbances increase and exacerbate a climate of fear, the data regarding restricted programming does not indicate there were often extended limited program periods. There were no institution-wide lock downs for the period. Limited programs (where one or more living units have their normal program restricted) ranged from 13 at PYCF to none at SYCRCC from July 1, 2009 to June 30, 2010. NA Chaderjian Youth Correctional Facility had two, OH Close Youth Correctional Facility four and VYCF one. It should also be noted that not all of the youth in a unit must be on a restricted program for it to be classified as a limited program. In other words, sometimes only those youth who engage in problematic behavior are restricted and the data will not indicate the exact number of youth restricted.

⁵⁵ Most notable is the ability of the institutions to get rival gang members to engage in programs together. The Special Master saw examples of youth from rival gangs together in programs at PYCF while on a site visit in July 2010. Notably, the youth from Heman G. Stark Youth Correctional Facility had never done this while at Heman G. Stark Youth Correctional Facility but were successfully doing so at PYCF.

Incident reports are another measure of violence. The rate per youth days for serious incidents, Level 3 Disciplinary Decision Making System (öDDMSö), from July 1, 2009 to Dec. 31st 2009 was 10.7. The rate increased to 12.2 from January 1, 2010 to June 30, 2010. The greatest number of serious incidents (i.e. group disturbances and staff assaults) occurred at VYCF. Since November 2009, VYCF has consistently had a higher rate of serious incidents than other facilities. This data indicates that VYCF continues to struggle with the nature and size of its new population. The other institutions appear to have adjusted better to the influx of youth from HGSYCF.

Despite DJJø significant success in implementing the standards and criteria action items, the Safety and Welfare Expert notes that the rate of violence does not seem to have changed much since 2006.⁵⁶ The Plaintiff and Safety and Welfare Expert have focused their concerns about the increase in violence on VYCF, which has seen notable culture change in the doubling of its population and the transition from an all female to a co-ed facility. There is no question that the greatest fluctuations in youth violence toward the end of 2009 and early 2010 (the middle of the round) have been at VYCF, NA Chaderjian Youth Correctional Facility (öNACYCFö) and PYCF, but the increase in youth-on-youth violence at O.H. Close Youth Correctional Facility (öOHACYCFö) was the primary factor for the rate increase in from July 2009 to June 2010.⁵⁷ From July 2009 through December 2009, OHACYCFø rate ranged from .17 to .25. From January 2010 through June 2010, the rate ranged from .60 to .66.

This highlights the need for all parties to use existing data as well as interviews and tours to identify possible causes of changes in violence patterns. It is also a reminder that assessing what

⁵⁶ Appendix B, p.4.

⁵⁷ See e-mail from Alex Mora which compares fluctuations in rates of violence. NACYCF went from a low 0.07 to a high 0.52 to reflect a 643% increase. PYCF went from a low 0.31 to a high 1.06 to reflect a 242% increase. OH Close went from a low 0.23 to a high 0.66 to reflect a 187% increase. This date shows that the largest fluctuations were not at NACYCF. The fluctuations may capture attention because they stand out.

constitutes safety is not an easy task. What is not being analyzed in these reports is any changes in the risk and needs of the population. Certainly risk is addressed with the integration of the HGSYCF youth but safety is much dependent on risk and need. DJJ's youth population declined from 2,068 as of December 31, 2007 to 1,278 by December 31, 2009.⁵⁸ As noted by the Safety and Welfare Expert, the considerable changes to the DJJ population has resulted in a smaller but higher risk and need population that creates new management issues and makes it difficult to have confidence in trend data over time.⁵⁹

Currently, all institutions are showing a decline in violence as the integration process progresses. PYCF has seen a decrease of 58% since February, SYCRCC a 61% decrease since March and VYCF's ratio of violence had decreased by almost 50% since the second half of 2009.⁶⁰ The institutions are making significant progress in integrating the HGSYCF youth into their programs. What remains unclear is if the rate of violence is too high for this population. Further study and comparisons with similar populations should be conducted.⁶¹

It appears that there has been some benefit to implementing action items that the remedial plan prescribes to reduce youth violence, however, it remains unclear exactly which action items are responsible for progress achieved to date. While it is impossible to completely understand the impact of reduced living unit size and better unit assignment, the creation of violence reduction committees and conflict resolution teams, and replacing restrictive units with behavior treatment

⁵⁸ See Population Overview of Research and Statistics in DJJ Website

⁵⁹ Appendix B, p.4.

⁶⁰ See QSR Jul 09 ó Jun 10 Charts Land (2).xls

⁶¹ The PbS data system is still undergoing some refinement but overall is well implemented with clear rules and practices. This system allows for comparisons between different juvenile systems and DJJ's rates in general compare favorably against the average rates of all participating jurisdictions. If there is a way to control of age, risk and need, this type of comparison would be invaluable.

programs, the Special Master and Safety and Welfare Expert agree that assessment of the efficacy of these strategies is needed.

For example, violence reduction committees are an excellent concept. Staff coming together and discussing ideas and methods for reducing violence may result in changes that reduce violence. However, the Special Master previously reported that the committees neither employ sound operational practices nor are strategic in their methods to prevent violence.⁶² The committees appear to lack focus, direction and their work is not coordinated with the use-of-force review committees.⁶³ The committees are tasked with reviewing and evaluating incidents of violence each quarter and using the information to develop violence reduction plans, measure and report the impact of violence reduction efforts and share best practices. There is evidence that the committees meet each month, but there is little evidence of a clear strategy for how to achieve their purpose. For example, the Crisis Prevention and Management Policy requires each violence reduction committee to, on a quarterly basis, review violence indicators from COMPSTAT and PbS reports, identify violence patterns, and develop and submit a draft violence reduction plan to the Superintendent. Instead, the violence reduction plans in general are “embedded” within the violence reduction committee’s monthly meeting minutes.⁶⁴ Review of meeting minutes reveals little evidence of thorough and meaningful data analysis to achieve violence reduction.

Having different committee structures at institutions makes sense, but without clear objectives and measures to evaluate outcomes, there is no way to understand if they reduce violence in any way. The only measure of activity is meeting minutes and there is little evidence that the meetings themselves result in changes in policy or practice that could be evaluated to reveal the

⁶² See OSM 13, p.6.

⁶³ These assertions are a product of the interviews with staff by the OSM team while touring institutions and the review of systems during the work done by the Use of Force Taskforce.

⁶⁴ See Email, dated February 3, 2010 from Major Jeff Plunkett to Deputy Special Master John Chen.

committees' impact on violence, if at all.⁶⁵ Similar concerns exist regarding the conflict resolution teams.

DJJ should consider assessing the role, objectives and outcome measures of both the violence reduction committees and the conflict resolution teams. If the agency believes these functions support violence reduction, clear goals and objectives should be developed as well as activity and outcome assessment processes. The effort to understand the impact of violence reduction measures should continue. The question remains what data exists for the various strategies to support this supposition.

Another measure that cannot be overlooked is the level of activity in a facility. The Safety and Welfare Expert and the Special Master agree that the increased number of youth that are out of their rooms and participating in activities, the number of youth able to share day room time (especially those from rival gangs), improved staff-youth interaction and the number of youth moving up through the incentive level system all are indicators of a safer environment than existed years ago. The variety of incentives for youth continues to include movies, pizza nights, sporting events, gardening, family events, beauty shops, religious celebrations, decorating contests and is continually expanding.⁶⁶ The SYCRCC 'Peace and Unity Campaign' continues to reward youth for demonstrating non-violent behavior. In March 2010, the fourth celebration for Peace and Unity took place. Youth honored for their commitment ranged from six months to three years.⁶⁷

The challenge today is to determine how to reduce the existing rates of violence. The Special Master believes that the key to violence reduction is the successful implementation of the

⁶⁵ See examples of meeting minutes for PYCF (held on January 13, 2011), VYCF (held on January 19, 2011) and SYCRCC (held on July 8, 2010).

⁶⁶ See PoP 785 for an example of level activities from VYCF throughout the year.

⁶⁷ The celebration programs show which youth are honored for their commitment to non-violence and the period of time for which they have remained non-violent. The numbers range from 29 to 66 youth that were non-violent for periods of time ranging from six months to three years.

Integrated Behavior Treatment Model, a cognitive behavioral approach to assessing, understanding and treating youth problem behaviors. If implemented correctly, a cognitive behavioral approach based on actuarial risk and need provides the social learning needed for youth to change problem behaviors. In so doing, youth learn skills other than violence for problem solving and staff learn to engage more in proactive preventive activities by developing a continuum of responses to problem behaviors.

D. Use of Force

As aptly noted by the Safety and Welfare Expert, use of force is in part a reflection of the level of violence in a facility but it is also a reflection of what the staff believes is the most effective way to respond to youths' anti-social behavior.⁶⁸ DJJ has worked to provide training in safe crisis management to its staff, revised its use-of-force policy and review process in an effort to ensure staff focus on a continuum of prevention, intervention and force when responding to anti-social youth behavior.⁶⁹ Despite these efforts, use of force rates remain fairly constant.

As with incidents of violence, the total number of uses of force has decreased dramatically as the youth population has declined but the decrease in use of force rates is small.⁷⁰ From July 1, 2009 to December 31, 2009, the rate per youth day of force was .28. The rate of force climbed to

⁶⁸ Appendix B, p.7.

⁶⁹ All staff required to have safe crisis management training do not. Changes to the Use-of-Force policy are documented in PoP 785.

⁷⁰ The rate based on Average Daily Population has fluctuated from 71 in 2005 to a low of 54 in 2009 and is now at 68 for the first two quarters of each year. See OSM 13, p.21 and *see* Krisberg Comprehensive Report Round 3, p.6. The Special Master wishes to clarify the statement of the Safety and Welfare Expert that the data is not reliable, underreports and needs substantial improvement. The use of force study group found underreporting occurred for the cases reported by the Division Force Review Committee, as the committee staff did not reconcile data reported in WIN to the number of force incident packages submitted by the facilities. Evidence suggests one of the facilities did not submit a substantial portion of its force incident packages. For COMPSTAT data, the study group found each of the facilities employs a different process for collecting force data for submission to COMPSTAT and there is no audit trail to provide assurance that the data are accurate, complete, and reliable.

.37 from January 1, 2010 to June 31, 2010 for an average of .33 for the fiscal year. Uses-of-force rates were lowest at OHCYCF and highest at NACYCF and VYCF.⁷¹ The Special Master believes that the prospect of substantive reduction in DJJ's overall use-of-force rate is remote without fundamental changes in its current youth treatment model and its use-of-force review processes to prioritize prevention over compliance with policy and procedures.

The Mental Health, Safety and Welfare and Disabilities Experts have shared their concern about what they perceive to be higher than necessary use of force rates, in particular, excessive use of chemical agents with disabled and mentally ill youth.⁷² In response to these concerns, DJJ initiated a comprehensive study by a multi-disciplinary team to assess not just use-of-force rates but the specific circumstances that led to uses of force and efforts made to prevent the incidents in all DJJ facilities. At DJJ's request, the Special Master's Office is participating in the study. The Safety and Welfare and Wards With Disabilities Experts also participated in some of the team's deliberations and offered their insight and perspectives. In addition, to ensure accountability and transparency, the Office of the Inspector General (OIG) was invited to participate in the study and to serve as an independent observer. The OIG also provided valuable technical and computer support to the project.

The study is comprised of four components. The first component consists of quantitative analysis of 300 cases randomly generated through a computerized program maintained by the OIG. A matrix was developed to capture as much relevant data as possible from the force incident packages. Examples of the data captured include the name of the youth, date and time of the incident, mental health status, disability status, the type of force incident, and the type of force

⁷¹ See Microsoft excel spreadsheet QSR Jul 9 to Jun 10 Charts land.xls.

⁷² See OSM 13, p. 22 which describes the request by Plaintiff's counsel to have the experts examine the use of force for this population. Turn over of *Farrell* Mental Health Experts and methodology problems led to the development of an expanded strategy to review this issue.

applied. The study group analyzed the data in the matrix to identify trends and patterns regarding use of force at the DJJ facilities. The data is highly useful to support the observations and recommendations of the study group by placing them into proper context.

The study also consisted of a qualitative review of 100 use-of-force cases. The qualitative review process entails each member of the multi-disciplinary team independently reviewing the entire force incident package and then meeting as a group to frankly discuss each team member's view and perspective with respect to the case. The results of the qualitative review, supplemented by the quantitative review data, are used as the basis for formulating observations and recommendations in the report being prepared by the team.

An outside expert, Mike Gennaco, has been retained to observe the process employed by DJJ to review the force incidents at the facility level and at the division level and provide other comments and suggestions as he deems appropriate. As the Director of the Los Angeles Sheriff Office's Office of Independent of Review, Mr. Gennaco is a use-of-force expert and is uniquely qualified to comment on DJJ's current use-of-force practices.

In addition, the team will interview a sample of youth, most of whom have been involved in use-of-force incidents in the past, to gain insight from the youths' perspective. The team anticipates releasing a draft report in February 2011 with the final report to be released in March 2011.

Building on the combined expertise of DJJ outside experts and the OIG, hopefully agreement will be reached on the nature and type of any problems with DJJ's use-of-force practices as well as the strategies that should be employed to address them. The Special Master agrees with the Safety and Welfare Expert who indicates that the IBTM may help to reduce use of force. Ultimately, use of force is reduced by providing staff with the skills to appropriately use force when needed but, more importantly, providing staff with the skills and systems to prevent the need for use

of force. Several of the systems and skill sets needed for further reduction of use of force are tied to the development of an effective rehabilitative model.

E. Identify a Rehabilitative Model

Research regarding the effectiveness of treatment models in community and institutional settings provides some broad guidelines for the type of principles, if adhered to, help reduce anti-social behavior and therefore violence.⁷³ In short, we know that cognitive behavioral therapies work best and as, social learning models, it is imperative that staff understand that all activities are an opportunity to support treatment goals. We also know that the best results are achieved when the design of any cognitive behavioral program is strictly adhered to. Creating a treatment process that truly integrates assessment, case planning, programs, and transition strategies is a challenging process that typically takes years to fully implement.

The idea of replicating a program from another jurisdiction has not proven to be an effective approach to creating effective treatment models.⁷⁴ The adherence to the principles of evidence-based practice that support effective interventions has resulted in better outcomes. Wisely, the parties have not agreed to a model but to use evidence-based principles to guide the development of the best program for the unique needs of the DJJ youth population.⁷⁵

⁷³ See Lipsey MW, Landenberger NA, Wilson SJ. Effects of cognitive-behavioral programs for criminal offenders. *Campbell Systematic Reviews* 2007:6 and Garrido V, Morales LA. Serious (violent or chronic) juvenile offenders: A systematic review of treatment effectiveness in secure corrections. *Campbell Systematic Reviews* 2007:7 for examples of meta analyses of the research on this issue

⁷⁴ Decades of model replication have resulted in notorious failures. Many jurisdictions have implemented the tools and models used by other jurisdictions only to discover that they do not work when applied to their jurisdiction.

⁷⁵ The remedial plan sends contradictory messages on this issue. At times, it suggests modification of the Washington State Juvenile Rehabilitation Agency (JRA) model and, at other times, strict adherence to it. The attempt to apply the JRA model resulted in lengthy periods of debate and court action. The Special Master believes the parties were wise to move to a principle-based model that demands consistency with current research but also the flexibility to create a system that builds on Seventeenth Report of the Special Master

DJJ has demonstrated a clear understanding of the principles of an evidence-based treatment model. The development of an actuarial risk and needs assessment and training for staff to understand cognitive behavioral programs, to increase responsiveness by staff, and to facilitate cognitive behavioral programs as well as effective case planning are all strategies that build capacity for evidence-based programs. These efforts are the first steps in creating an evidence-based rehabilitative treatment system. Some of the next steps include:

- Completing training of staff for general and specific skill areas,
- Providing coaching and learning strategies to ensure staff can demonstrate skills learned in on-the-job training,
- Ensuring treatment plans are readily accessible and understood by all staff,
- Creating a valid assignment process for youth to treatment programs,
- Determining treatment dosage for different type of youth,
- Helping staff understand that actions like how and when force is used are part of social learning and thus, impact a youth's development of pro-social behaviors,
- Using existing (and creating other needed) quality assurance data and measures to determine if desired treatment outcomes are being achieved and
- Revising performance management systems to reward adherence to the social learning model.

It is a significant challenge to create a truly multi-disciplinary team the members of whom all understand what a youth's problems are and what the best response to his or behavior should be. It is also difficult to learn how to deliver therapeutic interventions exactly as prescribed. It requires ready access to easily understood treatment plans and the retraining of many staff ranging from psychologists to custody staff. Staff from all disciplines--education, mental health, custody, administration and extra-curricular--must understand that their individual actions with a youth must align with the collectively agreed upon treatment plan. A key element of social learning is modeling. Some staff will have to learn new responses to youth behavior.

the strengths of DJJ and can respond to its unique population needs. See Notice IBT ES.pdf (Notice of Filing Integrated Behavioral Treatment Model and Implementation Plan and Executive Summary, October 1, 2010)

Now that DJJ has identified the parameters of the IBTM, it has created an IBTM implementation team consisting of five subcommittees responsible for administration, assessment and case planning, treatment scheduling, quality assurance and behavior management. DJJ staff has been working to complete the deliverables for the first six months of the plan.⁷⁶ The subcommittees are involved in activities that introduce the program to youth, families and facility staff, define the treatment teams, evaluate youth for placement in the pilot units, ensure the training for staff is completed, revise the program service day, and determine which non evidence-based groups or interventions should be eliminated.⁷⁷

DJJ has contracted with Dr. Ed Latessa, Center for Criminal Justice Research, School of Criminal Justice, University of Cincinnati. Dr. Latessa is a nationally renowned expert in the implementation of evidence-based programs in community settings and institutions for juveniles. This contract ensures that DJJ will have guidance and coaching in the implementation process. Dr. Latessa's team will work with staff to ensure fidelity to program models, interventions are targeted for those youth who can most benefit and the amount of treatment provided adheres to current research.

Two units at OHCYCF will be the initial sites for refinement of the IBTM. While DJJ has created a relatively detailed plan, only with actual implementation can the model be modified to best align with the capacity of the physical setting and staff resources. Regular reports will be provided from the consultants to the parties and the Special Master regarding implementation progress and challenges. While learning is occurring at the two initial sites, broader training efforts and changes will continue throughout DJJ institutions to better align them with the philosophy and

⁷⁶ See the most current activity report, IBTM Implementation Plan 12 14 10.doc

⁷⁷ This list provides examples and is not intended to be comprehensive.

principles of the IBTM. The OHCYCF units will serve as learning laboratories where staff from other units and institutions can visit and see the process in action.

The concept of social learning and how it influences the growth and development of youth while in DJJ custody is likely understood by all staff at some level. Most people understand that in a two-parent family, if parents want a child to adhere to a rule or behavior, both parents need to reinforce the desired behavior through modeling both in word and deed. The likelihood of rule or behavior adherence increases if significant others besides the parents also model and support the desired behavior.

The challenge in an institutional environment is that multiple caregivers have ample opportunities to send conflicting messages. Understanding the impact of social learning is not difficult, but convincing groups of staff who have different beliefs and understanding about what actions support the development of pro-social behavior is extremely difficult. Helping staff recognize their own thinking errors regarding what helps anti-social young people change their attitudes and behaviors takes time. It requires consistency in leadership at the first-line supervisor and mid-management levels. It also requires a performance management process that rewards team work and adherence to principles of social learning and to treatment plans and protocols.

Key to the success of the model is communicating with all staff who interact with a youth, the treatment and behavior management needs and plan for that youth. All staff interactions must support the individualized intervention plan for a youth which defines the youth's potential for self harm, aggression, escape, behaviors that interfere with treatment, motivation for change, risk for recidivating and treatment risk, needs and goals and, finally, the current targets for intervention and change in the youth's behavior. Creating a shared understanding of what works to develop pro-social behavior in youth and having shared information and a common language to work with youth

are the best ways to reduce fear, violence and use of force. DJJ has put in place (or is in the process of putting in place) the foundation for this integrated treatment and behavioral management system. Helping staff to see how treatment impacts custodial practice and vice versa is the current challenge for DJJ. Now having the parameters of the IBTM, DJJ has created the IBTM implementation plan.

F. Gang Strategy

Clearly the issue of how to manage gang behavior in DJJ facilities is essential to the safety and security of the youth. DJJ staff is commended for some remarkable results they are achieving at integrating members of rival gangs into programs.⁷⁸ This work should continue to be explored in the IBTM.

The DJJ committee tasked with developing an agency-wide gang strategy has contracted with a national gang expert to assess the DJJ gang issue and to recommend potential strategies. The committee has proposed a draft policy which was reviewed with the Safety and Welfare Expert and the Special Master. It was agreed that the policy will be put on hold until the gang consultant report is received.⁷⁹

G. Gender Appropriate Services

The Safety and Welfare Remedial Plan and the Mental Health Remedial Plan require that DJJ provide for its young women "Gender Responsive Programming" that meets the unique needs of the population.⁸⁰ Specifically, the plans call for a comprehensive approach to address their needs

⁷⁸ The Special Master has talked with rival gang members at PYCF who were working together in program activities. PYCF staff managed to successfully integrate rival gang members in small numbers. For some youth this was the first time in their incarceration that this had happened. Senior leadership at OHCF has had rival gang members from PYCF meet with youth from their rival gang prior to transfer.

⁷⁹ See PoP 744. DJJ Gang Task Force, compliance team members, the Safety and Welfare Expert and the Special Master had a conference call on December 13, 2010 where this agreement was reached.

⁸⁰ Safety and Welfare Remedial Plan, p. 5, 58-59 and Mental Health Remedial Plan.

and foster positive relationships with one another, staff, their families and their communities in a safe, trusting, supportive and gender-responsive environment.⁸¹ All of DJJ's young women remain housed at VYCF, though there are ongoing discussions of removing the young women to another location that DJJ would identify as better equipped to meet their needs. The Safety and Welfare Expert recommends, and the Special Master agrees, that efforts should continue to find a more suitable location for the female population, ideally one that is closer to a major urban center.

With the influx of young men to the facility following the HGSYCF closure in February 2010, there was great concern that the young women were not receiving the same quality of care that they received prior to the young men's arrival.⁸² Initially, the staffing shortage and the spike in violence impacted all of VYCF's youth. However, VYCF administrators made significant efforts to ensure the young women's safety and have attempted to quickly restore services in emergency situations, including those that originate from within the young women's units.

The Safety and Welfare Remedial Plan requires the hiring or assignment of a Program Administrator for Female Programs.⁸³ The position was originally contemplated as a Central Office assignment to include such duties as contracting with local vendors to provide services to DJJ's young women. To date, young women's services have not been contracted out and the primary administrator in contact with DJJ's young women is VYCF's Assistant Superintendent. In addition to tending to her countless other duties, the Assistant Superintendent is particularly knowledgeable about the young women, visits the unit daily, knows each of the young women by name as well as their individual backgrounds and daily concerns. The Assistant Superintendent takes her assignment to the young women's programs seriously and personally. However, she and VYCF

⁸¹ *Id.*, at p. 5.

⁸² See Memorandum, Cathleen Beltz, "Ventura Program for Young Women," October 1, 2010. This is the source for the remainder of the section.

⁸³ Safety and Welfare Remedial Plan, pp. 21 and 58.

staff and administrators agree that the young women need an advocate dedicated solely to them.

The Program Administrator for Female Programs position is crucial to DJJ's provision of gender responsive programming and treatment, however, the position should be relocated to VYCF where the population resides. In addition to contracting duties, the Administrator is also responsible for quality assurance oversight of young women's programs and for ensuring that young women receive services that are equal to the young men's.⁸⁴ Relocating the position would both further DJJ's goal to provide effective gender responsive programming as well as relieve pressure on facility administrators who must compensate for the position's absence.

As an interim measure, the Central Office Program Administrator should immediately engage in frequent and consistent communication and visits with the facility administrators, the young women and their loved ones and should systematically review incident reports, including disciplinary and force documentation, in order to come to know the youth.

In efforts to meet the needs of DJJ's young women, DJJ has implemented, "Girls Moving On," a cognitive behavioral curriculum that, while new, appears promising. Additional gender responsive programming must be developed, however, and DJJ has thus far failed to contract for assessment and the development of protocol to improve the program's overall quality. Despite some efforts to meet this remedial plan requirement, DJJ must do more to meet the needs of its female population. Budget constraints and lack of funding are not adequate reasons for failure to provide the necessary and required programming for young women as outlined in the remedial plan.

H. Facilities

The parties are in agreement that the DJJ facilities should be designed to facilitate treatment. Facilities with smaller living units and different types of units that support the incentive system,

⁸⁴ *Ibid.*

ample group and individual counseling space as well as space for extracurricular activities align better with treatment strategies. The design of several DJJ facilities is one better suited for adult prisoners. Where the design is better for juveniles, the facilities are old and difficult to maintain.

Significant efforts were undertaken to design a prototype for a facility that would support treatment efforts.⁸⁵ In addition, a committee established in 2005 assessed space needs for all DJJ facilities and developed estimates of renovation costs where needed, and the purchase of modular units.⁸⁶ A total of \$9,725,000 (funded from federal block grant dollars and 2006/2007 general fund dollars) was spent on modular construction for five DJJ facilities. The last modulars were completed at OHCYCF in November of 2010. These units will provide counseling and classroom space for the IBTM and the Sexual Behavior Treatment Program (öSBTPö). Fortunately, most of the modular classroom and treatment units were built in facilities still used by DJJ.⁸⁷ Funds for capital expenditures of \$1.9 million were allocated in 2005/2006 and 3.5 million in the 2007/2008 fiscal year. These funds were used to build a variety of treatment, recreation and medical spaces.

In the present fiscal crisis and with the effort to eliminate DJJ, there has been little willingness to invest money into the current facilities or to request funds for new facilities. Funding designated for the building of modular units to provide needed treatment space was defunded in the last fiscal year. DJJ has worked tirelessly to craft a creative solution to acquiring additional treatment space. DJJ has successfully negotiated the lease of surplus modulars from the public schools. The Department of General Services, DJJ and Prison Industries (öPIAö) have negotiated

⁸⁵ The prototype and an operational master plan were completed. See OSM 13, p.32. A facilities master plan was completed and sent to the Safety and Welfare Expert. Given the dramatic change in the size of the youth population and the staffing model, the plan is likely of little value at this point. That said, DJJ should not be penalized for changes beyond its control. Credit should be given for the work completed.

⁸⁶ See PoP 758. This history of the effort to assess space needs and to find solutions for space needs was created by the Program Administrator in charge of space planning for the Special Master.

⁸⁷ *Id.* at p.2.

for the purchase of 18 modular units to be placed at VYCF, SYCRCC and NCYCC.⁸⁸ Twelve of the units will be placed at VYCF which has the greatest need for additional education and treatment space.

As noted by the Safety and Welfare Expert, DJJ continues to do a good job of coordinating and recording the need for repairs and making routine repairs as needed. Small renovations such as adding counseling space to units, painting and repair projects continue on an as needed basis. DJJ staff continue to demonstrate creativity in their efforts to solve maintenance problems, including having youth help with projects.⁸⁹

IV. TRANSITION PLANNING FOR CLOSURE OF PRESTON YOUTH CORRECTIONAL FACILITY

The Special Master has previously reported on the history of DJJ's population reduction and facility closures as well as multiple issues that DJJ has faced in the closure process.⁹⁰ DJJ Central Office and facility staff possess the requisite expertise and certainly the desire to complete successful problem-free closures and other related transitions. Indeed, some of the problems reported in the wake of HGSYCF's closure might have been significantly worse but for the tremendous efforts of DJJ staff to quickly integrate previously segregated youth, acquire and acclimate receiving facility staff and to restore the provision of interrupted services. The experts and Special Master also agree, however, that with sufficient advance planning, even in the face of the relentless fiscal crisis and resulting budgetary constraints and staffing issues, DJJ staff can reduce or prevent the types of problems that have emerged in the past.

⁸⁸ See PoP 740. The total number of modulars has been reduced due to the closure of PYCF.

⁸⁹ The Special Master notes that in a recent tour of SYCRCC, that the former county unit which was in dreadful repair has been vastly improved. Fresh paint and newly renovated counseling space were among changes. Youth were also assisting in renovation and repair projects at the institution.

⁹⁰ *Id.* at pp. 8-10 and Fifteenth Report of the Special Master, July 2010, pp. 5-10.

On October 21, 2010, DJJ announced system wide its plans to close PYCF by June 30, 2011.⁹¹ PYCF's closure will reduce to four the number of operational state juvenile facilities from 11 in 2003.⁹² The *Farrell* Experts and Special Master, the parties and DJJ staff have expressed concerns about DJJ's ability to effect a safe and successful transition. DJJ administration and staff have developed a thoughtful PYCF closure plan and have begun its methodical implementation. If DJJ follows its proposed plan and if planning efforts are not again thwarted by a drastically reduced closure timeframe or other unanticipated obstacles, DJJ should expect to accomplish a successful transition.

DJJ has communicated closure plan details with the OSM/expert team and incorporated the OSM/expert team's recommendations into its transition planning. Immediately following the closure announcement in October, DJJ requested input and recommendations from the *Farrell* Experts and the Special Master to incorporate into their closure plans in progress. The experts and the Special Master provided DJJ with their recommendations on November 12, 2010.⁹³ DJJ then requested a follow-up call with the experts and proposed a five-month, 24-step timeline for the PYCF closure that incorporates several of the experts' recommendations and addresses concerns expressed.⁹⁴ The timeline was provided to the parties and experts on December 13, 2010 and a follow-up conference call with the experts was held on December 15, 2010. DJJ also requested that the closure be placed on the agenda for and the issue was again discussed at the parties meeting held on January 20, 2011. Finally, the DJJ Central Office administrator assigned to oversee the PYCF

⁹¹ Memorandum from Rachel Rios to all DJJ staff, October 21, 2010

⁹² See Sixteenth Report of the Special Master, November 2010, p. 8. DJJ closed three facilities in 2003 and 2004, and has since closed three more, including DeWitt Nelson, El Paso de Robles and most recently in Heman G. Stark Youth Correctional Facility.

⁹³ Email, Special Master to the parties re: "Family Closure Meetings at Preston," November 12, 2010.

⁹⁴ DJJ, "Proposed Transition Timeline, Preston Youth Correctional Facility," November 2010. Seventeenth Report of the Special Master
March 2011

closure and transition provided the OSM with a progress update via teleconference on January 27, 2011 and faxed to the OSM the following day additional documentation requested during the call.

Among the most serious concerns and the OSM/expert team's related recommendations for a safe and successful facility closure are two sets of challenges that have impacted closures in the past: (1) ensuring the safety of all DJJ youth and staff and (2) sufficient preparation at the receiving facilities so that youth do not suffer interruptions to the provision of services.

A. Safety

Information and documentation provided by DJJ indicate that youth and staff safety remains DJJ's fundamental goal as it prepares for the upcoming closure. In addition to the proposed transition timeline, on January 4, 2011, DJJ's Director of Juvenile Facilities prepared a memorandum outlining the Director's vision for an organized transition with emphases on safety and violence prevention.⁹⁵ The memo describes a six-step process for "Moving Preston Youth," the first four steps of which focuses on pre-transfer communication between DJJ Central Office, facility staff and the youth who are being transferred. For example, Step 4 requires that PYCF Gang Information Coordinators and Case Managers begin to dialogue with identified active gang members and to develop "peace agreements" between rivals to be carried from PYCF to receiving facilities. As of this filing, several such agreements are reported to have been reached.⁹⁶

The plan also requires that prior to the youths' movement, DJJ Central Office and facility staff analyze available bed space and balance it against needs of individual youth in making facility and unit assignments. The fifth step in the plan calls for the slow and steady transfer of youth

⁹⁵ Memorandum, "Moving Preston Youth," Sandra Youngen, January 4, 2011. This is the source for the next two sentences.

⁹⁶ Statements of facility administrators to the Special Master and Deputy Special Master, Cathleen Beltz, February 2, 2011. PYCF and OH Close staff have worked together to attain peace agreements between youth from rival "Bulldogs" and "Norteros" gangs that are scheduled for transfer from PYCF to OHCYCF.

between institutions and the assembling of additional staff in teams to assist with the moves.⁹⁷ Step six addresses the process of orienting youth transferees to their receiving facilities, including the provision of a free phone call, the facility orientation packet, meetings with the youths' treatment teams and other facility staff and school enrollment for eligible youth within 72 hours of the youths' arrival. In the event that violence prevention plans are unsuccessful and interventions are necessary, the memo describes a "Disturbance Control Plan" to achieve quick recovery in a way that minimizes injury to youth and staff.

B. Provision of Services

DJJ's transition plans also ensure sufficient preparation at receiving facilities so that youth do not see extended breaks in the provision of required services. Key to ensuring that DJJ youth continue to receive services is ensuring that receiving facilities have sufficient staff in place *prior* to the youths' transfer. Lack of sufficient staffing at VYCF prior to HGSYCF's closure is cited by experts as the cause for substantial breaks in the provision of mandated medical, education and mental health services following the youths' transfer.⁹⁸ DJJ plans include the transfer of sufficient staff to the receiving facilities to ensure continued provision of required services.

DJJ has taken the following measures to ensure that receiving facilities are properly staffed:⁹⁹

- All intake unit and clinic staff are being temporarily redirected to receiving facilities.
- Labor unions were sent a 30-day notice that DJJ will move PYCF's intake clinic to Stockton by a date specified in the notice. DJJ plans to stop youth intake to the clinic one week prior to the date specified in order to allow for the transfer of clinic staff prior to the youths' arrival.
- Meetings with the California Correctional Peace Officers' Association have been scheduled to discuss the temporary redirection of necessary staff.

⁹⁷ Memorandum, "Moving Preston Youth," Sandra Youngen, January 4, 2011.

⁹⁸ Appendix A and Fifteenth Report of the Special Master, pp. 16-23.

⁹⁹ Statements of Bob Moore to Cathleen Beltz, January 27, 2011.

- NACYCF Education and Medical staff are currently developing written intake and clinical plans.
- California Department of Corrections and Rehabilitation's Seniority and Placement Unit that will identify for staff their placement options following the PYCF closure and removal of positions have a scheduled visit with PYCF staff.

DJJ's Central Office Administrator assigned to oversee the closure process reports that staffing issues are among the most troublesome. The fiscal crisis, the population reduction and subsequent facility closures coupled with uncertainty for DJJ's future have resulted in high rates of staff transfer to the adult division and has impacted morale of remaining DJJ staff.

Whether DJJ staff will have sufficient time and necessary resources to follow the transition plan as scheduled remains to be seen. The Special Master will provide an update to the closure plan's implementation in her next quarterly report and will again report on the plan's success following the closure.

V. CONCLUSION

Significant progress has been made by DJJ in implementing both the Health Care Services and Safety and Welfare remedial plans. The Medical and Safety and Welfare Experts have provided explanations of their compliance ratings with clear suggestions for what must be done to increase the ratings. The Special Master suggests that, given progress in each remedial area, the *Farrell* experts begin identifying those items or areas that have achieved substantial compliance for two or more rounds and that they believe DJJ is capable of monitoring. Plans for training the DJJ staff should be developed and implemented for the transfer of the monitoring of any items or areas.

Because the use-of-force issue is directly related to IBTM implementation, a use-of-force discussion by DJJ's Use-of-Force Task Force will be included in the next quarterly report. Similarly, DJJ's Use-of-Force Task Force will report its results in March of 2011 and the Special Master will provide a more detailed overview of its process, outcomes and recommendations.

The Special Master respectfully submits this report.

Dated:

Nancy M. Campbell
Special Master

**Farrell v. Cate
Fourth Report of Consent Decree
by the Medical Experts**

**Based on Site Visits Conducted
February 23, 2010 to December 1, 2010**



FARRELL MEDICAL EXPERTS

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Introduction

From February 23 to December 1, 2010 the Farrell medical experts conducted site visits to each DJJ facility and to Health Care Services' central office to perform audits of compliance with the Health Care Services Remedial Plan (HCSR).

This report contains the results of the Health Care Services headquarters review as well as the executive summary for each of the facility reviews. Mental health and dental expert reports are provided separately.

We would like to thank all DJJ staff for their cooperation and assistance during our site visits.

Reference Documentation

Complete facility reports will be forwarded as addendums to this report. Please see the following documents for more information:

Preston YCF Health Care Audit - February 23-25, 2010

Ventura YCF Health Care Audit ó March 22-24, 2010

Southern Youth Correctional Reception Center and Clinic Health Care Audit ó April 26-28, 2010

Northern California Youth Correctional Complex (NA Chaderjian and OH Close YCF) Health Care Audit ó May 24-27, 2010

Executive Summary

During this period of review the Farrell medical experts conducted the third round of clinical audits utilizing the DJJ Health Care Audit Instrument. The compliance scores for the facilities ranged from 84% to 92%. All facilities except SYCRCC demonstrated improvement in overall scores from the previous audits.¹ Preston Youth Correctional Facility was found to be in substantial compliance. DJJ is to be commended for continued progress in providing health care services to youth under their care.

At an agency level, DJJ continues to undergo structural changes due to the declining youth population. The Heman G. Stark Youth Correctional Facility closed in February 2010 and youth were redistributed to the remaining 5 youth facilities by the end of January 2010. In anticipation of further declines in population DJJ announced that Preston YCF would close by June 30, 2011.

In our last report, we noted that DJJ had established a centralized model for health care delivery, supervision, and oversight. However, while the agency had published tables of organization (TO) and memoranda to clarify the organizational structure, there were some reporting relationships that still required clarification. During our site visit to Health Care Services (HCS) in December 2010, DJJ staff still did not have an approved HCS table of organization that represented the actual structure. In addition, some health care staff has been assigned to the Office of Audits and Court Compliance contributing to staff confusion about lines of reporting, authority and

accountability. This was described both in staff interviews and in the Murray report regarding DJJ Headquarters Right-Sizing.² We also found that facility health care tables of organization were not consistent across facilities. For example, in the Ventura YCF TO, mental health services were not under the administrative leadership of the chief medical authority, but were so at the remaining facilities.

We discussed our findings with the Chief Deputy Director who acknowledged that the HCS and facility organizational charts were under review. We discussed organizational structures that would meet the requirements of the Health Care Remedial Plan with the Director and on 12/31/10 a new HCS table of organization was published. On a positive note, the new table of organization now shows the chief dental authority for the agency.

Our concern is that although organizational changes are expected to occur in any organization to reflect changing mission and resources, staff should, at any given time be clear regarding current organizational structure and lines of reporting, authority and accountability. We did not find this to be the case at the time of our visit.

DJJ continues to experience turnover in health care leadership. We believe that health care leadership turnover and lack of clarity about organizational structure has hindered progress in developing and implementing aspects of the remedial plan (e.g., nursing protocols) as well as effective systems of management and oversight (e.g. clinical auditing, analysis of health resource utilization).

With respect to facility staffing, the DJJ right-sizing business rules were implemented last year, and we recommended that DJJ monitor health resource utilization and make management decisions to provide more cost effective health care services. Although DJJ leadership agreed to develop, collect, and analyze data regarding health resource utilization, this has not effectively been done. Health care utilization data are being collected from facilities, but it is not apparent that health care leadership uses these data to make health care management and resource decisions. This has resulted in continuation of costly staffing patterns. For example, at our audit of SYCRCC, clinical staffing has increased so that there were 2 full time physicians and 2 nurse practitioners for a population of 220 youth. This is a ratio of 1 clinician to 55 youth; far exceeding resources necessary to provide health services. DJJ continues to staff mental health units with registered nurses although there does not appear to be any substantive justification for doing so. The failure to adjust staffing as the population declines reflects lack of effective management of health care resources and inflates the health care budget to unsustainable levels.

As noted in our last comprehensive report, with respect to budget, the persistent pattern of California General Assembly delays in passage of the state budget results in DJJ not having a known budget until halfway through the fiscal year. Although it has not interfered with DJJ's ability to purchase and provide health care services, this process results in an inability to make fiscal decisions based on a known budget and resulted in delayed payment to vendors. Moreover, because future budget projections are based upon the previous year's budget, there is no incentive for the agency to be cost effective. Although the statewide budget process is outside of DJJ's direct control, the medical experts believe that this process does not promote a cost effective system and contributes to the state budget issues.

At the time of our previous comprehensive report, Health Care Services (HCS) had developed and implemented a Quality Management Plan. It is focused primarily on the HCSRPA audit instrument. While this approach has been effective in increasing audit scores, the plan does not encourage the facilities to identify and study problems unique to their facility. For example, following the transfer of youth from Heman G. Stark to Ventura YCF, frequent group disturbances virtually shut down clinic operations on a daily basis resulting in almost 40% of health care appointments being rescheduled. These appointments were rescheduled as many as 5 times, with some appointments never taking place, causing serious problems with access to care. Thus, while not specifically addressed in the health care audit instrument, this issue had an adverse impact on health care services but was not addressed in a multidisciplinary approach through the quality management plan. Health Care Services should encourage facility QMCs to focus on issues unique to their facilities.

In addition, health care leadership has not implemented a structured external auditing process as required by the remedial plan. This is a critical element of the remedial plan to show that DJJ is capable of self-monitoring and correcting deficiencies once the court monitoring is over. In the next round of monitoring the medical experts have invited health care leadership to join us on site visits.

With respect to the implementation of the various health care services, we found that many services continue to perform well (e.g., pharmacy, consultation, and credentialing, preventive services). An area of the remedial plan that still requires development and implementation is nursing sick call. Although DJJ advised us this would be completed during this last monitoring period, to date it has not been completed.

In summary, we commend DJJ staff for the progress made to date. As the end of the monitoring approaches, it is important that DJJ health care leadership develops management controls (e.g. health care resource utilization) and monitoring systems to ensure that progress at the facilities is sustained and youth continue to receive quality health care services. We offer our support to DJJ in their efforts to improve health care services.

Glossary of Acronyms

AGPA	Associate Government Program Analyst
BCP	Budget Change Proposal
CDCR	California Department of Corrections and Rehabilitation
CHSA	Correctional Health Services Administrator
CMO	Chief Medical Officer
CTC	Correctional Treatment Center
DGS	Department of General Services
DON	Director of Nursing
DPA	Department of Personnel Administration
FMLA	Family and Medical Leave Act
HCS	Health Care Services
HCS D	Health Care Services Division
HCSR P	Health Care Services Remedial Plan
ITP	Intensive Treatment Program
LOC	Loss of Consciousness
LVN	Licensed Vocational Nurse
MAR	Medication Administration Record
MBP	Monthly Budget Plan
MTA	Medical Technical Assistant
NP	Nurse Practitioner
OHU	Outpatient Housing Unit
OT	Office Technician
PCP	Primary Care Provider
PHN	Public Health Nurse
RFB	Request for Bid
RN	Registered Nurse
SCP	Specialized Counseling Program
SRN	Supervising Registered Nurse
SSA	Staff Services Analyst
TDO	Temporary Departmental Orders
UHR	Unified Health Record
YCC	Youth Correctional Counselor

Health Care Organization, Budget, Leadership, and Staffing

The medical experts visited DJJ Health Care Services on November 30 and December 1, 2010, to conduct an assessment of HCS progress with respect to implementation of the HCSR. At that visit, we evaluated the status of health care using the Health Care Audit Instrument audit tools, Health Care Organization, Budget, Leadership, and Staffing and Statewide Pharmacy Services.

We thank HCS staff for their assistance and cooperation during these visits. Overall, Health Care Services scored 50% (10 of 20 Questions). This represented the combined score of 38% (5 of 13 Questions) for Health Care Organization, Budget, Leadership and Staffing and 71% (5 of 7 Questions) for Statewide Pharmacy Services. This score represents a slight decline from the previous score of 55%. In our view, turnover of health care leadership, lack of clear organizational structure with lines of authority and accountability contribute to the lack of meaningful progress.

Our findings and assessment of compliance with the questions in the audit tool are described below.

Question 1: The Health Care Services Table of Organization is consistent with the HCSR (pages 9-10).

Assessment: Partial Compliance

In order to provide guidance to staff regarding lines of authority and reporting relationships, organizational leadership should develop, disseminate, implement, and adhere to tables of organization.

We requested a copy of the most current approved Health Care Services Table of Organization (TO) and were provided 3 different versions. Initially, the Chief Medical Officer provided us a Health Care Services Table of Organization that she was proposing to DJJ leadership, but had not yet been approved. We were then provided a TO the Chief Deputy Secretary signed on 11/22/2010 but that had not actually been implemented. In this TO, mental health and medical services were separated, which did not reflect the current structure. After extensive discussion, it was clear that there was confusion over the current lines of authority and reporting relationships. In addition, health care services staff are also assigned to the Office of Audits and Court Compliance, and some staff reported it is not clear who to take direction from.

We discussed these findings with the Chief Deputy Secretary during our visit who advised us the Health Care Services Table of Organization was undergoing further review and consideration due to DJJ downsizing and state budget considerations. We discussed models of organization that would comply with the Health Care Services Remedial Plan (HCSR) and on 12/31/2010 a new Health Care Services Table of Organization was published. The new HCS table of organization shows that the Chief Medical Officer (CMO) is the health care authority which is in compliance with the HCSR. The TO also shows a Supervising Dentist who reports to the CMO.

Discussion with the Director included facility organizational structures and we recommended that, rather than a physician model for administrative supervision of other professional disciplines (e.g. mental health, dentistry, nursing, etc), a health care administrator be appointed responsibility for this function.

In summary, when we conducted our site visit, health care leadership presented conflicting tables of organization that either had not been approved or had not been implemented. While it is anticipated that all organizations undergo periodic change in organizational structure, at any given time, staff, particularly health care leadership, should be know and adhere to the current, approved table of organization. We did not find this to be the case at this visit.

Question 2: The DJJ organizational structure has established a centralized model for health care delivery, supervision, and oversight. Health Care Services has authority over facility personnel decisions including decisions to hire and discipline staff.

Assessment: Partial Compliance

According to the Remedial Plan, headquarters clinical staff, (e.g. Medical Director, Chief Psychiatrist, Supervising Dentist, and Director of Nurses, etc.) provides clinical supervision of their respective counterparts in the field. The facility chief medical authority provides administrative supervision of all health care services staff.

The Medical experts reviewed each facility table of organization (TO). We note that not all the TOs are consistent with the HCSR plan. For example in the the Ventura Youth Correctional Facility (VYCF) TO, mental health services were not under the administrative supervision of the CMO.

It is concerning that at this point in the litigation that DJJ does not have clear and consistent tables of organization at headquarters and facility levels. It is a concern that DJJ administrative and health care leadership are either unaware, or are aware and do not effectively address tables of organization that are not consistent with the current organization model.

We recommend that DJJ health care leadership develops, disseminates, implements, and monitors facility tables of organization to ensure that reporting relationships are consistent with the HCSR. The TOs should accurately reflect administrative and clinical reporting relationships.

Question 3. Key HCS leadership positions (HCSR pages 9-12) are budgeted, filled, or being effectively recruited. Pay parity exists with CDCR.

Assessment: Partial Compliance

The following key HCS positions are budgeted and filled:

- The Chief Medical Officer position is not currently budgeted but is currently filled with a temporary position.

- Director of Nurses (Nurse Consultant III)
- Chief Psychiatrist
- Pharmacy Services Manager
- Standards and Compliance Coordinator

The Clinical Record Administrator position is unfilled. Although the Health Program Specialist II position was filled at the time of our review, we were advised the individual would retire at the end of the year.

Given DJJ's decrease in population and facilities, we would recommend that to obtain health records expertise, that DJJ obtain ongoing consultation in managing health records from CDCR.

The following Key HCS position is vacant:

- The Health Care Administrator position is not currently budgeted and filled.

DJJ plans to establish a Staff Services Manager I position to assume administrator duties under the direction of the Chief Medical Officer. This plan meets the requirements of the remedial plan.

Question 4. The Statewide Medical Director position is filled or being effectively recruited and provides competent oversight and leadership of DJJ Health Services in compliance with Remedial Plan requirements (page 10). The Medical Director has medical autonomy for the health care program.

Assessment: Partial Compliance

Dr. [REDACTED] has been the DJJ chief medical authority since March 2010 and has autonomy for the health care program.

During the past year, there has been continued improvement in health care services at DJJ facilities. This is in part due to improved staff performance and steadily decreasing youth population at most facilities. DJJ is to be commended for these improvements.

However, health care services are being provided at a prohibitively high cost, and unless DJJ can provide services to youth at a reasonable cost, there is a risk that the agency itself becomes fiscally unsustainable.

With respect to the chief medical officer's implementation of responsibilities outlined in the HCSR, an area requiring attention is the development of an effective system to evaluate staff productivity and fiscal accountability. At our last comprehensive report, DJJ agreed to develop a system for assessing staff productivity. It has not yet occurred.

Dr. [REDACTED] reports that health care utilization data are being collected at the headquarters level, but there is inconsistency in what the facilities are reporting, impairing the ability to accurately assess utilization of health care resources and required staffing.

If not already done, consideration should be given to developing standardized definitions of health utilization services, providing training to staff; and monitoring adherence to the definitions to ensure validity of the data. Staff productivity measures should also be developed and compared against health care utilization data to assess staffing patterns.

In addition a clinical monitoring program that is consistent with the HCSR has not been developed and implemented. We invite health care leadership to join the experts during our monitoring visits.

As noted in our last comprehensive report, a statewide quality management program has been implemented and facilities are implementing the program. Meeting minutes show that the QM program is almost exclusively focused on the Medical Experts audits. We encourage health care leadership to have staff examine health care delivery issues that are unique to their facilities. For example, at Ventura we found a significant issue with respect to access to care following the transfer of youth from Stark to Ventura. These access issues were not being addressed through the CQI program.

Staff reported that there are no regularly scheduled HCS staff meetings to disseminate information, track progress on completion of HCSR programs, and provide a forum for discussion of issues, including those that affect other health care disciplines (e.g. mental health, nursing, medical records, etc). We strongly recommend that regular staff meetings be conducted and meeting minutes maintained to monitor progress over time.

Although not addressed during our visit, we note that the Murray report related to headquarters staffing noted that with the exception of the parole division, that performance appraisals are not uniformly performed annually on all employees. This is a basic management function that the CMO needs to ensure occurs in an effective and timely manner.

Question 5. The Statewide Director of Nurses position is filled or being effectively recruited and provides competent leadership and oversight of nursing services in compliance with the Remedial Plan (page 11). The DON has clinical authority for nursing services.

Assessment: Partial Compliance

Since our last site visit, [REDACTED], Statewide Director of Nursing retired in July 2010. He was the third Director of Nurses since our monitoring began. A DJJ priority last year was development, training and implementation of nursing protocols. This did not occur.

Ms [REDACTED] RN who previously held the Statewide Director of Nurses position has been reappointed to this position. She has previously demonstrated her ability to write and implement policies, and provide clinical supervision to nurses at the facilities. Ms. [REDACTED] is focusing her attention on the development of nursing protocols and clinical evaluation of nursing supervisors at the facilities.

Question 6. The Health Care Administrator (HCA) position is filled or being effectively recruited and provides competent administrative leadership. The HCA has developed a comprehensive health care budget that includes monthly tracking and reporting for each line item (e.g. pharmacy, hospitalizations, equipment and supplies, etc) per facility. The HCA provides administrative support to clinical staff to ensure that operational systems are functioning smoothly.

Assessment: Partial Compliance

The Health Care Administrator position has been vacant during the last two monitoring cycles. His duties have been assumed by other staff. DJJ plans to establish a Staff Services Manager I position to permanently assume administrative duties under the direction of the CMO.

Question 7. The health care budget is adequate to meet all the requirements of the Health Care Services Remedial Plan. The integrity of the health care budget is maintained (funds are not diverted to other programs except when approved by the Chief Deputy Secretary).

Assessment: Substantial Compliance

The DJJ Health Care Services budget is more than adequate to meet the serious health care needs of youth. According to information provided by DJJ, the FY 2010 health care appropriation was \$64,997,000 and the initial allotment was \$44,583,776. Based upon a fixed point population of 1624 on 6/30/10 the appropriated expenditure per youth was \$40,010 and the allotment expenditure was \$27,453. This budget is more than required to provide adequate health care to youth.

Question 8. There are job descriptions for each budgeted position in the DJJ Office of Health Services.

Assessment: Substantial Compliance

No change from last year. We requested and were provided a job description and duty statement for each central office position.

Question 9. HCS has developed and implemented a structured, written orientation program for headquarters and field staff. All new headquarters staff is oriented within 30 days of hire. Personnel orientation is documented and maintained in personnel files.

Assessment: Substantial Compliance

No change from the last monitoring period. HCS staff has developed a structured, written orientation program for headquarters staff. The plan is for supervisors to provide specific training to new employees based on their specific assignment. The orientation is to be documented via a checklist that is maintained in the supervisory file. We reviewed the current orientation manual and found it to be useful.

Question 10. HCS has developed and implemented initial policies and procedures and health record forms in collaboration with the Medical Experts. These policies are reviewed and updated annually, and as necessary.

Assessment: Substantial Compliance

No change from the last comprehensive report. Health Care Services continues to update policies and procedures on an ongoing basis.

Question 11. DJJ Office of Health Services has developed chronic care policies and procedures and clinical guidelines that are consistent with nationally accepted standards of care (e.g., Centers for Disease Control and Prevention, American Diabetes Association, etc.). DJJ has provided appropriate policy and guideline training for the clinicians.

Assessment: Substantial Compliance

HCS has developed chronic care policies and procedures. Clinical guidelines from the NCCHC have been distributed to the medical staff and appropriate training has been provided.

There have been no new physicians hired that require chronic disease training.

Question 12. HCS has developed and implemented a structured auditing process in compliance with the HCSR.

Assessment: Partial Compliance

HCS has developed a Quality Management Plan. The plan establishes an HCS Quality Management Team (QMT), which coordinates and facilitates the performance of quality improvement activities at each facility.³ The Standards and Compliance Coordinator (SCC) leads the HCS QMT.

As noted at our last review, facility staff continues to conduct Quality Management Committee (QMC) meetings primarily addressing Health Care Audit Instrument criteria.

In addition to HCS-mandated quality improvement monitoring, it is important that each facility identify its unique problems for which the facility leadership should design and implement studies. For example, following the transfer of youth from Heman G. Stark, Ventura had issues related to youth group disturbances that interrupted youth access to care. These issues should be included in an interdisciplinary quality management committee.

However, as noted in previous comprehensive reports, the facility monitoring activities do not replace the HCS clinical auditing process required by the remedial plan.⁴ The purpose of the external audit is to conduct an independent review to validate the results of facility monitoring. This monitoring is in anticipation of the conclusion of court-ordered monitoring and to provide perpetual oversight to ensure that youth continue to receive timely access to quality health care services. The remedial plan requires a comprehensive audit process using a multidisciplinary team consisting of a physician, nurse, pharmacist, dentist, and administrator.⁵ A team approach enables more effective communication, identification, and resolution of problems, particularly those that are interdisciplinary in nature.

Following the HCS audit, the Standards and Compliance Coordinator is responsible for coordinating the publication and distribution of audit reports, and monitoring the implementation of corrective action plans. We recommend that each facility undergo an external audit twice annually until the system is confident in the facilities' ability to self-monitor; after that, a minimum of annually.

As of our headquarters site visit, the clinical auditing process had not yet been implemented.

Question 13. The Clinical Records Administrator monitors health record management at each facility a minimum of once annually to ensure compliance with health record policies and procedures.

Assessment: Noncompliance

Health Care Services currently does not have a Clinical Records Administrator and no site visits were conducted to review health records management.

Health Care Organization, Leadership, Budget, and Staffing

Interview HCS staff. Review the DJJ Table of Organization, Staffing and Budget Reports. Review orientation and training materials.

Key: SC =Substantial Compliance, PC=Partial Compliance, NC =Noncompliance, NA = Not Applicable, NE =Not Evaluated

		SC	PC	NC	NA
Question # 1	The Health Care Services (HCS) Table of Organization is consistent with the Health Care Services Remedial Plan (HCSRP) (pages 9 and 10).		1		
Question # 2	The DJJ organizational structure has established a centralized model for health care delivery, supervision, and oversight. Health Care Services has authority over facility personnel decisions including decisions to hire, promote, and discipline staff.		1		
Question # 3	Key HCS leadership positions (pages 9-12) are budgeted, filled, or being effectively recruited. Pay parity exists with CDCR.		1		
Question # 4	The Statewide Medical Director position is filled or being effectively recruited and provides competent oversight and leadership of DJJ Health Services in compliance with HCSRP requirements (page 10). The Medical Director has medical autonomy for the health care program.		1		
Question #5	The Statewide Director of Nurses (DON) position is filled or being effectively recruited and provides competent leadership and oversight of nursing services in compliance with the HCSRP (page 11). The DON has clinical authority for nursing services.		1		
Question # 6	The Health Services Administrator (HSA) position is filled or being effectively recruited and provides competent administrative leadership. The HSA has developed a comprehensive health care budget that includes monthly tracking and reporting for each line item (e.g., pharmacy, hospitalizations, equipment, and supplies, etc.) per facility. The HSA provides administrative support to clinical staff to ensure that operational systems are functioning smoothly.		1		
Question # 7	The health care budget is adequate to meet all the requirements of the Health Care Services Remedial Plan. The integrity of the health care budget is maintained (funds are not diverted to other programs except when approved by the Chief Deputy Secretary).	1			
Question # 8	There are job descriptions for each budgeted position in Health Care Services (HCS).	1			
Question # 9	HCS has developed and implemented a structured, written orientation program for headquarters and facility staff. All new headquarters staff is oriented within 30 days of hire. Personnel orientation is documented and maintained in personnel files.	1			
Question # 10	HCS has developed and implemented initial policies and procedures and health record forms in collaboration with the Medical Experts. These policies are reviewed annually and updated as necessary.	1			
Question # 11	Health Care Services has developed chronic care policies and procedures, and clinical guidelines that are consistent with nationally accepted standards of care (e.g., Joint National Committee reports (as applicable), NCCCHC, American Diabetes Association, etc.). DJJ has provided appropriate policy and guideline training for the clinicians.	1			
Question # 12	HCS has developed and implemented a structured auditing process in compliance with the HCSRP.		1		
Question # 13	The Clinical Record Administrator monitors health record management at each facility a minimum of annually to ensure compliance with health record policies and procedures.			1	
	Totals:	5	7	1	

Compliance = 38% (5 of 13 Questions)

Statewide Pharmacy Services

Since our last visit, [REDACTED] retired and [REDACTED] is the Statewide Pharmacy Manager. He reported that he is based at the Northern California Youth Correctional Complex and comes to headquarters only when requested by Dr. [REDACTED]

Question 1. The Statewide Pharmacy Manager (SPM) in collaboration with key staff (nursing, medical) has developed and implemented comprehensive pharmacy policies. Pharmacy policies are reviewed annually and updated as necessary.

Assessment: Substantial Compliance

The documents that were provided to us in advance of our visit were not the most current pharmacy policies and procedures. We became aware of this when we reviewed a policy that we knew not to be the current practice (emergency drug cart). Interview with the SPM revealed that he was not consulted in the preparation for our visit. He did provide us pharmacy policies and procedures for our review. When provided, we found that the SPM is updating the current policies and procedures.

Question 2. The Statewide Pharmacy Manager, in collaboration with the Statewide Medical Director has developed and implemented standardized and cost-effective pharmacy practices. This includes standardization of dispensing practices, and consideration of alternate pharmacy models such as regionalizing and/or outsourcing of pharmacy services.

Assessment: Partial Compliance

The SPM has developed and implemented standardized pharmacy practices at all facilities. This was demonstrated by pharmacy audit scores that range from 90-100%.

As noted in the previous report, the previous SPM initiated studies of pharmaceutical purchasing practices by site to determine total and psychotropic medication expenditures, and to provide feedback to facility and DJJ stakeholders. This has been continued by the current SPM.

The implementation of staffing business rules in early 2010 resulted in pharmacy staff reductions. Declines in youth population warrant continued review of pharmacy productivity and consideration of alternate pharmacy models. We discussed this with [REDACTED], SPM and [REDACTED], Chief Deputy Director, who was interested in exploring this further.

Question 3. The Statewide Pharmacy Manager monitors staff productivity levels and recommends adjustments in staffing levels as appropriate.

Assessment: Substantial Compliance

The SPM tracks and monitors monthly prescription logs. We note that for the period of September 1 to November 30, 2010 that the average daily prescriptions at each facility for the 3 month period were as follows:

Heman G. Stark CTC:	1.62 prescriptions/day
NCYCC:	56 prescriptions/day
PYCF:	19 prescriptions/day
SYCRCC:	24 prescriptions/day
VYCF:	35 prescriptions/day

In general, the average number of daily prescriptions at each facility does not justify current staffing patterns at the facilities. We encourage the SPM to continue monitoring staff productivity to assess staffing needs and make staffing adjustments as indicated. We also recommend consideration of alternate pharmacy services to increase cost efficiency while maintaining continuity of medications.

Question 4. The Statewide Pharmacy Manager has constituted and chairs the Statewide Pharmacy and Therapeutics (P & T) Committee that meets Quarterly. The Pharmacy Manager produces and distributes minutes of the meetings to committee members.

Assessment: Partial Compliance

The Statewide Pharmacist provided copies of Statewide Pharmacy and Therapeutics (P & T) Committee meeting minutes since our last site visit in October 2009. The P & T Committee met in December 2009, June 2010 and September 2010; conducting 3 of 4 required meetings.

Our review of the minutes showed that they reflected trends in pharmacy prescribing practices and could be clinically useful in finding opportunities for improving clinician prescribing practices and for peer review purposes. We encourage health care leadership to examine prescribing practices that not only improve clinical outcomes, but are cost effective as well.

Question 5. The Statewide Pharmacy Manager attends facility P & T Meetings on alternate months in person or via teleconference.

Assessment: Substantial Compliance.

Our review of facility P & T Meeting minutes showed that the SPM attended committee meetings via teleconference.

Question 6. The Statewide Pharmacy and Therapeutics (P & T) Committee has developed or adopted a statewide drug formulary that is appropriate to the needs of youth and includes a non-formulary request process. The Statewide Pharmacy Manager monitors compliance with the statewide formulary.

Assessment: Substantial Compliance

As noted in our last comprehensive report, DJJ has adopted the California Drug Formulary as its own. Because this formulary is not youth-specific, we recommend that the Statewide P & T Committee review expenditures to determine whether any drugs should be made non-formulary.

Question 7. The Statewide Pharmacy Manager develops a per youth/per month cost. The Statewide Pharmacy Manager and Health Care Administrator monitor trends in aggregate and per facility costs and present data at Statewide P & T Committee Meetings.

Assessment: Substantial Compliance

As noted in our last comprehensive report, review of institutional and statewide P & T committee meeting minutes shows that the SPM tracks a variety of pharmaceutical costs.

Statewide Pharmacy Services

SC =Substantial Compliance, PC=Partial Compliance, NC =Noncompliance, NA = Not Applicable, NE =Not Evaluated

		SC	PC	NC	NA
Question # 1	The Statewide Pharmacy Manager in collaboration with key staff (nursing, medical) has developed and implemented comprehensive pharmacy policies. Policies are reviewed annually and updated as necessary.	1			
Question # 2	The Statewide Pharmacy Manager, in collaboration with the Statewide Medical Director, has developed and implemented standardized and cost-effective pharmacy practices. This includes standardization of dispensing practices, and consideration of alternate pharmacy models such as regionalizing and/or outsourcing of pharmacy services.		1		
Question # 3	The Statewide Pharmacy Manager monitors staff productivity levels and recommends adjustments in staffing levels as appropriate.	1			
Question # 4	The Statewide Pharmacy Manager has constituted and chairs the Statewide Pharmacy and Therapeutics (P & T) Committee that meets Quarterly. The Pharmacy Manager produces and distributes minutes of the meetings to committee members.		1		
Question # 5	The Statewide Pharmacy Manager attends facility P & T Committee Meetings on alternate months in person or via teleconference.	1			
Question # 6	The Statewide P & T Committee has developed or adopted a statewide drug formulary that is appropriate to the needs of youth and includes a non-formulary request process. The Statewide Pharmacy Manager monitors compliance with the statewide formulary.	1			
Question # 7	The Statewide Pharmacy Manager develops a per youth/per month cost. The Statewide Pharmacy Manager and Health Care Administrator monitor trends in aggregate and per facility costs, and present data at the Statewide P & T Committee Meetings.	1			
	Totals:	5	7		

Compliance = 71% (5 of 7 Questions)

Facility Findings

Preston Youth Correctional Facility

The Farrell Medical Experts visited Preston Youth Correctional Facility on February 23-25, 2010. The facility population at the time of our visit was approximately 350 youth with plans to increase the population to 450 youth due to the closure of Heman G. Stark Youth Correctional Facility.

We thank [REDACTED], Superintendent, [REDACTED] MD, Chief Physician and Surgeon (A), and [REDACTED] SRN II and all staff for their cooperation and assistance in completing the health care audit.

This was the third formal audit of the facility and we note continued improvement from our last site visit. Overall, the facility scored 92% (716 of 780 applicable screens/questions), an increase from the previous score of 86% in August 2008. Our report which contains data collected to support this review and summary scores are attached to this report in an excel format. Certain information in the report has been updated based on recent comments and clarifications that DJJ presented to the experts in a letter dated May 5, 2010.

At our last audit, despite the relatively high score of 86%, we were concerned about the performance of one of the physicians who did not adequately treat youth with potentially serious medical conditions. He also documented physical examination findings that were inaccurate and/or contradictory. This physician is no longer at the facility.

Dr [REDACTED] is currently the only physician at the institution and is providing excellent care to youth. Previous issues related to contracting and budget have been resolved. Staff also reported that custody escort staffing had been expanded to the evening shift, facilitating the completion of health care appointments, however we did note in some records that medical appointments were not completed due to custody issues.

In summary, the facility has exceeded the threshold score of 85% for substantial compliance, and we found no serious and systemic issues that prohibit the facility from being in substantial compliance with the Health Care Services Remedial Plan. Both health care and custody staff are to be commended for their success in improving the health care program.

Summary of Health Care Areas Reviewed

Facility Leadership, Budget, Staffing, Orientation and Training scored 100%

Dr. [REDACTED] is the Chief Medical Officer (A) who took the place of [REDACTED] when she was appointed the Statewide Medical Director (A). The Health Care Administrator (HCA) is currently vacant but a candidate has verbally accepted the position and plans to start in March 2010. Ms. [REDACTED] RN is the Supervising Nurse II who has been at the facility for approximately 5 years.

DJJ is in the process of right-sizing and are slated to receive 2 nurse practitioners; however they have not yet been hired. In addition, a Physician & Surgeon position will be shared with the Northern Complex (NCYCC). Dr. [REDACTED] is currently the only clinician working at the facility, but when all positions are filled the facility will have 3.5 FTEs. This is more than adequate staffing for a facility of this size.

The facility has 21 RN positions of which 18 RN are filled. Staff is required to take a 3 furlough days per month. [REDACTED] has adjusted nurse staffing and fills in behind the furloughed position with Permanent Intermittent Employees (PIEs) and there have been no critical shortages.

Staff informed us that at the conclusion of the right sizing program PYCF will have 14.3 RN positions. Two MTA positions were eliminated and they have 4.8 LVN positions. The LVNs will administer medications and immunizations and draw labs.

At our last visit, non-health care related expenses such as Youth Correctional Counselor (YCC) positions were charged to the medical budget. This is no longer taking place.

With respect to medical contracting the facility reports no major problems. They have multiple medical contacts including ambulance and hospital services as well as other specialties.

There are now custody officers assigned to the day and evening shift to facilitate meeting health care appointments and there have been no problem with transport to off-site appointments.

Medical Reception scored 90%

Congratulations. While the facility met the goal of 85%, an area that could be improved is the quality of the history, and follow-up of abnormal labs.

Intrasystem Transfer scored 94%

Congratulations.

Nursing Sick Call scored 80%

An area that could be improved is the quality of nursing assessments. Also, in several encounters we noted that the youth was not seen due to custody issues.

Medical Care scored 91%

While the facility met the goal of 85%, an area that could be improved is the quality of the medical history.

Chronic Disease Management scored 88%

While the facility met the goal of 85%, an area that could be improved is the quality of the medical history.

Infection Control scored 100%

Congratulations!

Pharmacy Services scored 92%

Congratulations. While the facility met the goal of 85%, an area that could be improved is that there is no system for monitoring adverse drug reactions.

Medication Administration Process scored 100%

Congratulations!

Medication Administration Health Record Review scored 95%

Congratulations! While the facility met the goal of 85%, an area that could be improved is documentation of discontinuation of medication orders.

Urgent/Emergent Care scored 85%

While the facility met the goal of 85%, an area that could be improved is documentation in the urgent-emergent log.

Outpatient Housing Unit scored 97%.

Congratulations!

Health Records scored 75%

An area requiring improvement was the placement of the problem list in the medical records.

Preventive Services scored 98%

Congratulations!

Consultations scored 98%

Congratulations!

Peer Review scored 100%
Congratulations!

Credentialing scored 100%
Congratulations!

Quality Management scored 100%
Congratulations!

Ventura Youth Correctional Facility

The Farrell Medical Experts visited Ventura Youth Correctional Facility (VCYF) on March 22-24, 2010. We thank [REDACTED] MD, CMO, [REDACTED] SRN II, Superintendent [REDACTED] and staff for their assistance and cooperation during the audit.

Overall, the facility scored 87% (703 of 804 applicable screens and questions). A companion excel spread sheet contains the data that support the findings in this report.

The facility population at the time of our visit was 375 youth, an increase of 127 youth since our last visit. This included 64 females and 237 males in the main facility and 74 males in the fire camp. There are 12 housing units including the camp. The increase in population is primarily due to the closure and transfer of youth from Heman G. Stark Youth Correctional Facility (HGSYCF), but youth also continue to transfer from SCYRCC and Preston. The majority of HGSYCF youth transfers occurred in January and February 2010.

With the various populations, (e.g., girls, boys, BTP and fire camp) the facility has become more complex with respect to operational management. In addition, DJJ is in the planning process to create a Correctional Treatment Center (CTC) at Ventura. This will involve structural changes at the existing facility and possible construction of a new Outpatient Housing Unit (OHU).

This review showed that the facility has made progress in several areas of health care delivery for which staff are to be commended. We note however, that since the arrival of youth from HGSYCF the number of group disturbances has increased dramatically. This has resulted in frequent cancellation of scheduled medical appointments because staff must perform health assessments on youth involved in group disturbances, including those affected by pepper spray. This virtually shuts down the clinic for most other clinical activities and represents an obstacle to health care access. Therefore, many youth who are scheduled are not being seen by health care staff in a timely manner.

To assess the impact of the group disturbances on access to health care services, we reviewed clinic appointment completion and cancellation rates for the first 2 weeks of March 2010. We found that of 768 scheduled medical and nursing appointments 472 (61%) were completed as scheduled. The remaining 39% of appointments were rescheduled, with some appointments being rescheduled as many as 5 times, and some appointments never being completed.

We also reviewed physician appointment completion rates on Sundays when one of the physicians is regularly scheduled to see youth. We found that on 6 Sundays from late January through mid-March 2010 79 (50%) of 156 scheduled medical appointments were completed; 54 (35%) were rescheduled and 23 (15%) youth refused the appointment.

With respect to the high rate of rescheduled medical appointments, although most of these delayed or broken appointments will likely not result in harm to youth, some youth may experience unnecessary pain or delayed diagnosis for a serious medical condition if not seen in a timely manner.

What is also notable about these data is not just the high rate of rescheduled medical appointments, but the high volume of medical appointments for a relatively healthy population. During the first 2 weeks of March, an average of 55 youth (15% of the total population) was scheduled each day for medical and nursing appointments. As noted in previous reports, the majority of these encounters are for relatively minor conditions.

Although the facility scored above 85%, we can not find Ventura YCF to be in substantial compliance with the Health Care Services Remedial Plan until this systemic issue is resolved. We recommend that both of these areas (i.e., high medical appointment volume and cancellation rates) be addressed in a multidisciplinary approach under the auspices of the quality management program.

In summary, Ventura YCF has undergone significant changes in population and mission in the past 4 months with plans for additional changes in the future with the creation of a CTC. We recognize that this work, along with addressing obstacles to health care access, will create new challenges for leadership and staff. The medical experts plan to monitor the facility's progress over the course of the next year. Recognizing that this work needs to be completed, we congratulate staff on their progress to date.

Summary of Health Care Areas Reviewed

Facility Leadership, Budget, Staffing, Orientation and Training scored 89%. The DJJ staffing business rules have been initiated but not fully implemented. Changes have occurred in health care leadership position titles and all key leadership positions are filled. The SRN II [REDACTED] has been on medical leave for 2 months prior to our visit and [REDACTED] SRN II has been providing nursing supervision in her absence.

In addition to Dr. [REDACTED], the Chief Physician & Surgeon, clinical staffing consists of Dr. [REDACTED], a permanent intermittent employee (PIE) who averages 20 hours a week; a full time nurse practitioner (NP) and a second NP position to be hired in the near future. The facility also regularly utilizes a retired annuitant (RA) physician when a nurse practitioner or physician is on leave. The medical experts understanding of DJJ's business rules model was that with increased clinical involvement of the Chief P & S, as well as a full time NP and half-time physician, the utilization of RA's would not be necessary.

In addition, although not included in the Business Rules, a nurse is assigned to the Behavioral Treatment Unit (BTP) on the day and the evening shift. On the day shift the nurse performs sick call appointments and health assessment of newly transferred youth. The nurse on the evening shift passes medications for the girls. As noted in previous reports, we believe that there is insufficient justification to assign these positions to the BTP, which is not a mental health unit. On a positive note, the psychiatric technicians are now utilized at the facility to pass medications. Custody plans to add another officer to the 2 BTPs to assist with general escort duties, not just for medical purposes.

Staff expressed concern that there is no call schedule for the psychiatrists and we encourage them to bring this to the attention of [REDACTED] MD, Chief Psychiatrist.

There is a custody officer post in the medical section and he sometimes goes out to the units to escort youth to medical appointments. However, if there are other youth in the clinic the officer cannot leave. Staff advised us that as of April 1 there will be additional escort officers assigned to the clinic on day and evening weekend shifts.

With respect to the health care budget, the FY 2009-2010 initial allotment was \$13,929, 358. Of this amount \$12,243,924 (88%) was allocated to staffing costs. The budget has not yet been adjusted for the Right Sizing business rules.

All staff had current professional licenses and CPR certifications.

Staff reported that contracts were problematic during the past year. Last year local staff did not submit requests for hospital and medical vendor contract renewals in a timely manner and they were not processed in time. Consequently, emergency contracts were established for a 6 month period and expired at the end of the calendar year (July through December). In that period Ventura staff made efforts but were unable to complete the bid process for new medical contracts and at the end of December they had no valid medical contracts. Fortunately they were able to establish a contract with a large county hospital that provided the majority of the services that the facility needs. However, this took 8 months to complete because of a lengthy approval process by the Ventura Board of Supervisors and CDCR legal services.

Medical Reception scored 95%

The facility maintains a medical reception tracking log. The log shows that there have been 51 admissions since January 2009 averaging 17 per month. All of the new admissions were females. This area is working well. One clinical issue that we observed is that several women complained of vaginal discharge upon arrival but were treated for urinary tract infections, without performing a clinical assessment for conditions such as trichomonas and bacterial vaginosis (BV), the most common cause of vaginal discharge in women of childbearing age. We learned that the clinical staff was not utilizing the clinic microscope to aid in diagnosis of vaginal discharge. Staff indicated that this would be addressed as soon as possible.

Intrasystem Transfer scored 87%

While the facility met the goal of 85%, areas that could be improved are ensuring that all previous medical problems have been noted and properly evaluated. In one example is a youth who had congenital heart surgery as an infant and who has a grade II/VI heart murmur. Although the medical reception process was performed at another facility, the youth's medical history should have been further explored, including obtaining previous medical records to determine whether future medical care is warranted, such as SBE prophylaxis for dental procedures. Another example is a youth with a previously positive tuberculin skin test (TST) whose history of preventive treatment was unclear.

Nursing Sick Call scored 77%

We found that nurses generally collect and triage health services requests (HSRs) in a timely manner. The quality of nursing assessments has improved since our last visit but requires continued monitoring and feedback to the nurses through the quality management program. In 4 records we found that either the nurse referral to the physician did not take place in a timely manner, or if seen, the clinician did not adequately address the patient's chief complaint.

We also note that nursing sick call is not a scheduled activity at VYCF. Thus, nurses see patients when they can throughout the day. This makes the nursing sick call process inefficient and given the high volume of HSRs, likely provides motivation to youth not to attend class or other scheduled activities. We recommend that nursing sick call be scheduled at a set time each day, preferably before school. If competing functions in the morning (e.g., breakfast, medication administration, school, etc.), present challenges to completion of sick call in the morning, DJJ may want to consider adjusting the school day to begin 30-60 minutes later than normally scheduled or scheduling sick call after school.

Medical Care scored 87%

While the facility met the goal of 85%, areas that could be improved are the quality of the medical history and physical examinations.

Chronic Disease Management scored 94%

While the facility met the goal of 85%, an area that could be improved is the use of the problem list. On a consultative note, the chronic care list we were initially given was not up to date. There were youth on the list who had either left the facility or had been removed from the chronic care program and some youth with chronic illnesses were not on the list. By the time we left the facility, the list had been updated and was accurate.

Infection Control scored 100%

The infection control nurse has been in the position for approximately 2 years. She devotes approximately 2 to 3 days a month to infection control activities and believes this is insufficient time to complete all of her responsibilities. We note that the infection control nurse has not attended 2 of the last 4 quarterly infection control meetings in the last calendar year and recommend that it be scheduled at a time when she can attend. Staff has a surveillance program for infections and antibiotic therapy but the log is not filled out with respect to culture results that show whether the appropriate antibiotic was selected to treat the patient's condition.

Pharmacy Services scored 100%

Congratulations!

Medication Administration Process scored 100%

Congratulations!

Medication Administration Health Record Review scored 86%

While the facility met the goal of 85%, areas that could be improved include proper discontinuation of medication orders on the MAR and nursing documentation of medication administration status for all ordered doses.

Urgent/Emergent Care scored 82%

Areas that could be improved are documentation in the urgent-emergent log; and the performance and critique of emergency drills on every shift over the course of the year. Summaries of emergency drills should be shared with staff not in attendance at the drill.

Outpatient Housing Unit scored 78%.

Areas that could be improved included the clinician's orders, orientation of youth to the OHU, and nursing performance of vital signs when ordered every 4 hours.

Health Records scored 75%

An area that needs improvement is the functionality of laboratory, diagnostic and consultation report tracking logs.

Preventive Services scored 89%

While the facility met the goal of 85%, an area that could be improved is clinician identification and development of a treatment plan for youth who are obese.

Consultations scored 89%

While the facility met the goal of 85%, an area that could be improved is implementation and monitoring of the consultant's recommendations.

Peer Review scored 100%

Congratulations!

Credentialing scored 100%

Congratulations!

Quality Management scored 90%

While the facility met the goal of 85%, an area that could be improved is focusing on problems that are unique to Ventura YCF rather than solely on the health care remedial plan audit tools. An example is the recently developed problem with access to health care services caused by youth group disturbances.

Southern Youth Correctional Reception Center and Clinic

The Farrell Medical Experts conducted a health care audit at Southern Youth Correctional Reception Center and Clinic on April 26-28 2010.

We thank [REDACTED], Chief Physician & Surgeon, and [REDACTED], Superintendent and their staffs for their cooperation and assistance in completing the health care audit.

The facility scored 86% (697 of 807 applicable screens/questions). This is a slight decline from the score of 88% at our last visit. In a letter to the experts dated 6/25/2010, DJJ reported that they had no questions or comments regarding our findings.

The facility population was 219, a decrease from 224 youth at our last visit. With the closure the HGSYCF several programs were transferred to SYCRCC including an IBTP, SCP and a SBTP. The facility also receives parole violators above age 18 years. There is no longer an overflow unit housed in Drake cottage for LA county youthful offenders.

In addition to the main medical clinic areas, there are two satellite nursing stations, one in the Marshall Intensive Treatment Program (ITP) and a clinic in Drake cottage. The facility currently uses five Outpatient Housing Unit (OHU) beds for medical/mental health purposes.

Summary of Health Care Areas Reviewed

Facility Leadership, Budget, Staffing, Orientation and Training scored 89%

All key clinical and administrative leadership positions are filled. However, Ms. [REDACTED], SRN II has been on medical leave since January 2010 and Ms. [REDACTED] SRN II is currently in charge of nursing services.

Implementation of the DJJ business rules has resulted in changes in the number and types of positions. The Chief Medical Officer position is now a Chief Physician & Surgeon. The Correctional Health Care Administrator I position has been upgraded to a CHSA II. This was done with the expectation that the CHSA II would relieve the Chief Physician & Surgeon of certain administrative duties to allow the Chief P&S to devote more time to clinical duties. Ms. [REDACTED], CHSA II has assumed these administrative duties and appears to be doing an excellent job.

Other staff changes include the following:

Dentists have been decreased from 4.0 FTEs to 1.0 FTE;

Dental assistants have been decreased from 5 FTEs to 2 FTEs;

Pharmacists have been decreased from 1.5 FTEs to 1.0 FTE; a 1.0 pharmacy technician has been added.

Psychiatrists have been decreased from 2.0 FTEs to 1.0 FTE;

Office technicians have been reduced from 4.0 FTEs to 3.0 FTEs;

While the implementation of the business rules have in most cases, resulted in a decline of staff, with respect to clinical positions there has been an increase from 3.0 FTEs (2 physicians and a nurse practitioner) to 4.0 FTEs (a second nurse practitioner). The clinician to youth ratio is now 1 to 55 youth, which far exceeds resources needed to provide adequate medical care and does not appear to be consistent with the Right Sizing business rules.

With respect to nursing positions, staff reported a decrease of 3 RN FTEs, and a gain of 4.5 LVN FTEs. The facility received an additional 5.0 psych techs due to the transfer of psychiatric programs from HGSYCF. There are 12 psychologist positions, 2 of which are vacant.

The contracting process is evolving from a locally managed contracting process to a master contracting process, particularly with services such as laboratory, radiology, and staff registries. This process is working well.

With respect to organizational structure, the Chief P & S reports that, for all intents and purpose, he does not have true administrative oversight over dental and mental health staff and that these professionals report both administratively and clinically to their counterparts in headquarters. This does not apply to nursing.

Medical Reception scored 72%

According to the Reception Center Health Screening Tracking Log, 153 youths were received from 1/01/2010 to 4/26/10, averaging approximately 10 admissions per week. We reviewed 10 records of youth who were admitted to the facility from January 1, 2010 to April 15, 2010. This is a significant decline from the previous score of 94% at our last visit. The decline is due primarily because the facility did not perform the medical reception process in accordance with DJJ policies and the health care remedial plan, ensuring that all elements of the process were completed. Nurses did not consistently complete the Health Screening form and perform visual acuity testing upon arrival. Clinicians did not consistently elaborate on the patient's previous medical history or note all diagnoses on the Problem List, including mental health diagnoses. Medical reception testing, such as tuberculin skin testing in some cases, was not performed.

One case of particular concern involved a youth who had previously been incarcerated in DJJ and returned as a parole revocator. While the youth had no significant medical history during his previous incarceration, while on parole he developed an infection of his heart that resulted in heart failure and the replacement of 2 heart valves. The medical reception process did not result in a complete description of his medical problems and the need for him to take antibiotics whenever he had invasive procedures (i.e., SBE precautions). Moreover, he was not seen by dental staff for evaluation and to emphasize the importance of oral health including antibiotics whenever dental procedures are performed. The dental record reflected that the youth refused the medical reception dental appointment per the youth correctional counselor. The refusal via the YCC should not have been permitted. In cases like this, the youth should be counseled by health

care staff about the importance of the appointment and a signed refusal should be obtained if he continues to refuse. This youth was later transferred to a CDCR adult facility.

This case is a reminder that although most youth have no significant medical problems, there are cases in which staff must ensure that the youth receives an appropriate evaluation and treatment plan.

Intrasystem Transfer scored 93%

We reviewed 8 records of youth who were transferred into the facility from October 2009 to March 2010. This area is working well. Congratulations.

Nursing Sick Call scored 78%

This is a slight decline from the previous score of 82%. As noted as our last visit, we found care to be timely, but the quality of nursing assessments was lacking with respect to subjective and objective assessments. We recommend that DJJ develop and improve the ability of registered nurses to manage patients with minor complaints in accordance with written standardized procedures and only refer those patients who meet the criteria for referral.

Medical Care scored 83%

Areas requiring improvement include the quality of the history of the chief complaint and treatment plan, including clinical follow-up.

Chronic Disease Management scored 84%

At SYCRCC, 45 (21%) of 219 youth are diagnosed with a chronic disease, excluding those with obesity and TB infection. We reviewed a sample of 10 (22%) of the 45 records. Areas that could be improved include the quality of the baseline medical history, assessment of disease control and ensuring that youth receive all appropriate immunizations.

Infection Control scored 100%

Congratulations!

Pharmacy Services scored 100%

Congratulations!

Medication Administration Process scored 92%

Medication administration is working well. While the facility score exceeded 85%, areas that could be improved are that custody staff was not present during medication administration and youth did not consistently bring their identification cards with them. Other facilities address this by having a copy of the youth's picture ID attached to the MAR. Enabling the nurse to verify the youth's identity regardless of whether he brings his ID card.

Medication Administration Health Record review scored 95%

This area is generally working well. We note however that the psychiatrist has a practice of writing orders for psychotropic medications that include "May refuse medications" as part of the order. We understand that a DJJ policy permits clinicians to write "May refuse" for medications that have been ordered. This permits the youth to refuse medications and does not require the

nurse to not notify the clinician that the youth is doing so. We believe that this policy may be permissible for medications such as ibuprofen or decongestants, where little, if any harm comes as a result of refusal. We do not believe that such orders are appropriate for any mental health or chronic disease medications. Clinicians should always be made aware when youth refuse these medications so that discussion can occur between clinician and youth as to the reasons for refusal.

Urgent/Emergent Care scored 76%

As noted at our last visit, nurses do not consistently record all urgent/unscheduled events on the urgent care log. This prevents health care leadership from systematically reviewing urgent events to determine areas requiring improvement. We also found inconsistent use of the Problem Oriented Medical Record format for health record documentation known as SOAP charting; and that nursing evaluations, assessments and treatment plans need improvement.

Outpatient Housing Unit scored 95%

Although this area scored >85%, an area that requires improvement is that patients housed in the OHU are not within sight or sound of health care staff. We recommend that a call system using a portable monitor be used in this area. In addition, these rooms are dungeon-like and do not provide a therapeutic environment for youth. Conversely, several rooms in the OHU have been converted to offices for staff with new flooring and paint. We suggest that the rooms in use for medical or mental health purposes be similarly improved.

Health Records scored 100%

Congratulations!

Preventive Services scored 81%

An area that could be improved is clinician identification and development of a treatment plan for youth who are obese.

Consultations scored 100%

Congratulations!

Peer Review scored 100%

Congratulations!

Credentialing scored 100%

Congratulations!

Quality Management scored 100%

Congratulations!

Northern California Youth Correctional Complex

The Farrell Medical Experts visited NA Chaderjian (Chad) and OH Close Youth Correctional Facilities at the Northern California Youth Correctional Complex (NCYCC) on May 24-27, 2010. NCYCC consists of both Chad and OH Close YCF.

Since our last visit in February 2009 a number of changes have taken place at the facility. The closure of Heman G. Stark Youth Correctional Facility (HGSYCF) resulted in the movement of programs from HGSYCF to NCYCC and an increase in population. At the time of our visit, the population of Chad was 250 and OH Close was 214 youth for a complex total of 464. This is an increase of approximately 75 youth since our previous visit. Currently there are 2 Behavioral Treatment Programs (BTP), 2 Intensive Treatment Programs (ITP), 3 Specialized Counseling Programs (SCP), 1 Intensive Behavioral Treatment Program (IBTP) and 7 Core Units.

NCYCC scored 84% (1113 of 1325 applicable screens/questions).

We thank Superintendent [REDACTED] and Dr. [REDACTED], Chief Physician and Surgeon, and their staff for the cooperation and assistance in completing the health care audit.

Summary of Health Care Areas Reviewed

Facility Leadership, Budget, Staffing, Orientation and Training scored 100%

Since our last visit, changes in youth programming and implementation of the Right-Sizing business rules resulted in changes in the types and numbers of health care staff (see Attachment 1). The previous Chief Medical Officer retired and [REDACTED] MD, Chief Physician and Surgeon, is the chief medical authority. The CHSA II position is anticipated to assume responsibility for administrative functions previously performed by the CMO so that the Chief P & S will have more time to perform clinical duties and oversee the quality of medical services.

With respect to other clinical staffing, in addition to the 1.0 FTE Chief Physician and Surgeon, the complex currently has 1.0 FTE physician and surgeon (which, per the business rules, is to be shared with PYCF) and 2.0 FTE nurse practitioners. This is a clinician to youth ratio of 1 to 132 which is more than adequate clinical staffing. The physician position is vacant but filled by two retired annuitants. The 2 NP positions are filled.

With respect to distribution of nursing staff, the majority of nurses, including supervisory staff, are assigned to the day shift. More recently nursing supervisors are rotating to provide coverage for the evening shift. Chad and OH Close medical clinics each have an RN and an LVN assigned to the day shift. In addition there are 2 RNs assigned to the day shift for the Intensive Treatment Program (ITP) and 2 RNs to the Intensive Behavioral Management Treatment Program (IBTP).

As noted in previous reports, this staffing pattern incurs considerable cost to the state without clear justification. The current duties of the nurses in the specialized housing units could be managed by centralized nursing staff going to the units to perform specific functions (e.g. administering medications, attending groups) and returning to the central clinic for other

assignments. Moreover, the requirement to staff these units has contributed to a staffing pattern in which nurses still receive every third weekend off instead of every other weekend which has resulted in low morale among the nurses. We recommend that the specialized housing units not be staffed with registered nurses and that these positions be relocated to the central clinic and assigned specific duties in the housing units only as necessary.

In addition, there is no longer an RN assigned in the medical clinics at Chad and OH Close in the evening, leaving only an LVN in these clinics. This is problematic because, in addition to medication administration, the evening shift can be busy with new intakes and urgent encounters. In fact, one evening during our site visit, a DJJ staff member became acutely ill just as the LVN was preparing for medication administration. She believed that it was not appropriate to abandon the clinic to respond on-site and suggested that the staff call 911. Fortunately, a SRN II was present and responded on-site; normally, however, the SRN II would not have been in the clinic.

Staff initially advised the experts that the Right-sizing business rules (and perhaps union rules) do not allow management flexibility in the use of staff, so that if nursing management wanted to shift resources from the day to evening shift, it would not be permitted. However, at the conclusion of our visit, health care leadership reported that the flexibility had been granted.

DJJ has responded to the above findings by stating that they are in accordance with the Business rules that were reviewed and approved by the medical experts. Although the experts were consulted regarding the business rules, the plan implemented was ultimately decided by DJJ. It has been the long standing position of the experts that registered nurse staffing in the specialized units were unnecessary and expensive, and a centralized approach to health care operations was recommended, as cited by the remedial plan. However DJJ chose to continue this staffing pattern.

There is now an officer posted in the medical unit from 7 am to 3 pm. The officer has been very helpful in directing youth movement and assisting the LVN. However there is no officer in the medical clinic after 3 pm and no officer in the control room after 5 pm.

The furlough program is still in effect for the fiscal year. All staff must take 3 unpaid furlough days per month. There is some flexibility in how furlough days are managed depending on the category of employee.

With respect to budget, we reviewed NCYCC budget information and noted that the FY 2009-10 allotment for the complex was \$10,192,310. The current projected annual expenditure was \$16,467,233 with a projected deficit of \$6,274,923. This is approximately \$35,500 per youth/per year, which is a decrease from \$49,000 per youth at our last visit. Of the total budget \$13,418,352 (81%) is attributed to personnel costs and \$2,462,494 (15%) to professional medical services. Thus, 96% of all medical costs are due to personnel and professional medical services.

With respect to purchasing and contracting, DJJ is now using a state computerized system called Business Information System (BIS) to initiate and track business purchases. This has brought increased efficiency, tracking and accountability to business practices. Aside from an initial learning curve, staff report that it is working well.

Health care leadership reports no significant issues with contracts with service providers. There is greater use of master contracts. These contracts have been initiated by CDCR and include DJJ facilities.

Medical Reception scored 77%

The volume of youth returning to the facility as a result of parole revocation continues to be low. There are two Reception Center Health Screening Logs in use; one is for the ITP and the other is for NAC main complex. Review of the logs shows that since December 2009 there have been 19 youth who have returned as parole revocators, averaging about 3 per month. The logs did not include all youth who arrived during the review period, and did not show that all elements of the medical reception process were completed. In one case, the medical reception process was not initiated for a youth until 20 days after arrival. Another youth's physical examination was not completed until 14 days following his arrival, rather than 7 days as required by DJJ policy.

We also found cases in which the required receiving screening form, physical examination and labs were not performed. Visual acuity testing was not consistently performed. Problem lists were not complete, notably lacking mental health diagnoses.

A possible contributing factor is that DJJ does not require that clinicians write medical reception orders in the health record for each newly arriving youth. Instead, staff performs the reception process, via policy. However, from an operational standpoint, this does not create accountability in the health record to ensure that all elements of the medical reception process are performed. For example, if there is no clinician order that labs be performed, there is no system to ensure that it takes place for each patient. We suggest that DJJ amend their policy to require that all elements of the medical reception process be written in each patient's health record. This could be accomplished with use of a stamp that could be used to document orders on the physician order form for all newly arriving youth. Nurses and clinicians would then sign off the orders and ensure that all elements are completed in a timely manner.

Intrasystem Transfer scored 89%

We reviewed 20 records of youth who transferred into the facility from August 2009 to May 2010. In general we found that nurses perform the intrasystem transfer process on the day of arrival. However we found opportunities for improvement with respect to continuity of care. At Chad, we found that in 3 of 10 records clinicians did not review the intrasystem transfer form within one business day of arrival. In 2 of 7 cases patients chronic disease medications were not received in a timely manner. In 2 of 5 applicable cases, patients with chronic diseases were not evaluated within 10 days of arrival. For one youth, the medical reception process was not completed prior to his transfer to NCYCC, but this was not noted and completed at NCYCC.

Nursing Sick Call scored 67%

At NCYCC, nurses collect and triage health service requests and perform limited assessments. This is because all health service requests are to be referred to a clinician. As noted during previous reviews, the nurses's screening logs show the majority of youth requests are for minor complaints (e.g., acne, dry skin, athlete's foot) that could be managed by registered nurses with adequate health assessment training and procedures. We also again note that youth return

repeatedly for minor complaints that, in a community setting would not result in a visit to a physician. We selected 20 records to assess the timeliness of access to care and the quality of the nursing assessments. We found care to be timely. We found nursing assessments to be lacking in the quality of assessments, which is not surprising given that nurses directly referred patients to a clinician. We recommend that DJJ develop and improve the ability of registered nurses to manage patients with minor complaints and only refer those patients who meet the criteria for referral in the procedures.

Medical Care scored 92%

While the facility met the goal of 85%, areas that could be improved included the history and physical examination, taking of vital signs, and patient education.

Chronic Disease Management scored 98%

We reviewed 20 (26%) records of 77 youth identified as having a chronic disease. Chronic disease management has significantly improved in all respects since our last visit. While the facility met the goal of 85%, areas that could be improved included ordering of laboratory tests prior to the visit and the treatment plan.

Infection Control scored 100%

We evaluated the infection control program by reviewing policies and procedures; reportable disease reports and tracking logs; sanitation reports; infection control meeting minutes; and toured clinic areas to evaluate staff compliance with use of personal protective equipment and engineering controls designed to minimize staff and youth exposure to communicable diseases. The infection control nurse has continued to develop an excellent infection control program. Infection control minutes show collection of data, evaluation for trends and meaningful content.

Sanitation in the Chad central clinic as well as the ITP and IBTP has improved since our last visit. The Chad physician's examination room contains hand-sanitizer.

Pharmacy Services scored 92%

Pharmacy utilization data shows that the average number of prescriptions filled daily from January through April 2010 ranged from 46-50 per day/per month. While the facility met the goal of 85%, an area that could be improved is the provision by the pharmacist of a monthly report detailing pharmacy utilization costs, drug stop lists, monthly lists of drugs used by class, and physician prescribing lists.

Medication Administration Process scored 88%

We evaluated the medication administration process by inspecting medication storage areas and observing the medication process. A new practice is that some controlled medications (e.g. Wellbutrin) are routinely being crushed for all patients. This is not in compliance with DJJ policy or the Health Care Services Remedial Plan.

Medication Administration Health Record Review scored 74%

We reviewed 20 records of patients with medication orders to evaluate the accuracy and timeliness of medication administration and completeness of documentation in the health record. Although the combined score for the two units was 74%, NA Chad scored 66% which is a significant decline from the previous score of 87%.

We found that clinicians do not consistently write out the medication order but instead write "Renew Rx #48825 x 90 days". This practice increases the risk of medication errors as prescription numbers can be misread or transposed. We also noted that in only 2 of 10 medication orders did a nurse transcribe the medication order onto the MAR. Instead of transcribing the order, the nurse awaits the arrival of the prescription label from the pharmacy. The problem is that if the medication is delayed or does not arrive, the nurse is unaware of this because it is not written on the MAR. Moreover, these practices are not in compliance with DJJ's health care policies or the remedial plan. In 5 of 10 records we found blank spaces on the MARs where nurses failed to document administration status (e.g., administered, refused, etc). In only 2 of 7 applicable cases was the medication order discontinued according to policy. In 2 of the 10 cases reviewed, the medication orders expired and patients missed 1-3 medication doses. One case involved an HIV patient who missed 3 days of his antiretroviral medication. Another case involved a patient with latent TB infection who missed a dose of Isoniazid.

At OH Close this area scored 82% an increase from the previous score of 78%.

Urgent/Emergent Care scored 73%

Areas requiring improvement included use of the SOAP format, nursing evaluations, clinician follow-up and performance of emergency drills. Emergency drills should be performed on a quarterly basis and involve every shift over the course of the year. Ideally they should vary in the types of drills conducted, and the results of drills should be shared with all shifts. Documentation that all staff not involved in the drill has reviewed the results should be maintained.

Outpatient Housing Unit scored 81%.

Areas requiring improvement include the initial nursing assessment (primarily orientation to the OHU) and physician orders (especially noting clinical criteria for which they want to be notified), and a nursing discharge note.

Health Records scored 75%

An area requiring improvement is the use of the laboratory tracking log. On a consultative note, the following problems related to the filing of documents in the health record were noted:

The chronic care encounter forms were not filed in a consistent area of the health record (even in the same chart). Some were filed chronologically with the progress notes and some were filed in a separate chronic care area.

The physician's admission orders to the OHU were not filed in a consistent area of the health record. Some were filed chronologically with the progress notes and some were filed in the section designated for physician orders.

Preventive Services scored 89%

While the facility met the goal of 85%, areas that could be improved are the development of a treatment plan for youth who are obese and vaccinations.

Consultations scored 96%

Congratulations.

Peer Review scored 100%

Congratulations.

Credentialing scored 100%

Congratulations.

Quality Management scored 89%

An area requiring improvement was the consistent performance of quarterly Quality Management Committee Meetings and subcommittee meetings (e.g. Pharmacy & Therapeutics).

Recommendations

Central Office

1. Develop and implement standardized nursing protocols and related training program.⁶
2. Develop and implement the standards and compliance program in consistent with the Health Care Remedial Plan.⁷
3. Conduct a productivity study and staffing analysis to determine the appropriateness of health care staffing at each facility.⁸
4. Develop and implement a plan to evaluate the cost effectiveness of pharmacy services.
5. Ensure that the Health Care Services Table of Organization is consistent with the Health Care Remedial Plan.⁹

Facility

6. Improve the quality of nursing and medical staff clinical assessments and documentation.
7. Conduct quality improvement studies for problems identified by the staff or medical experts.
8. Develop a statewide program to address the problem of obesity in the DJJ population.
9. Continue to monitor sanitation of the health care units and satellite sick call areas.

Endnotes

¹ Facility scores from the second to third audits were as follows: Preston YCF 84% to 92%, Ventura YCF 79% to 88%, SYCRCC 88% to 86%. NA Chaderjian and OH Close were scored separately during the second round (81%, and 88% respectively, and had a combined score of 84%.

² Right Sizing DJJ Headquarters Operations, CDCR, Division of Juvenile Justice, July 2010, pages 8-9.

³ DJJ Health Care Services Quality Management Plan, page 1.

⁴ See Health Care Services Remedial Plan-Standards and Compliance Coordinator, page 12-13.

⁵ Comprehensive means reviewing all aspects of the remedial plan requirements.

⁶ See Question #5 of Health Care Organization, Leadership, Budget and Staffing Audit Tool and pages 10 and 12 of the Health Care Remedial Plan.

⁷ See Question #4 and #12 of Health Care Organization, Leadership, Budget and Staffing Audit Tool and pages 10 and 12 of the Health Care Remedial Plan.

⁸ See Questions #4 and #5 of Facility Organization, Leadership, Budget, Staffing, Orientation and Training; and Health Care Remedial Plan: Statewide Leadership Page 10 and Number and Types of Staffing page 13.

⁹ See Question #1 of Health Care Organization, Leadership, Budget and Staffing Audit Tool and Pages 9 and 10 of the Health Care Remedial Plan.

Farrell v. Cate: Update on Safety and Welfare Remedial Plan Progress

Dr. Barry Krisberg

Feb 1, 2011

Purpose of this Report

This update is designed to offer the Court and the parties some general observations on successes and challenges faced in implementing the Safety and Welfare (S&W) Remedial Plan during the year 2010. This analysis contains data that was provided by Division of Juvenile Justice and assembled with the assistance of the Office of Special Master.¹

Data for this report also come from a series of site visits that were made to DJJ facilities during 2010. In addition, I conducted a comprehensive audit of DJJ headquarters requirements to meet the mandates of the S&W Plan. The results of those site visits were reported separately to the OSM and the parties and followed the agreed-upon format of the S&W standards and criteria. This reporting included an assessment of the extent of compliance with the specific requirements of the S&W Remedial Plan and some general observations based on the site visits. DJJ staff collected thousands of pages of documentation to assist me in rating the compliance in most areas.

I visited every open DJJ facility with the exception of the Pine Grove Camp. These visits would generally last between 2-3 full days. During these visits, I would tour the facility, with special attention to the restricted housing units, conduct interviews with DJJ managers and staff, and interview approximately 10 youth who were selected at random from the daily facility roster. Youth interview were conducted in private and confidential settings. After the site visit, I offered an informal debriefing to DJJ staff both at headquarters and at the facility. I also reviewed reports produced by the OSM or other Court Experts in areas in which there was overlap with my responsibilities in the S&W Remedial Plan Audit.

I had complete and open access to any and all information that I requested from DJJ. There were a range of research and management reports produced by DJJ. Periodically, I received information from the plaintiff's counsel and other interested advocates who expressed concern about the treatment of youth

¹ Assistance in compiling data was provided by Zack Schwartz, Cathleen Beltz and John Chen of the OSM. The OSM Nancy Campbell was generous in her time to discuss many of the issues raised in this report. In addition, I want to extend my appreciation to [REDACTED], [REDACTED], [REDACTED] and [REDACTED] who coordinated the assembling of information from the Division of Juvenile Justice. Many other DJJ staff contributed to the information that I used for this report. The opinions expressed in this report are solely my own.

in DJJ. For example, if there were reports about group disturbances, suicide attempts, and extended restrictions on youth programming, I generally discussed these matters with DJJ top managers and received any supplemental reports that I needed to help me evaluate these situations. I also received regular updates on CompStat data for every facility and reports from the Performance-based Standards data collection. I was regularly invited to DJJ meetings that involved reviews of the Use of Force (UOF), as well as regular DJJ meetings to update all managers on the progress of the Farrell remedial plans.

In this report, I have not attempted to cover all of the items in the S&W standards and criteria. I have, instead, chosen to focus on critical aspects of the S&W Remedial Plan in which great progress has been made, and to highlight those areas that remain the greatest challenges for DJJ. This report lays out my suggested agenda for monitoring of the S&W Remedial Plan in the 2011. I will offer some quantitative indicators of success and supplement those data with my observations based on site visits and hundreds of hours of interviews with staff and youth.

The Difficult Context of Reform

The OSM 16th Report detailed a number of profound contextual factors that impacted whether DJJ could meet the requirements of the various Farrell v. Cate remedial plans. These powerful forces included the budget crisis of both state and local government, changes in leadership at DJJ, and expected changes at CCDR, the Governor's Office and the Office of the Attorney General. At DJJ, [REDACTED] departed and [REDACTED] was named as the acting Assistant Secretary. [REDACTED], who has been key to progress in the Farrell case, has been given wider responsibilities within CDCR managing audits and court compliance in a number of cases involving prisons. There have been retirements and impending changes in management at several DJJ facilities such as OH Close, the Chadjerian facility and the SYCRCC.

DJJ closed the Heman G. Stark (HGS) institution and has announced the planned closure of the Preston Youth Corrections Facility and the Camp program for females at Ventura. The population of DJJ continued to decline. During the first six months of 2010, the average resident population was 1279 --- it had averaged 1501 during a comparable period in 2009.

Declines in the DJJ population were partially due to changes in state laws that required that non-violent and non sex offenders be kept in county programs (SB 81) and that parole violators are not sent back to DJJ. In the past year, the legislature also required that youth be paroled at least 90 days in advance of

their “max out” dates. The most recent CA budget resolution, enacted in 2010, transferred responsibility for managing all DJJ parolees and revocation cases to county authority. Localities have been given funding to provide supervision for youth who had been previously managed by DJJ in its facilities or on parole. These changes suggest that the DJJ caseload will continue to decline and that more living unit and facility closures are in the offing. Some advocates, editorial boards, and members of the legislature called for the complete closure of DJJ, with transfer of its remaining clients to the counties. Even the Receiver in the Plata Case, Clark Kelso, suggested in the Sacramento Bee that DJJ be phased out altogether.

These changes and the insecurity for staff, facing uncertain employment situations, were corrosive to staff morale. Although the numbers may be difficult to obtain at this point, it is widely believed that retirements among DJJ staff are increasing and that other DJJ personnel are seeking positions in adult prison and parole agencies in CDCR and elsewhere. Morale issues were worsened by decisions by the Governor to use staff furlough days to help balance the enormous budget problems. DJJ faced a freeze on travel reimbursements without approval from CDCR Headquarters, planned hiring decisions were deferred, and other expenditures were either denied or postponed. Several contractors to CDCR did not receive payments for months in 2010.

None of these developments were especially helpful in pushing forward the key elements of the Farrell v. Cate remedial plans. The budget limitations faced by CDCR created real problems with DJJ’s ability to monitor developments at its facilities. Some promised reforms, such as the acquisition of additional program space at some facilities, were delayed. Other reform steps that involved hiring outside consultants were likewise put on hold. The remaining DJJ leadership showed creativity and solid resolve to keep the reform process moving ahead, but these fiscal and organizational challenges were huge.

Reducing Fear and Violence

Reducing the levels of violence and fear among staff and youth in DJJ facilities has always been at the heart of the Farrell case. Besides improving the overall quality of life in DJJ, a commitment to safer facilities can exert positive influences with regard to schooling, access to treatment services, reducing institutional stays through fewer time adds and more time cuts, as well as attenuating the need for using force and restricted programs. The S&W Remedial Plan contains many components designed to reduce fear and violence such as violence reduction committees at each facility, smaller living units, improved staff training in communication and de-escalation techniques, clearer policies and procedures,

a revamped DDMS, new behavioral treatment programs, the use of Crisis Resolution teams, and the collection of systematic data to monitor trends in violence in DJJ facilities. Two key elements of this violence reduction strategy, the Integrated Behavior Treatment Program and a Comprehensive Gang Integration Strategy, will be discussed later. These are all part of a multi-pronged effort to reduce violence in DJJ facilities. The December 1, 2010 DJJ Quarterly Compliance Report suggested that DJJ was in substantial compliance with 70% of all the S&W standards and criteria, with another 24% of the standards and criteria in partial compliance. The Farrell agreements have given DJJ many areas to work on and there has been progress in several of these reform topics. While this report focuses on areas in which more work needs to be done, it is clear that DJJ has been moving in the right direction.

DJJ has made some progress in obtaining more accurate data on violence in its facilities. This effort is a “work in progress” and there are still significant limitations in the completeness and accuracy of these data. Moreover, despite efforts at staff training, the definition of violent incidents continues to vary among DJJ facilities, and trends over time in rates of violence must be interpreted with great caution.

Data on violent incidents based on the QSR/CompStat reports shows the absolute number of violent incidents dropped by more than half (2348 to 1128) comparing the first six months of 2005 to the first six months of 2010.² However the average population of DJJ facilities also declined by more than half during that same period. Thus, the rate of violent incidents per 100 youth actually increased from 74 per 100 to 88 per 100, comparing the first half of 2005 to the first six months of 2010. The number and rate of violent incidents actually spiked in the first six months of 2007 and has been mostly declining ever since. The good news is that the smaller population in DJJ is engaged in fewer occurrences of violence and thus fewer youth and staff were exposed to violent events; the bad news is the rate of violence for those who remained in DJJ confinement has not gone down substantially. Many factors may have contributed to these trends in violent incidents, including better and more accurate reporting by DJJ staff and the changing nature of the resident youth population – i.e. a higher percentage of youth with histories of serious and chronic violent behavior. As noted earlier, DJJ has closed some living units and transferred youth to other facilities. These movements may have also contributed to temporary increases in violent incidents.

² Violent incidents include fights, group disturbances, and batteries on staff, gassings, and sexual assaults. Most of these violent incidents involved fights among youth and group disturbances. Reports of sexual assaults among youth were rare.

Looking at individual DJJ facilities, it appears that the highest numbers and rates of violent incidents for the first half of 2010 occurred at Preston (428 incidents) and Ventura (311 incidents) or rates of 133.8 per 100 and 114.7 per 100, respectively. The rates per 100 youth of violent incidents during this same time period at the other facilities were OHC (96.7), Chad (88.9), and SYCRCC (62.3). It is worth noting that each of these facilities served different sorts of youth, For example, OHC handled the younger DJJ residents and Chad is now mostly a mental health facility. With the closures of El Paso de Robles and HGS, both Preston and Ventura had to accommodate very troubled youth from facilities that had been the most violent and abused in DJJ. As noted earlier, there was uneven quality in the reporting of violent episodes at each facility.

This situation was most dramatic at Ventura – a traditionally small all-female facility that had to accommodate a large number of older and gang-entrenched DJJ male youth from HGS. Youth who were at Paso de Robles and HGS had experienced traditionally high levels of violence, lockdowns, and harsh disciplinary methods. Moreover, these inter-facility movements were not always handled well. Staff at the receiving facilities were given minimal or no extra training to manage the more difficult clients. DJJ found it difficult to transfer staff between facilities due to cumbersome state personnel rules. The additional and needed program resources were not in place until several weeks after the transfers occurred. Thus, the extra youth showed up before there were increases in staff. These transfers were often not well orchestrated and the unsettling nature of moving youth to different locations (often very far from their families) led to increased tensions among youth and between staff. Staff at DJJ facilities needed to integrate and work collaboratively with personnel from other institutions that possessed distinctive organizational cultures and decidedly different methods of managing youth.

A different sort of data on violence in DJJ facilities can be obtained from the DDMS system. Looking at the most serious DDMS cases filed (Level 3 that includes violent behavior and serious violations of other DJJ rules), the overall rate per 100 youth was 152.2 in the first six months of 2006 compared to 171.0 in the first half of 2010. Over the period from 2006 and 2010 these rates fluctuated slightly, but have been increasing somewhat in recent years. With respect to level 3 DDMS cases filed, Ventura, Preston, SYCRCC, and Chad emerge as the most troubled facilities. For example, of the 4379 level cases filed in all of DJJ in the first six months of 2010, fully 39 percent of these were from Ventura.

There were also a number of significant group disturbances at DJJ facilities in the past year. These include major events at Ventura, SYCRCC and Preston. During the first six months of 2010 there were a

total of 31 group disturbances in DJJ. By comparison, there were 20 group disturbances in DJJ for a comparable six month period in 2009,

Of the 2010 group disturbances, 13 occurred at Ventura, 8 at Preston, 5 at OHC, 3 at Chad and 2 at SYCRCC. These events included many youth (generally more than 10), some injuries to staff and youth and some property destruction. These disturbances often led to restricted programs for the impacted living units for hours and sometimes days. The frequency of group disturbances further added to the climate of anxiety and fear faced by youth and staff.

These data are generally consistent with observations and interviews that I conducted at DJJ facilities during 2010.³ The problems at Ventura were clear during my site visit. One example was that a large number of youth were not attending the regular school at Ventura do to staff and youth concerns about violence. Also, my previous site visit to Ventura suggested real improvements in the treatment of the young women. However, the large influx of male residents seemed to consume much staff attention. The young women expressed concerns for their safety and they complained about spending more time in their rooms as the Ventura staff dealt with disruptions in the male living units.

Chad continued to experience problems, especially involving the use of force in mental health units. SYCRCC was also negatively impacted by the influx of youth from other facilities. In particular, the Drake Unit was plagued with a number of violence and group disturbances, and staff were urgently requesting training and support in managing aggressive mentally ill youth.⁴ Staffing issues at SYCRCC also contributed to problems at that facility. Preston started out 2010 with similar challenges, but by the time of my site visit later in the year, it appeared that staff had restored substantial calm to the facility. The use of mechanical restraints, especially in the Preston BTP units had been greatly reduced. The youth and staff interviews that I conducted while I was onsite suggested to me that OHC remained one of the safest and best managed DJJ facilities in 2010.

³ I interviewed 8 young women during my last site visit to Ventura. These were chosen at random from the daily roster. The responses of those that I interviewed were very consistent with one another. DJJ generally does not report its incident data by living unit. This would be helpful in the future to track developments for girls versus boys at Ventura.

⁴ During my site visit, the management and staff at SYCRCC reported on a number of violent incidents at the Drake living unit. I requested and received behavior reports, UOF reviews, and DDMS information that were connected with these events.

Use of Force (UOF)

There were 868 UOF incidents in DJJ during the first six months of 2010 or a rate of 68 per 100 youth. These UOF rates have declined very slightly since the first six months of 2008 (72 per 100). Comparisons of UOF rates to earlier years are imprecise due to incomplete reporting, and there is some evidence that this under-reporting problem continues at certain DJJ facilities. During this most recent six month period, the highest UOF rates occurred at Ventura (97 per 100), Chad (84 per 100 youth) with the lowest UOF rate at OHC (44 per 100 youth). Rates of UOF were 62 per 100 and 60 per 100 at SYCRCC and Preston, respectively.

It is worth noting that UOF rates are partially a function of the levels of violence in each facility as well as the staff response to these incidents. A current analysis of UOF incidents is being conducted by a task force of DJJ staff with the assistance of Deputy Special Master John Chen and input from Disability Expert Logan Hopper and Safety and Welfare Expert Barry Krisberg. The prevalent kinds of force use are chemical and mechanical restraints as opposed to physical restraints. However, there remains great ambiguity within DJJ on how to count instances of physical and mechanical restraints, and a general lack of consistency in these data across facilities. The data on UOF in DJJ needs to be substantially improved and there needs to be far more consistency in training on this issue by DJJ management. For example, staff explained they were not always clear whether to count the use of mechanical restraints in connection with escorting some youth in restricted programs. The DJJ staff responsible for assembling the PbS data reported a lack of clarity on when to include incidents of mechanical restraints in the PbS reports.

A very preliminary analysis by the Court Experts suggested that there was a disproportionate use of force in the DJJ specialized mental health units.⁵ This finding has been examined by a DJJ working group based on a sample of UOF cases from the past fiscal year. While the study is ongoing, it appears that the vast majority of UOF is used with DJJ youth who are classified by DJJ as mentally ill or disabled. Further, it appears that most force incidents originate not from group disturbances or attacks on staff but from youth “defying staff orders” or one-on-one fights among youth with no weapons. While still early in the DJJ internal review process, it appears that the UOF issue remains a major organizational issue for DJJ. It

⁵ This was reported in the memo on UOF in Mental Health Units that was drafted by Barry Krisberg with the review and approval of Logan Hopper, Eric Trupin and Terry Lee, “Use of Force in DJJ Facilities and Mental Health Youth” prepared in 2009. This report compared aggregate DJJ on the use of force in regular living units and special mental health units from 2007-2009. With the help of the OSM, we also examined a random sample of 80 UOF reports in mental health units.

is hoped that the implementation of an Integrated Behavior Treatment Model will contribute to lowering the levels of UOF, as it is the case that frequent resort to chemical, mechanical, and physical restraints by staff to manage youth conduct is not consistent with the best evidence-based treatment approaches. Indeed, the extensive use of force can undermine efforts to move towards a model treatment approach.⁶

It is my opinion that the UOF in DJJ is still too high and that top management needs to publicly commit to a goal of reducing the use of chemical, mechanical and physical restraints. There has been some effort by DJJ managers to justify the current levels of UOF that should be better directed at steady reductions in its use to manage youth. This will require revisiting existing UOF policies that need further refinements. The current UOF review processes at the facility and headquarters level must be tightened up. Training on alternatives to UOF had been offered but the reach and intensity of this training must be ramped up. Data on UOF is still spotty and inconsistent across various DJJ facilities.

Progress in Reducing Fear and Violence

There are several areas in which progress towards the goals of the S&W remedial plan to reduce fear and violence have been observed. The DJJ has quite successfully implemented the security classification system. There were virtually no high risk youth in any dormitory settings. The exception was at OHC but the numbers have been minimal and the safety issues involving youth in dorms have been carefully monitored by DJJ. DJJ headquarters staff is helping manage the classification process and assessing any unintended consequences of housing high risk youth together in certain living units. In general, the data suggests that there has been a diminution of violence incidents in living units. Violence and UOF remains an ongoing problem in the schools and during movements.⁷ DJJ is working with the Court Experts on Education to reduce the school-based problem. Issues of conflicts and force during movements will be a priority for training in the next year.

The largest predictable reduction in violence probably has to do with smaller living unit sizes and increased numbers of staff compared to the number of youth. The lower living unit sizes and enriched

⁶ Michal E. Tigar, "What Are We Doing to our Children?" **Ohio State University Journal of Criminal Law**, Volume 7:849-866. 2010.

⁷ I looked at six months of minutes from the Violence Reduction Committees at each facility in DJJ and interviewed the chief of security at each locale. My observations of the location of violence on schools and during movements were confirmed by these two data sources.

staffing patterns have also enabled DJJ to offer more activities for the youth, cutting down on idleness and engaging the youth in positive and pro-social activities. However, the state budget crisis may require significant staff reductions in the next year and thus, increasing the ratio of youth to staff. Further, additional facility and living unit closures that are mandated by CDCR may drive up the number of youth who are confined in the remaining open units. As more units close, the ability of DJJ to manage special youth populations in separate units may become a significant challenge.

DJJ facilities are holding regular meetings to discuss patterns of violence and to brainstorm ideas to reduce violence levels. These are generally inter-disciplinary groups that offer multiple perspectives to violence reduction. Staff take these review sessions very seriously and some facilities have invited youth to participate in these discussions. The content and results of these sessions could be improved if headquarters provided more guidance to the facility committees. It would be helpful for headquarters to provide consistent trend data on violence to assist these localized discussions. Further, while there has been some training on crisis resolution and de-escalation of violence, there should be more evidence-based training on how to make DJJ facilities safer.

There could be more effort by DJJ headquarter staff to share the examples of effective violence reduction strategies within DJJ such as the Peace and Unity Campaign at SYCRCC and from other jurisdictions. One such example is the experience of Santa Clara County's Enhanced Camp Program, based on the Missouri DYS model that produced significant reductions in serious incidents among youth.⁸

DJJ has placed a major emphasis on interventions aimed at individual youth such as Anger Replacement Therapy. It is less clear how well these youth-focused approaches are well targeted. The case management system in DJJ is still evolving, and so it is not easy to determine if the most aggressive and assaultive youth in DJJ are receiving ART. It is likewise unclear that what role anger management plays in reducing institutional violence that is gang-related. For example, the US DOJ report on Chad suggested that the DJJ response to violence was often reactive and did not address underlying causes of the violence. There is also a lack of clarity on the proper mix of incentives and sanctions to reduce violence in DJJ facilities. DJJ has been delivering a lot of training to staff that is related to violence reduction and in reducing the UOF. The quality and reach of these trainings have been uneven. DJJ managers continue to rely heavily on anecdotes, not data, to drive their responses to the violence problem.

⁸ See for example Arifuku, Davis and Linda, *Assessing the Enhanced Ranch Program of the Santa Clara County Probation Department*, Oakland: NCCD, 2010

The implementation of the Crisis Resolution Teams (CRTs) is viewed by many staff and managers as being helpful in making DJJ facilities safer. The data to support this impression is not easy to obtain. Staff that are assigned to these teams have received the most training among DJJ personnel in violence reduction strategies and they model the peaceful resolution of youth and staff confrontations. The implementation of the CRTs has been somewhat uneven across the various DJJ facilities and there have been several staffing changes in these teams that have required additional training of the CRTs. Also, DJJ should provide more guidance to CRT staff on the levels of documentation of their activities that can assist managers to assess the effectiveness of these teams. I would also suggest outside evaluation of the CRT units to generate ideas for improved functioning and to measure the effect of violence reduction.

DJJ has made substantial headway in completing policies and temporary departmental orders designed to better respond to violence in its facilities. In particular, there has been a good deal of work on policies relating to UOF, the DDMS and Conflict Resolution strategies. These policies will require further refinement and there will be a need to revisit them in connection with requirements the IBTM. There are already some issues surrounding the appropriate use of force, the effectiveness of the force review process, the definition of controlled vs. emergency force in these new policies that will require further adjustments. For example, there continues to be staff confusion of the definition of incidents requiring immediate vs. controlled use of force. My examination of a large sample of UOF reviews suggests that very few incidents are classified as requiring controlled use of force. DJJ has been diligent in the roll-out of new policies and the provision of staff training in the new policies. The next steps should include evaluating the effectiveness of that training to improve skills, planning for additional refresher training, and the integration of the new policies into routine supervision and personnel reviews of all staff.

The major population decline has produced an absolute drop in the number of violence incidents in DJJ. Based on my onsite interviews with staff, it appears that the line staff believe that things are getting better in terms of decreased need for incident reports, investigations of events, and DDMS charges. Further, the PbS surveys of organizational climate report high percentages of staff feeling safe.

DJJ has made a good faith effort to reduce violence in its institutions. In the main, DJJ has embraced an “incentive or reward” approach and relies less on isolation and sanctions to manage institutional violence. In the recent past, facility closures and large scale movement of youth has created short-term increases in institutional violence that are very difficult to manage. It is time for the parties in to evaluate the various requirements of the Farrell consent decree as to how they have functioned.

Improved implementation of various efforts such as staff training, the DDMS and the use of the BTPs could help, but new ideas and some outside perspective may also be helpful in reducing fear and violence in DJJ facilities. Moreover, DJJ headquarters staff could play a bigger role in coaching and supporting facility managers to defuse potential problems and to encourage more tranquil institutional climates.

Reducing Restricted Housing Programs

One of the major goals of the S&W Remedial Plan was to reduce to unnecessary use of restricted housing programs, both Special Management Programs (SMPs) and Temporary Detention (TD). It was felt that too many youth were languishing in these programs for very long periods of time, subjected to at least 23 hours in cell confinement with minimal educational, recreational and counseling services.

The reduction of the use of the SMPs and the TD units has been one of the clear successes of the Farrell reforms. For example, in 2001 there were between 300-400 youth housed in SMPs on any given day. By 2009, the number had dropped to an average of 30 youth. The last SMP unit was actually closed with the closure of the HGS facility. For TD units, the average daily youth population went from over 200 in 2001 to less than 20 youth during most of 2009. During some months in 2009, there were only 5 youth housed in TD status. Even with the dramatic decline in the overall DJJ population, the rates of use of TD and SMP dropped by more than half.

The length of stay for youth assigned to TD or SMP units also went down. For example in the first half of 2007, the average stay in TD was 74 hours; in the first six months of 2009 the average TD stay was 31.5 hours. For SMPs, the average stays declined from roughly 66 days in the first half of 2008 to 36 days in the first two quarters of 2009.

A number of actions influenced this drop in the use of restricted programs. First, there were policy statements and temporary departmental orders that attempted to limit the use of restricted programs. For example, it was no longer acceptable to place youth in TD for “their own protection”. Staff were challenged to solve the problems of these youth without resort to isolation. Staff were also encouraged to use rooms on the living units for purposes of TD. The DJJ stopped using restricted programs as the automatic response to fights and other disturbances.

Headquarters staff, especially [REDACTED], began close monitoring of the reasons why youth there being sent to restricted housing, and how long they stayed. DJJ managers pressed facility staff to use restricted programs only in emergency situations and to substitute shorter counseling interventions for longer stays in TD or SMPs. DJJ developed two new programs the Temporary Intervention Program (TIP) and the Behavioral Treatment Program (BTP) that are intended to reduce or eliminate the use of more traditional restricted programs. The S&W Court expert was actively involved with DJJ working groups that designed these new programs, and reviewed and approved the draft program descriptions and related policies.

DJJ began pilot testing of both TIP and the BTP at one or two DJJ facilities. As with most new programs, the field test suggested major refinements to guide the implementation process. While both TIP and the BTP models are being revised and strengthened, it is clear that these programs may have helped reduce the number of youth and lengths of stay in TD and have effectively replaced the SMPs. It also appears that these reforms are not the renaming of old practices, but that DJJ has attempted to fundamentally change how it deals with short term violent situations and seeks to return youth safely to regular living units in the shortest time period possible. Further, the TIP and BTP programs are intended to maximize treatment and educational services for the most troubled youth in DJJ. As with other new DJJ programs, it is very important that these programs be evaluated and coordinated and the larger IBTM reforms.

Implementing an Integrated Behavior Treatment Model

The parties, the OSM and several Court Experts have been working on the design and implementation of an Integrated Behavioral Treatment Program (IBTM) for several years. Hundreds of thousands of dollars have been spent on a variety of consultants to assist DJJ and many hours of DJJ staff time have been devoted to conversations of the contours of an IBTM. For a period of nine months, the development of the IBTM was led by several of the Court Experts and consultants who were brought in to help the Court Experts. These efforts did not result in an agreed-upon plan between the Court Experts and DJJ on the specifics of how to move forward. A stipulated agreement among the parties has returned the lead role in developing the IBTM to DJJ with input and support from the Court Experts.

There is still no well-developed written program model and no program manuals for staff. The details of funding the new IBTM are still being determined. Also to be defined are the specifics of implementation in terms of the qualifications and training of staff needed to deliver a meaningful IBTM, the issues of

treatment “dosage”, and the organizational climate needed to really support a treatment philosophy and approach.

DJJ has recently retained, nationally prominent juvenile treatment expert, Dr. Ed Latessa to assist in the planning and implementation process. This is a very good development. The current plan is to pilot a version of the IBTM at two living units at OHC. The idea of a pilot test makes sense, but I wonder about the patience of the legislators and the Governor to support a multi-year pilot and gradual roll-out of the new DJJ treatment model given the enormity of the state budget crisis. What is already clear from Dr. Latessa’s review of existing DJJ efforts is that the implementation of existing risk and needs assessments, case management systems, motivational interviewing and other staff training needs improvement.⁹ As with other areas of DJJ, the research components to evaluate new programs are rudimentary at this point.

There are other challenges to implementing an IBTM within DJJ. First, there does not exist a national professional consensus on what actually constitutes a “model treatment program”.¹⁰ While there has been substantial national attention around the model developed by the Missouri Division of Youth Services, there has been reluctance in DJJ to adopt this approach.¹¹ Research on the effectiveness of juvenile corrections programs is very limited, and is mostly focused on community-based treatments. There is virtually no rigorous research on the most effective treatment model for institutionalized juvenile offenders, particularly older adolescents. There is even less solid information on what works with serious and violent young offenders – who constitute the vast majority of the remaining DJJ clientele. It is a stretch that programs that have been evaluated with probationers, minor offenders, or in private therapy settings can be easily adapted to DJJ. Further, the transformation of DJJ to a system in which the IBTM is the core will require substantial organizational and culture change. Many current DJJ policies and procedures will have to be substantially revised. Current facilities are completely inadequate to support a model treatment program due to lack of treatment and counseling space and the deplorable state of rooms, recreation facilities and living units. In states in which juvenile corrections rehabilitation has been expanded and strengthened, the implementing agency was managed under the leadership of Health and Human Services, Mental Health, Child Welfare, or as a free-standing agency. States such as Illinois, Arizona, Ohio, Texas, among others, that moved juvenile corrections

⁹ Phone conference with Dr. Latessa and Court Experts

¹⁰ Barry Krisberg, “ The Future of Juvenile Corrections” in Donna Bishop and Barry Feld, **The Handbook on Juvenile Justice**, New York: Oxford University Press, in press.

¹¹ Richard A. Mendel, **The Missouri Model**, Baltimore, MD: The Annie E. Casey Foundation, 2010.

under the auspices of adult Department of Corrections have recognized this as a blunder and reversed this decision.

Creative thinking is also needed as to how related gang-intervention strategies, behavioral treatment programs, the DDMS, education programs, and medical and mental health services will be articulated with and consistent with the IBTM. Moreover, with the recent handoff of parole and aftercare to the counties, DJJ will need to develop a comprehensive program of coordinating its efforts with the aftercare planning and services provided at the county level. As I have commented before, “treatment behind razor wire” is not an evidenced-based model. Effective and well developed aftercare services are needed or treatment gains in secure confinement will quickly dissipate in the community.

All of the major challenges to implementing the IBTM are real but do not suggest giving up on providing high quality treatment and care to the very troubled youth now under DJJ care. Movement towards enriched rehabilitative services can help reduce abusive practices and promote more equity and fairness in all aspects of DJJ operations. But to actually achieve the formidable goal of turning the DJJ into a model treatment system must require is a data-driven assessment of the risks and needs of current DJJ clients and some reasonable forecasts of the likely policy changes that will be considered by the Governor and the Legislature in the next several years. More emphasis will be needed to better integrate the work at DJJ with programs and services at the county level.

Towards a DJJ Comprehensive Gang Strategy

Several previous reports on the S&W Remedial plan have stressed the need for DJJ to vastly improve its response to gangs within DJJ facilities. There is currently no coherent gang reduction strategy in place and gang-related tensions and violence continue to dominate the daily life in DJJ facilities. Staff, especially the CRTs have attempted informal approaches to negotiate around the gang affiliations. DJJ has also introduced some limited voluntary groups and living units for youth looking to reduce their gang involvement. In several of my confidential interviews with youth they indicated a strong willingness to end their gang activities, but they expressed fears that they would be viewed as disloyal or worse (snitches) by other gang members. I spoke at least a dozen youth during my site visits in 2010 that told me that they do not believe that DJJ staff can assure safety if one leaves the gang world.

DJJ commissioned a literature review on effective gang reduction in juvenile facilities but the results were meager. After a long process, DJJ did hire Dr. Cheryl Maxson of UC Irvine as a consultant. Dr. Maxson is a nationally renowned expert on gangs in CA. She will be conducting an analysis of gangs in

DJJ and will produce a report and recommendations by June, 2011. DJJ also created a working group to design a comprehensive gang strategy, and the S&W Court expert was invited to participate in several of the working groups meetings. To date, the staff group has not come on with a gang-specific strategy – they have opted for treating gang membership as one “criminogenic factor” in the risk and needs assessment process and overall generic case management process. At the request of the S&W Court Expert, DJJ managers did hold a series of meeting with highly regarded individuals who do street outreach with gang members in several communities. Several of these community people were formerly incarcerated in DJJ or CDCR facilities. The purpose of the meetings was to learn about the most effective community-based gang intervention methods and to determine if these individuals or organizations could help DJJ reduce its serious gang problems. These meetings were candid, respectful (on both sides) and yielded a number of suggestions for next steps. However, DJJ has been unable to find the financial resources to hire community-based groups, beyond Project Impact, to commence counseling and education programs with gang-involved youth in DJJ.

It also appears that the gang working group has not been sufficiently included in the design of the IBTM, or the development of other DJJ initiatives that might impact gang behavior. The group working on the IBTM was apparently unaware of the Maxson study until quite recently. Recently, some in DJJ presented a draft “gang integration” policy that had many serious flaws and seem to not reflect the work or participation of the staff working group on gangs. DJJ has agreed to place the development of a gang policy on hold pending the results and recommendations of the Maxson study.

The Failure to Provide Gender Responsive Programming

After several unsuccessful efforts by DJJ to provide alternative programs for the young women in its care, DJJ asked to revised the S&W Remedial plan in 2009 to allow them to continue to operate programs for young women with the proviso that DJJ hire a team of nationally respected experts in gender-responsive programs to provide staff training and mentoring and to assist in the implementation of evidence-based programs for young women. The parties agreed to this proposal, since there seemed little hope that CDCR could remedy the problems it had experienced with RFPs designed to contract out the services for the women.

A draft proposal was received from nationally recognized experts Dr. Barbara Bloom, Dr. Barbara Owen, Dr. Lawanda Ravoira and Dr. Stephanie Covington. No RFP was ever released from DJJ and no consulting contract was ever executed. CDCR reported that it had failed to get approval for this fairly modest

expenditure. The terrible budget problem at CDCR, which experienced unprecedented operating budget deficits, was used as a rationale for failing to issue this contract. While the budget situation was very serious, it is worth noting that DJJ did agree to and complete large consulting agreements with the University of California Irvine to perform a multi-year validation of the CA YASI and to do a study of DJJ gangs. While the gang study is related to S&W Remedial plan requirements to bring in a national expert on gangs, the validation of YASI seems tangential to the Farrell S&W Remedial Plan. Funds were found to accomplish some important tasks, but the implementation of gender-responsive programs was apparently not viewed as a high priority by DJJ or CDCR.

As noted earlier, my site visit to Ventura suggested that some of the earlier problems facing the girls there were returning. Several young women expressed concerns for their safety. There were complaints that staff was not accessible to talk with them and that programming options were becoming more limited. The camp program for girls was closed this year due to budget constraints. My audit last year reported improvements in the treatment of the women at Ventura, but this year's audit raised concerns on a number of fronts. It is clear that no systematic gender-responsive training of staff has taken place and that some of the new programs that were claimed as "evidence-based and gender responsive" had little research to back up these claims. As with other programs, current special programs for young women such as "Girls Moving On" were popular among staff but these were little data supporting these claims in terms of outcomes for DJJ clients.

Ventura is the most troubled DJJ facility due to the sudden influx of males from HGS. Further, the issue of excessive and unnecessary UOF remains a significant issue among the young women at Ventura. Data coming out of the current review of UOF being conducted by DJJ staff supports this view. An earlier DJJ task force in 2009 led by Dr. [REDACTED] and [REDACTED] expressed the need to a series of reforms to reduce the UOF with girls at Ventura.

For now, the predominant concern for DJJ at Ventura will be managing the violence and disruption on the male side. In my view this issue must be revisited immediately by the Court. Either DJJ lives up to its promise to enrich the training and support of its staff through outside contractors (there is very limited DJJ expertise on gender responsive programming) or the original goal of the S&W Remedial Plan to place the young women in alternative residential and non-residential settings must be pursued quickly.

The idea of moving the girls to another DJJ facility such as SYCRCC is, at best, a short term step and perhaps necessary. The gender responsive training is the immediate intervention that might help the

treatment of the young women in DJJ, no matter where they are housed. Solving the challenges faced by the female youth in DJJ should be one of the very highest priorities of the S&W Remedial Plan in the months ahead.

Improving DJJ Facilities

The outmoded and deteriorating DJJ facilities remain a major problem for achieving success under the Farrell consent decree. Space limitations and “prison-like” environments are likely to continue to frustrate efforts to improve the quality of care with DJJ. The CDCR continues to pursue renovation projects at DJJ through the lens of CDCR adult prisons. A good example of these problems is the new exercise facilities that were introduced at Preston that are essentially cages. Staff at Preston did not want these cages and were reluctant to use them. Ironically, when Preston began a program of youth caring for rescue dogs, the Preston exercise cages were utilized as “dog runs” that better suited their design. Budget decisions by CDCR have placed a priority on building and renovating prisons, but juvenile facilities have received minimum attention from top CDCR leadership. The more global state budget crisis and the transfer of youth to counties has made matters worse in terms of securing decent housing and program space for the youth remaining at DJJ.

To their credit, DJJ top managers have put in place a good system of reporting maintenance problems and following through on routine repairs. DJJ has requested financial support for large repairs but these requests have generally been turned down by CDCR. There have been some modest renovations of classrooms at some facilities and DJJ is trying to upgrade those units which house the more difficult youth, such as the BTPs. DJJ staff has also tried to expand program space on a temporary basis by acquiring modules that serve as classrooms for other departments. Based on several “off line” conversations that I have had with CDCR facility construction staff, it is clear that their preference is for DJJ to disappear and not have to confront the challenges of new construction or the needed massive renovation of existing DJJ facilities. For example, it was the view of some at CDCR that Preston could not remain functional for more than a few years due to electrical, sewage, and plumbing problems. The proposal to close Preston was seen as a solution, not a problem for CDCR.

The continued reduction of the DJJ youth population suggests that future facility plans must be radically revised. Again, the questions are (1) how many youth will DJJ need to house in the future; (2) what are the treatment needs of these youth; (3) what programs must be supported by DJJ facilities and (4) what

facility design is best suited for the DJJ population in the future? These questions await data-driven answers that should also be informed by the better facilities across the nation and in CA counties. It is worth noting that many counties received tens of millions of funds to renovate or build local detention centers and camps, while no funding was allocated to DJJ. DJJ has commissioned a prototype design for a new facility and has “value engineered” the design to lower its potential construction costs. At present it seems unlikely that funds will be made available via the regular budget process to construct this prototype. The DJJ has embraced a more modest approach and exploring the replacement of individual living units, if additional funding becomes available. This piecemeal approach may bring some relief to the worse facilities, but does not seem sustainable as a longer term strategy.

The Court and the parties will need to examine this facility dilemma in more detail. It is by no means clear how DJJ can ever meet its current obligations to provide adequate facilities under the Farrell consent decree.

Other S&W Remedial Plan areas

DJJ has made great strides in the development of needed new policies and procedures. There has been steady expansion and consolidation of reforms in the DDMS process and in the Youth Grievance System. These efforts of ensuring fairness and access for youth to express their concerns have moved forward, generally being supported by youth and staff. The documentation of these processes and the use of the WIN system to monitor compliance have moved ahead. Likewise, the provision of religious services is well within the promised Farrell reforms. There have been some challenges in finding religious advisers for Muslim youth, especially in DJJ rural settings but DJJ has been creative in rounding up community volunteers. DJJ staff are doing a good job of ensuring that youth who wish access to religious services, in fact, get them. Documentation of religious services in WIN is very complete and well done. As always, the chaplains play a critical role in helping many young people deal with difficult personal or family issues. The chaplains work very well with other DJJ staff and are generally recognized as critical members of the treatment teams. The chaplains also are key to recruiting community volunteers who come to DJJ facilities and work with the youth in several areas such as literacy and educational tutoring in addition to the religious programming. Headquarters training and mentoring of the religious services staff is excellent.

DJJ has also showed significant progress in expanding the use of positive incentives to manage youth conduct. For example, the percentage of youth who are Phase A has more than doubled from 2007 to 2009. This means that more youth are qualifying for time reductions. It is also the case that DJJ has carefully monitored the time adds given by staff that postponed parole consideration dates. The number of time adds has steadily dropped over the past year and time cuts are most more common. In the past, there was concern that youth were spending too much time in DJJ due to the prevalent use of time adds by staff. This problem is being reversed and average stays in DJJ are starting to be reduced.¹² My facility interviews suggest that staff is more focused on helping youth overcome DDMS charges via positive plans and activities. Youth are learning that they can earn back credit in the reasonable period of time.

Concluding Observations

Since the Farrell consent decree was finalized in 2004, the population of DJJ has declined dramatically. Several DJJ facilities and camp programs have been closed. There have also been significant law changes that effect who gets sent to DJJ and how long they stay. The DJJ population is mostly comprised of 707B offenders and serious sex offenders. Beginning in 2011, DJJ will transfer the parole function to the counties.

Other powerful forces are buffeting DJJ. There was a change in top leadership in 2010 and more changes can be expected. Both the new Governor and prominent legislators have proposed the closing of DJJ and transfer of its clients to the counties. However, there are few if any, specifics on how this major change in CA juvenile sentencing practices would be accomplished. Despite the declining youth population, DJJ costs have continued to rise. There are tremendous pressures on DJJ to find significant cost savings. All of these factors have led to an assault on the morale of DJJ staff and have created uncertainty and anxiety on the part of DJJ youth and their families. DJJ staff have continued to make progress in several areas relating to the S&W Remedial Plan. There has been little sustained resistance within DJJ to Farrell reforms. Indeed, many staff seem eager to understand and embrace the new approaches. Much in the way of new policy, programs, and training has been introduced, although the quality of the new programs and training is unknown. There is more data available to DJJ managers, but it is not necessarily utilized in improve operations or to plan for the future.

¹² Monthly tracking of DDMS and Projected Board Dates for First Admissions and Parole Violators to DJJ Facilities, DJJ, February 2010 and November 2010.

I believe that we are at a critical junction in the S&W Plan in which explicit priorities must be pursued and far better planning is needed. In particular, progress forward on the implementation of the IBTM and improved gender responsive programs call for the sustained and immediate attention by the Court. A higher priority should be placed on designing and piloting new policies and programs to reduce the influence of gangs in DJJ.

The very limited role of research in helping top DJJ managers define new directions must be increased. As I stated earlier, it is my opinion that there are many areas, such as the IBTM, in which the in-house knowledge and capacity of DJJ staff needs to be augmented on an ongoing basis. There also must be candid discussions with CDCR leadership to find ways to not frustrate Farrell reforms through cumbersome and effective contracting and other bureaucratic processes.

The timing is ripe for the parties, with the facilitation and support of the OSM and the Court Experts, to revisit most aspects of the S&W Remedial plan. Clear accomplishments should be acknowledged and celebrated. Several areas of compliance monitoring of the S&W Remedial Plan should be appropriately handed back to DJJ with the assistance of the OSM and Court Experts. Other areas that need more action should be subjected in an intensive planning process that takes into account the changed DJJ population, the expected direction of juvenile sentencing policies, and the timelines and financial resources needed to achieve genuine substantial compliance with the Farrell agreements.

Going forward, DJJ must forge a closer working alliance with county officials. With parole going to the counties and with increased interest in “realignment” in all aspects of government services, CA needs more than another statewide task force that draft a report that is never adopted by CDCR. Honest conversations between the state and county officials are needed to define a real juvenile justice master plan for the future. Much closer cooperation is needed now as youth leaving DJJ care are picked up by “yet to be defined” aftercare services operated by probation.

Lastly, the future reforms of DJJ must be guided by real research data, not just the rhetoric of “evidence-based” programs. The actual list of tested and proven programs for the current DJJ population is pretty thin. Further, DJJ has invested a tremendous amount of public funds in training, curriculum, risk assessment tools without carefully measuring the results of these new investments. The hard work and creativity that DJJ staff have brought to current reforms should be acknowledged and applauded, but the immediate the focus must be on critical outcomes – safer facilities, educational achievements, lower

recidivism rates and improved employment prospects for DJJ clients. Youth advocates should be viewed as valued allies in the reform process

The fiscal problems of state and local governments are among the greatest challenges facing DJJ as it tries to meet the requirements of the Farrell consent decree. The Court should review all of its options to help ensure that DJJ gets the budgetary resources that it needs to meet its promises.

SAFETY WELFARE COMPLIANCE RATINGS - ROUND 3

<p align="center">SAFETY & WELFARE COMPLIANCE RATINGS - ROUND 3 S&W Expert-only Ratings</p>					KEY							
					SC	Substantial Compliance						
					PC	Partial Compliance						
					BC	Beginning Compliance						
					NC	Non-compliance						
					NR	Not Rated						
					NA	Not Applicable						
DJJ #	Plan	Section #	Item #	Action Items	Monitor(s)	Site(s)	HEADQUARTERS September, 2010	O.H. CLOSE December, 2009	N.A. CHADERJIAN January, 2010	PRESTON June, 2010	VENTURA May, 2010	SYCRCC April 2010
2.1 ADD CENTRAL OFFICE RESOURCES												
7	S&W	2.1	4a	Master table of contents completed for DJJ policy manual	S&W	HQ	SC					
2.2 CLARIFY LINES OF AUTHORITY / CREATE SYSTEM FOR AUDITING AND CORRECTIVE ACTION												
13	S&W	2.2	1	Produce central office organization chart	S&W	HQ	PC					
14	S&W	2.2	2	Produce organization charts for each facility	S&W	FAC		PC	PC	SC	PC	PC
16	S&W	2.2	4	Develop system for correction action	S&W	HQ	PC					
2.3 IMPROVE MIS CAPABILITY												
21	S&W	2.3	2	Assess MIS needs and develop plan	S&W	HQ	PC					
2.4 ADD RESOURCES AT EACH FACILITY												
30	S&W	2.4	6	Conflict Resolution Team(s)	S&W	FAC		SC	SC	SC	PC	SC
2.5 RESEARCH												
34	S&W	2.5	1a	Oversee validation studies	S&W	HQ	PC					
35	S&W	2.5	1b	Assist with annual reports	S&W OSM	HQ	SC					
3.0 REDUCE VIOLENCE AND FEAR												
36	S&W	3	1	Develop schedule for implementing custody classification, living unit assignment and performance measures process	S&W	HQ	SC					
37	S&W	3	1a	Identify high risk youth using initial classification instrument	S&W	HQ	SC					

SAFETY WELFARE COMPLIANCE RATINGS - ROUND 3

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38	S&W	3	1b	Apply reclassification factors to identify current risk	S&W	HQ	SC					
39	S&W	3	1c	Male youth classified as high risk for institutional violence separated from low risk youth based on initial custody classification analysis.	S&W	FAC		SC	SC	SC	SC	NA
40	S&W	3	1d	Use initial custody classification instrument for placement of males at first commitment	S&W	HQ	SC					
41	S&W	3	1e	Develop a custody reclassification instrument giving significant weight to institutional behavior	S&W	HQ	SC					
42	S&W	3	1f	Develop classification instrument for parole violators	S&W	HQ	NA					
43	S&W	3	1g	Analyze PV classification instrument; validate or revise	S&W	HQ	NA					
44	S&W	3	1h	Begin semi-annual and quarterly custody reclassification	S&W	HQ	SC					
45	S&W	3	1i	Develop policy on incident driven custody reclassification	S&W	HQ	SC					
46	S&W	3	1j	Males classified as high risk for institutional violence separated from low risk youth based on initial classification, interim classification, and reclassification	S&W	FAC		SC	SC	SC	SC	NA
47	S&W	3	1k	Develop performance measures for high risk dormitories with the S&W expert and, if necessary, implement alternative risk management strategies for male youth in dormitories who are at high risk for institutional violence.	S&W	HQ	SC					
				REVISE USE OF FORCE POLICY								
48	S&W	3	2	>Revise policy	S&W MH	HQ	SC					
49	S&W	3	2b	>Complete training in new policy	S&W MH	FAC		SC	SC	PC	PC	SC
50	S&W	3	3a	Implement Use of Force Review Model	S&W	FAC		PC	SC	SC	SC	PC
51	S&W	3	3b	Create Violence Reduction Committees at each facility	S&W OSM	FAC		SC	SC	SC	SC	BC
53	S&W	3	4b	Crisis management training for direct care staff at two facilities	S&W OSM	FAC				PC		
54	S&W	3	4c	Crisis management training for remaining direct care staff	S&W OSM	FAC		PC	PC		BC	PC
55	S&W	3	5	Develop and use databases to track violence and use of force	S&W OSM	Both	SC	SC	PC	SC	SC	PC

SAFETY WELFARE COMPLIANCE RATINGS - ROUND 3

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56	S&W	3	6a	Record PbS safety outcome measures 2-4, 11, 12 for every day of year. (Injuries to youth per 100 days youth confinement, injuries to staff per 100 days staff employment, injuries to youth by other youth per 100 days youth confinement, assaults on youth per 100 days youth confinement, assaults on staff per 100 days youth confinement)	S&W OSM	FAC		SC	SC	SC	SC	PC
57	S&W	3	6b	Quarterly reports on selected PbS data elements	S&W OSM	HQ	SC					
58	S&W	3	7a	Implement 6 month pilot to monitor use of chemical agents	S&W	HQ	SC					
59	S&W	3	7b	Discontinue or expand chemical agent monitoring system	S&W	HQ	SC					
60	S&W	3	8a	Consult with national expert on gang/race integration	S&W	HQ	SC					
61	S&W	3	8b	Develop strategies and procedures for gang/race integration	S&W	HQ	PC					
62	S&W	3	8c	Provide gang/race integration training to appropriate staff	S&W OSM	FAC						
63	S&W	3	9a	Open sufficient BTPs for projected 2008/09 demand	S&W OSM	HQ	SC					
64	S&W	3	9b	Produce annual estimates of need for BTP units	S&W	HQ	PC					
65	S&W	3	10a	Consult with experts re: staff and youth climate surveys	S&W	HQ	SC					
66	S&W	3	10b	Twice yearly reports on staff and youth safety concerns	S&W	Both	SC	SC	SC	SC	SC	PC
4.0 IDENTIFY REHABILITATION TREATMENT MODEL												
67	S&W	4	1a	Issue RFP for risk/needs assessment	S&W	HQ	SC					
70	S&W	4	3	Produce written description and manual	S&W MH	HQ	PC					
5.0 LAY THE FOUNDATION FOR TREATMENT REFORM												
71	S&W	5	1	Consult with subject matter experts re: program design	S&W MH	HQ	BC					
72	S&W	5	2	Develop treatment model	S&W MH	HQ	PC					
DEVELOP OR OBTAIN TRAINING MATERIALS												

SAFETY WELFARE COMPLIANCE RATINGS - ROUND 3

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73	S&W	5	3a	>DJJ Integrated Treatment Model	S&W MH	HQ	PC					
74	S&W	5	3b	>Risk / Needs Assessment	S&W	HQ	SC					
77	S&W	5	3h	Establish interim training schedules for motivational interviewing, normative culture, and interactive journaling	S&W MH	HQ	SC					
				ESTABLISH/MODIFY JOB CLASSIFICATIONS FOR TREATMENT TEAM STAFF								
85	S&W	5	5a	>Treatment team leaders	S&W MH	HQ	SC					
86	S&W	5	5b	>Case managers	S&W MH	HQ	SC					
87	S&W	5	5c	>Other team members	S&W MH	HQ	SC					
6.0 CONVERT FACILITIES TO REHABILITATIVE MODEL												
88	S&W	6	1a	Convert Chaderjian to special treatment facility	S&W MH OSM	FAC			SC			
				CONVERT FACILITIES TO REHABILITATIVE MODEL								
90	S&W	6	1c	>Complete conversion	S&W MH OSM	FAC		PC		PC	NA	NA
93	S&W	6	2a	Statewide standards for Program Service Day	S&W MH	HQ	SC					
94	S&W	6	2b	Program Service Day schedule for Chaderjian	S&W MH	FAC	SC					
95	S&W	6	2c	Program Service Day schedule for core program	S&W MH	FAC	SC					
				PHASE IN BEHAVIOR TREATMENT PROGRAMS								
101	S&W	6	5a	>Reduce population and increase staffing (interim BTPs)	S&W	FAC		BC	SC	PC	NA	
102	S&W	6	5b	Full implementation	S&W	FAC		BC	PC	PC	NA	
103	S&W	6	5c	Eliminate all Special Management Program Units	S&W	FAC		PC				
				COMPLETE TRAINING								

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105	S&W	6	7b	>Risk / Needs Assessment	S&W	FAC		SC	PC	SC	PC	SC
7.0 SYSTEM REFORM FOR FEMALES												
112	S&W	7	2	Consult with expert re: gender specific programs	S&W	HQ	BC					
113	S&W	7	3	KEY INDICATOR ITEM - Develop plan & schedule for gender specific programs	S&W	HQ	SC					
115	S&W	7	5	KEY INDICATOR ITEM - Convert existing or build new facility if unable to contract	S&W	HQ	BC					
8.1 ACCEPTANCE/REJECTION CRITERIA												
116	S&W	8.1	1	Promulgate process and criteria for acceptance/rejection	S&W MH	HQ	SC					
118	S&W	8.1	3a	Clarify policies about appropriate youth for DJJ facilities	S&W MH	HQ	PC					
119	S&W	8.1	3b	Develop strategies with counties for alternatives	S&W	HQ	SC					
120	S&W	8.1	4a	Work with counties for uniform definition of risk and needs	S&W	HQ	PC					
121	S&W	8.1	4b	Explore strategies for local classification/assessment	S&W	HQ	NC					
122	S&W	8.1	5	Analyze sliding fee schedule and make recommendations	S&W	HQ	NA					
8.2 ORIENTATION												
123	S&W	8.2	1a	Standardize orientation process	S&W	HQ	PC					
124	S&W	8.2	1b	Develop additional orientation materials on victim issues, disciplinary system, positive incentives program	S&W	HQ	SC					
126	S&W	8.2	3	Educate families, probation, court personnel re: DJJ services/programs, expectations, and family involvement	S&W	HQ	SC					
128	S&W	8.2	5a	Develop orientation curriculum and provide training	S&W	HQ	PC					
129	S&W	8.2	5b	Update Youthful Offender's Rights Handbook	S&W	HQ	SC					
8.4a DISCIPLINARY SYSTEM												
134	S&W	8.4	1a	Disciplinary Coordinators at all facilities	S&W	FAC		SC	SC	SC	SC	SC

SAFETY WELFARE COMPLIANCE RATINGS - ROUND 3

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135	S&W	8.4	1b	Disciplinary Coordinator training reviewed and updated	S&W	HQ	SC	/				
136	S&W	8.4	1c	Standard duty statement for Disciplinary Coordinators	S&W	HQ	SC					
137	S&W	8.4	1d	Competency based training/retraining for D. Coordinators	S&W	FAC	/	SC	SC	SC	SC	SC
140	S&W	8.4	2c	Policy exceptions to timelines for disciplinary hearings tracked and, if necessary, revised	S&W	HQ	SC	/				
142	S&W	8.4	4	Level 1 infraction appeals process implemented	S&W	FAC	/					
143	S&W	8.4	5	Standards developed for referral of cases for prosecution	S&W	HQ	SC	/				
144	S&W	8.4	6a	Earn-back of disciplinary time adds enhanced	S&W	HQ	SC					
8.4b POSITIVE INCENTIVES												
146	S&W	8.4	7a	Steps to promote participation in Ward Incentives Plan	S&W	HQ	SC	/				
147	S&W	8.4	7b	Points for restorative justice expanded and standardized	S&W	HQ	PC					
GRADUATED SANCTIONS & POSITIVE INCENTIVES												
148	S&W	8.4	8a	>Consult internal and external experts	S&W	HQ	PC	/				
149	S&W	8.4	8a	>Expand graduated sanctions and positive incentives	S&W	HQ	PC					
150	S&W	8.4	8b	Use of program time adds studied; recommendations made	S&W	HQ	SC	/				
8.5 GRIEVANCE SYSTEM												
156	S&W	8.5	5b	Design of grievance reports developed with Court expert	S&W	HQ	SC	/				
157	S&W	8.5	5c	Superintendent reviews all allegations of staff misconduct	S&W	FAC	/					
158	S&W	8.5	6	Process developed to address abuse of grievance system	S&W	HQ	SC	/				
159	S&W	8.5	7a	Weekly and monthly monitoring reports automated	S&W	HQ	SC					
160	S&W	8.5	7b	Intervention strategies developed in response to trends	S&W	FAC	/	SC	SC	SC	SC	SC

SAFETY WELFARE COMPLIANCE RATINGS - ROUND 3

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161	S&W	8.5	8a	Headquarters review of grievance responses/timeframes	S&W	HQ	SC					
162	S&W	8.5	8b	Headquarters collection and evaluation of grievance data	S&W	HQ	SC					
163	S&W	8.5	8c	Headquarters assistance in corrective action plans	S&W	HQ	SC					
164	S&W	8.5	9	Standard duty statement for grievance coordinator	S&W	HQ	SC					
165	S&W	8.5	10	Allegations of staff misconduct separated from grievances	S&W	FAC		SC	SC	SC	SC	SC
166	S&W	8.5	11a	All direct care staff trained in grievance system	S&W	FAC		SC	SC	PC	PC	SC
167	S&W	8.5	11b	Grievance coordinators trained for duties	S&W	FAC		SC	SC	SC	SC	SC
168	S&W	8.5	12	Youthful Offender's Rights Handbook improved	S&W	HQ	SC					
8.6 TIME ADDS												
172	S&W	8.6	2a	Behavior contracts to earn back added time	S&W	FAC		SC	PC	PC	SC	SC
173	S&W	8.6	2b	Policy specifies range of time periods for behavior contracts	S&W	HQ	SC					
174	S&W	8.6	2c	Staff coach youth to help meet behavior requirements	S&W	FAC		SC	PC	PC	SC	SC
180	S&W	8.6	4d	System developed to report net time added & restored	S&W	HQ	SC					
181	S&W	8.6	4e	Time adds and reasons analyzed	S&W	HQ	PC					
182	S&W	8.6	4f	Plan developed to reduce the frequency and duration of time adds based on inadequate access to programs	S&W	HQ	SC					
8.7 ACCESS TO COURTS AND LAW LIBRARY												
186	S&W	8.7	2	Youthful Offenders' Rights Handbook/orientation revised to address issues raised by Expert's Report, Summer 2001	S&W	HQ	SC					
188	S&W	8.7	4	Automated tracking system re: law library access/help	S&W	HQ	SC					
190	S&W	8.7	6a	Written policy & procedures for access to courts and library	S&W	HQ	SC					

SAFETY WELFARE COMPLIANCE RATINGS - ROUND 3

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191	S&W	8.7	6b	Compliance measures for monitoring access to courts	S&W	HQ	SC					
192	S&W	8.7	7	Staff trained on access to courts and law library	S&W	FAC		SC	SC	SC	PC	SC
193	S&W	8.7	8	Plan to ensure access by attorneys (phone and in person)	S&W	HQ	SC					
8.8 ACCESS TO RELIGIOUS PROGRAMS AND FUNCTIONS												
194	S&W	8.8	1	Monitoring system in place re: access to religious programs	S&W	HQ	SC					
RELIGIOUS COORDINATOR RESPONSIBLE FOR:												
202	S&W	8.8	3	Youthful Offenders' Rights Handbook revised to conform with DJJ policy on access to religious programs	S&W	HQ	SC					
203	S&W	8.8	4	Training developed and provided on religious programming policy, reporting, and automated tracking system	S&W	HQ	SC					
8.9 PHYSICAL PLANT IMPROVEMENTS												
204	S&W	8.9	1	Quarterly reports on conditions to Chief Deputy Secretary	S&W	HQ	SC					
205	S&W	8.9	2	Superintendent quarterly reports on conditions to Dir of Facilities	S&W	FAC		SC	SC	SC	SC	SC
206	S&W	8.9	3a	Local monitoring system in place	S&W	FAC		SC	SC	SC	SC	SC
207	S&W	8.9	3b	Documentation of requests for outside assistance	S&W	FAC		SC	SC	SC	SC	SC
8.10 MASTER PLANNING												
208	S&W	8.10	1	Prepare Facilities Master Plan	S&W	HQ	PC					
209	S&W	8.10	2	Prepare Operational Master Plan	S&W	HQ	BC					
9. RESTRICTED HOUSING (requirements from Interim Plan dated June 9, 2006 - applies only while SMPs are in place)												
SPECIAL MANAGEMENT PROGRAM (SMP)												
212	S&W	9.1	1	>Person assigned to conduct ongoing reviews of SMP's	S&W	HQ	SC					
213	S&W	9.1	2	Each facility maintains electronic log of SMP use as specified in interim plan	S&W	FAC		NA	NA	NA	NA	NA

SAFETY WELFARE COMPLIANCE RATINGS - ROUND 3

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214	S&W	9.1	3	>Consolidated report on SMP use prepared by HQ and sent to S&W expert, plaintiff's counsel and Special Master	S&W	HQ	SC	/ / / / / / / / / /				
215	S&W	9.1	4	>SMP policy revised to include due process standards and procedures	S&W	HQ	SC					
216	S&W	9.1	5	Staff trained on new SMP policy	S&W	FAC	/ / / / / / / / / /	NA	NA	NA	NA	NA
217	S&W	9.1	6	SMP's eliminated	S&W	HQ	SC	/ / / / / / / / / /				
TEMPORARY DETENTION (TD)												
218	S&W	9.2	1	>TD policy 7280 revised as required by Interim Plan	S&W	HQ	SC	/ / / / / / / / / /				
219	S&W	9.2	2	Superintendent or designee (who is a supervisor or administrator) designates rooms for use as TD	S&W	FAC	/ / / / / / / / / /					
220	S&W	9.2	3	TD rooms clean, well lighted, graffiti free, with full functioning sink and toilet and adequate heat and ventilation	S&W	FAC	/ / / / / / / / / /	NA	PC	SC	SC	PC
221	S&W	9.2	4	Youth in TD receive all mandated services as listed in the Restrict Program Policy section 7210	S&W	FAC	/ / / / / / / / / /	SC	PC	PC	PC	SC
222	S&W	9.2	5	Each facility maintains electronic log of TD use as specified in interim plan	S&W	FAC	/ / / / / / / / / /	SC	SC	SC	SC	SC
10. LOCKDOWNS (requirements from Interim Plan dated June 9, 2006)												
223	S&W	10	1	Director of Facilities issues memo to superintendents outlining all requirements set forth in the interim plan on lockdowns	S&W	HQ	SC	/ / / / / / / / / /				
224	S&W	10	2	At least 2 people from HQ are designated Security Service Specialists with duties as specified in the interim plan	S&W	HQ	SC					
225	S&W	10	3	Checklists prepared and shared with S&W expert, plaintiff's counsel and Special Master of steps to be taken in the event of a lockdown or limited program.	S&W	HQ	SC					
226	S&W	10	4	Post-lockdown analysis reports as required by interim plan	S&W	HQ	SC					
227	S&W	10	5	Administrative Lockdown Policy 7275 revised as required by interim plan	S&W	HQ	PC					