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9 SUPERIOR COURT OF CALIFORNIA
10 CITY AND COUNTY OF ALAMEDA

11 MARGARET FARRELL,) Case No.: RGO3079344
12)
13 Plaintiff,) FOURTH REPORT OF SPECIAL
14) MASTER
15 vs.)
16 JAMES TILTON,)
17 Defendant.)

18 Pursuant to paragraph 28 of the November 2004 Consent Decree, the special master
19 submits for filing the attached report. The report reflects monitoring in this case through June
20 15, 2007 with some updates through July 20, 2007. It includes reports of the education and
21 mental health experts. The special master's report and its appendices were circulated to the
22 parties' in draft form. This final version reflects consideration of the parties' comments.

23
24 Dated: July 27, 2007

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26 Donna Brorby
27 Special Master
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SUPERIOR COURT OF CALIFORNIA
CITY AND COUNTY OF ALAMEDA

MARGARET FARRELL,)
) CASE NO. RG03079344
Plaintiff,)
)
vs.)
)
JAMES TILTON,)
)
Defendant.)
_____)

FOURTH REPORT OF SPECIAL MASTER

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- Appendix C: Brorby, *Memorandum, Medical Contracting* (June 2007)
- Appendix D: Gordon, O'Rourke, *California Division Of Juvenile Justice Summary Education Program Report for School Year 2006-2007* (May 2007)
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I. INTRODUCTION

This report reflects the monitoring reports submitted by the subject area experts and monitoring by the Office of the Special Master (“OSM”), since the last special master’s report in December 2006, through mid-June 2007. Pursuant to procedures that the parties, experts and special master developed to guide the monitoring and reporting, the special master provided this report and the appended monitor’s and mental health and education experts’ reports for the parties’ comments. These reports now reflect the authors’ consideration of the parties’ comments. The next special master’s report will append reports by the disability and medical experts that have been provided to the parties for comment. The special master expects that the safety and welfare, mental health and sexual behavior treatment experts will submit reports for filing with the next special master’s report as well.

II. SAFETY AND WELFARE

The parties filed the Safety and Welfare Remedial Plan in July 2006 and the standards and criteria for monitoring compliance with it at the end of October 2006. It is the most comprehensive of the remedial plans in this case. Responsibility for monitoring compliance with the plan is shared among the safety and welfare and mental health experts and the OSM. Based on the schedule set by the deadlines in the plan (many of which were established by the standards and criteria), the experts and the OSM began their monitoring in February 2007. Monitor Cathleen Beltz’s report on the status of DJJ’s compliance with some of the standards and criteria assigned to the OSM for monitoring is attached as part of Appendix A.

One of DJJ’s first responsibilities under the Safety and Welfare Remedial Plan is to “build the capacity for change” by increasing management resources and effectiveness, developing clear and consistent policies, holding staff accountable for compliance with

policies, developing a management information system that provides the information managers need and by training staff in the standards of care and practices that characterize treatment-oriented juvenile correctional facilities.¹ While DJJ has taken some steps forward in the development of its organizational infrastructure,² its efforts are not keeping pace with the timetable established in the Safety and Welfare Remedial Plan.

A. Leadership/Management Vacancies

Shortly after DJJ's current chief deputy secretary assumed his position in August 2005, DJJ assembled a "reform team" in its central office. This team, designated the "program development and implementation" team in the Safety and Welfare Remedial Plan, is currently comprised of sixteen individuals, including two senior mental health clinicians.³ Its numbers comply with the requirements of the Safety and Welfare Remedial Plan but it has only two of the four senior mental health clinicians or administrators that the Mental Health Remedial Plan requires.⁴ The "reform team" has been impressive in its members' drive, dedication and productivity since its inception.

DJJ still does not have a director of programs.⁵ This is a key leadership and management position serving directly under the chief deputy secretary, with responsibility for all treatment and rehabilitation programs. The director of programs will have to be one of

¹ See, Safety and Welfare Remedial Plan, p. 8.

² For example, DJJ's recruited a director of facilities from the Washington program that it is adapting to its needs pursuant to the safety and welfare plan. She started work in November 2006, was recently confirmed by the legislature and brings important experience and perspective to leadership and management.

³ Appendix A (Beltz Report) pp. 3-4; see also, Safety and Welfare Remedial Plan, pp. 19-20.

⁴ The Safety and Welfare Plan Remedial requires a total of 11 team members plus dedicated analysts and support staff to make up three teams with fluctuating membership -- the program development implementation, temporary transition and compliance teams. The Mental Health Remedial Plan requires that four senior clinicians and/or senior administrators with expertise in mental health services be members of the program development implementation team. At the end of June, DJJ should have 18 trainers and quality assurance specialists in addition to the 11 members of the aforementioned teams. See Appendix A (Beltz report), p. 3, 11. DJJ staff told Monitor Beltz that DJJ is on track to meet that deadline. The special master will revisit this subject in her next report.

⁵ See, Appendix A (Beltz report), p. 2.

a few leaders and managers driving the reform of DJJ's facilities from adult-prison-type facilities to juvenile corrections facilities with evidence-based treatment programs. Thus, he or she will have to bring substantial, relevant skills and experience to the position. This is a deeply internal matter and the special master does not begin to have enough information to understand why DJJ has not been able to fill the position or what DJJ needs to do in order to fill the position with an appropriately skilled and experienced candidate. The chief deputy secretary credibly reports that he very much wants to fill the position, that he personally is recruiting nationally for candidates and that DJJ has almost filled the position at least twice. The position is a gubernatorial appointment, subject to legislative approval; thus, actors outside of DJJ play a role in the selection process. Internal candidates may be deterred by the fact that the position lacks peace officer status.

Additionally, since the parties entered into the November 2004 Consent Decree, the relatively high-level position of *Farrell* project manager has been vacant for all but approximately six months. Most recently, the position has been vacant from the end of January until mid-July 2007.⁶ The Consent Decree explicitly requires that DJJ assign a "project manager to manage the remedial plans resulting from this Decree." It further requires the project manager to "be at the CEA I level, or equivalent Exempt level, with support as necessary to successfully manage the development and implementation of the remedial plans."⁷ At least partially because it has lacked a project manager, DJJ has not yet been able to track its obligations and progress under the remedial plans adequately. This lack

⁶ *Ibid*; see also, *First Report of the Special Master*, pp. 45-46 and *Second Report of the Special Master*, p.7. DJJ announced the appointment of a *Farrell* Project Director on July 16, 2007. Angus July 16, 2007 e-mail.

⁷ Consent Decree ¶ 32.

of adequate tracking has contributed to DJJ's failure to meet so many of the deadlines set in the remedial plans.⁸

B. CDCR/DJJ Business Systems Deficiencies

A mid-2005 reorganization appended DJJ to the adult prison system within the then-new California Department of Corrections and Rehabilitation ("CDCR"). As a result of the reorganization, DJJ is dependent on the CDCR "matrix" to perform basic organizational functions such as contracting, information technology development and support, and hiring personnel. Two years later, the matrix has yet to work sufficiently well to meet DJJ's needs. This threatens DJJ's reform efforts.

1. Contracts

As discussed below in section IV on medical care, DJJ has not been successful in securing the contracts it needs to meet youth health care needs, despite diligent efforts of capable staff.⁹ Medical contracts may have been subject to particular confusion due to the transfer of CDCR's medical contracts section to the supervision of the receiver in the *Plata*¹⁰ case concerning medical care in the adult prison system.¹¹ But, in response to the special

⁸ E.g., the DJJ memorandum tracking progress against deadlines that was filed with the Joint Case Management Conference Agenda in April 2007, reflected an *ad hoc* effort at the time to identify all deadlines in *Farrell* remedial plans and DJJ's progress up to the time of the memorandum. For a more specific example, the special master informally inquired about the apparent delay in the implementation of the "V-DISC" mental health screening tool in October 2006. Not getting a substantive response, the special master initiated a formal inquiry in January 2007. In February, DJJ assigned a staff member to manage the project of getting the contract in place, noting that the V-DISC project "[had fallen] between the cracks." (The project was successfully managed and the contract was executed in June.)

⁹ Another pair of capable DJJ staff devoted inordinate effort to the renewal of the contracts under which the court-appointed *Farrell* experts are paid and still most of the renewals were *not* in place as the contracts for fiscal year 2006-07 expired. After a similar problem last year, the special master tracked the steps towards consummating the contracts this year by several telephone calls and e-mail messages to the responsible staff. DJJ's requests for contracts apparently went unattended in the CDCR contracts office for most of seven weeks. Then, the contracts were completed in a flurry of activity in the course of a little less than two weeks. All of the contracts were completed before the end of the first week of July.

¹⁰ *Plata v. Schwarzenegger*, No. C01-1351 TEH, United States District Court for the Northern District of California.

¹¹ See, Appendix C (special master's memorandum to medical experts concerning medical contracts), p. 2.

master's inquiries about contracts issues during the past eight months, several staff from different offices and all the staff that the special master spoke to about contracts expressed serious concerns about lengthy delays in processing contracts requests and a general lack of communication while requests are pending. The same CDCR contracts group processes all DJJ contracts requests and they seem to handle all requests in a similar way. DJJ has succeeded in finalizing some contracts, of course, but the staff effort and delays that are generally involved are a significant impediment to its timely implementation of the remedial plans. CDCR has promised to fix the problem,¹² but so far the system has been unresponsive to DJJ's contract needs.

DJJ candidly noted in its last Quarterly Report that the "length of time it takes to process contracts will continue to jeopardize certain [Safety and Welfare Remedial Plan] deadlines."¹³ DJJ did not cite examples, but the lapse of eight months between DJJ's August 2006 submission of its request for a contract for risk/needs assessment and CDCR's April 2007 promulgation of the Request for Proposals ("RFP") is illustrative.¹⁴ The RFP was due to be issued by October 1, 2006, as an early step in DJJ's development of its program design and treatment model. DJJ then was supposed to have six months to develop a treatment program design and eight months to develop a treatment model, in consultation with experts (possibly including the successful bidder on the risk/needs assessment).¹⁵ The RFP was issued six months late, just six weeks before DJJ was due to complete its program design, and ten weeks before DJJ was due to complete its treatment model.¹⁶ DJJ, working with

¹² Statements of Secretary James Tilton in October 20, 2006 meeting with counsel and special master.

¹³ DJJ Quarterly Report, *Farrell vs. Tilton*, Safety and Welfare section, p. 3 (April 2007).

¹⁴ Krisberg, Interim Report, p. 4 (April 25, 2007); statements DJJ staff to special master May 2007.

¹⁵ Safety and Welfare Remedial Plan, pp. 42-43, Items 5.1 and 5.2.

¹⁶ The mental health experts are very concerned that DJJ develop and implement a more uniform, coherent and evidence-based therapeutic model for the youth in its custody, especially youth in mental health treatment programs and/or youth with elevated suicide risk. Appendix B (Lee/Trupin report), p. 7, 8; Lee/Trupin, Mental

CDCR contracts staff, did succeed in entering into a contract for risk/needs assessment in late June 2007.¹⁷

As noted below in section V. on sexual behavior treatment, another contracting problem delayed progress in the development of the Sexual Behavior Treatment Program by a year. Similarly, implementation of the mental health screening tool “V-DISC” was delayed many months by DJJ’s and CDCR’s difficulties in developing and entering into contracts.¹⁸

Different kinds of contracts raise different issues. Contracts that are novel or complex or unusually large in scope legitimately take longer to develop and execute than simpler contracts. Exigent circumstances may interfere on occasion. Further, state law does impose requirements on public contracts with which CDCR and DJJ must comply. But, in the unanimous opinion of the subject area experts, who together have had experience with several state systems, DJJ’s difficulties in consummating contracts and paying contractors goes beyond anything that can be reasonably explained or justified. Rather, DJJ’s contracting problems are symptomatic of organizational dysfunction that will impede operations until it is successfully addressed.¹⁹ DJJ and CDCR have begun to attempt to address the contracts issues.²⁰ The special master will monitor developments in this area carefully especially because previous DJJ CDCR attempts to address the issue together have petered out without success.²¹

Health Experts Review of N.A. Chaderjian Youth Correctional Facility, p. 4; repeated statements of Drs. Lee and Trupin to the special master.

¹⁷ DJJ’s funding for the contract otherwise would have expired June 30, 2007.

¹⁸ See note 8 above. The special master participated in several meetings and telephone conferences and was copied on email that documented the progress from January – May 2007.

¹⁹ Statements of the experts during a meeting with the special master on February 16, 2007.

²⁰ See, Appendix C (medical contracting memorandum), p. 3.

²¹ *Ibid.*

2. Information Technology

DJJ's progress towards compliance with the Consent Decree and the remedial plans also has been hampered by insufficient information technology support, as exemplified by the delays in completing the WIN Exchange and related new WIN features. The responsible CDCR office, Enterprise Information Systems ("EIS") does appear to be taking steps to provide DJJ with better technical support. This is another area that will bear close monitoring.

The Ward Information Network ("WIN") is DJJ's primary management information system for many purposes. To date, WIN's usefulness has been compromised by its inability to track data across facilities. The long-planned "WIN Exchange" is intended to enable the storing and tracking of youth information across facilities so that all of a youth's information will travel with him when he transfers from one facility to another. The Safety and Welfare Remedial Plan (filed July 10, 2006), requires DJJ to complete the implementation of the WIN Exchange by January 1, 2007.²² It has not yet been completed.²³

The commitments that DJJ made in the Consent Decree and the remedial plans on file in this case have changed some of its information needs, requiring modifications of the WIN system. In late 2004 pursuant to the Consent Decree, for example, DJJ revised its policies and procedures for the management of potentially self-harming youth. The revised policies included a new status, "high risk observation," and they changed some particulars related to "suicide watch." The way WIN tracked youth on "suicide watch" was not compatible with

²² See, Safety and Welfare Remedial Plan, p. 22.

²³ Statements of WIN senior programmer to special master during conference call with CDCR counsel, July 20, 2007; see also, Appendix A (Beltz report) p. 4.

the revised policies.²⁴ Similarly, the Education Remedial Plan imposed new requirements for special education services that were not aligned with information tracked in WIN.²⁵

More than two years ago, DJJ and CDCR Enterprise Information Systems (“EIS”) staff responsible for supporting DJJ’s WIN system identified 11 new “features” that EIS needed to build for WIN so that DJJ staff could enter and track the information that would facilitate and document compliance. The new features related to the management of potentially self-harming youth and the provision of required special education services, as well as the implementation risk classification and reclassification, the use of a program of positive incentives for youth, the provision of services to disabled youth and other issues. The CDCR WIN support group has completed eight of the 11 new features. The responsible manager believes that the ninth will be completed in August 2007. WIN Exchange will be implemented after these nine new features are completed and operational. The final two features are scheduled for development this fiscal year.²⁶

The delays in completing the WIN Exchange and the related new WIN features resulted from a combination of the vagaries of software development and an insufficient number of programmers at work on the projects.²⁷ The CDCR EIS group serving DJJ is only

²⁴ At least through September 2006, DJJ was not able to get WIN modified so that staff could track youth on high risk observation status. This impeded attempts to implement the policy during this time. *See, Third Report of the Special Master*, p. 12.

²⁵ The education experts note difficulties with WIN resulting in inaccurate special education data at five DJJ facilities. *See*, Appendix D (Gordon/O’Rourke report), p. 8 and Attachments A and B, Item 5.9.

²⁶ Statements of WIN senior programmer to special master during conference call with CDCR counsel July 20, 2007. DJJ has a contractor that is responsible for the WIN Exchange project. Completing WIN Exchange in August or early September depends on whether it can be completed in the existing contract. If an additional contract is necessary, completion of WIN Exchange will be delayed by the time it takes to execute the contract. *Ibid.*

²⁷ Effective July 1, 2005, CDCR/DJJ secured funding to increase the group supporting the WIN system from one to six staff members. There was, however, a six-month delay to January 2006 before the responsible manager received approval to fill the new positions, probably due to the dislocation that attended the reorganization. The manager filled the positions in February 2006. It took some time to train the new programmers in WIN. Then, two programmers left the group for promotions in the fall of 2006 (shortly after the safety and welfare plan was filed with the January 1, 2007 deadline for implementation of the WIN

now close to full strength. Thus, it remains to be seen whether it will be sufficient to support DJJ's information technology needs from now on. With the completion of the new WIN features and the WIN Exchange, technical support time will be freed up for other projects. The managers of CDCR's EIS group that serves DJJ are meeting with top-level DJJ managers to initiate an information technology steering committee in August 2007.²⁸

DJJ has made some progress in the development of systems to increase management information in the areas of youth violence and use of force. It entered into a contract for Performance-Based Standards ("PbS") in October 2006 (less than 60 days after the Safety and Welfare Plan due date), and has proceeded to implement PbS at all facilities. It expects to collect data on incidents of violence and use of force on a daily basis and in a uniform way at all facilities by the end of June 2007.²⁹

3. Personnel

Several experts have reported that compliance in their areas is being hampered by a high level of vacancies and/or delays in the filling of positions.³⁰ In January 2007, the Court ordered that DJJ begin tracking its vacancies so that the issue could be more fully

Exchange). The responsible manager did not fill the two vacancies until February 2007 because he did not feel that he had the time to hire and train new programmers before then. At this time, the responsible manager and the programmer who has worked with WIN for more than a year are fully productive. The two newer programmers are still being trained and not yet as productive. The group is supplemented by two retired annuitants (together a maximum of 1.0 FTE) and a contractor responsible for the WIN Exchange project. In addition to the WIN group, there are 6 additional CDCR EIS staff plus a retired annuitant (maximum 0.5 FTE) dedicated to support other DJJ software applications. Statements of WIN senior programmer to special master during conference call with CDCR counsel July 20, 2007 and e-mail from Pankaj Varshney, CDCR Enterprise Information Systems, to Katie Riley, July 23, 2007.

²⁸ Statements of WIN senior programmer to special master during conference call with CDCR counsel, July 20, 2007.

²⁹ See, Appendix A (Beltz report), p. 6. Collection was supposed to begin November 1, 2006. The delay in implementing the system for data collection is another indication of a need for more IT support than it has been getting.

³⁰ See, text accompanying notes 90 and 91 in the section VI. on education below; *Second Report of the Special Master*, p. 13, 19; *Third Report of the Special Master*, p. 14.

considered.³¹ From February through June 2007, DJJ generated a series of “vacancy reports,” all of which were incomplete and/or inaccurate. In early July, after a lengthy “reconciliation” of staff at all facilities against authorized positions, DJJ provided what it has affirmed is an accurate and complete report of filled and vacant positions. This report is attached hereto as Appendix E. According to the data in DJJ’s report, three facilities have overall vacancy rates under 10% (Close 6%, Nelson 8%, and Pine Grove 4%), three facilities have overall vacancy rates in the range of 11 to 15% (Chaderjian, Preston, and SYRCC), central office and two facilities have overall vacancy rates in the range of 16-20% (Paso, Ventura), and Stark has an overall vacancy rate of 23%.³² Vacancy rates in the youth correctional counselor position range from 2% at Chaderjian to 28% at Stark. Vacancy rates in psychologist (including senior psychologist) positions range from 18% at Ventura to 68% at Stark.³³ The report does not yet effectively address the reasons for the vacancies and strategies to address systemic issues.³⁴

C. Policy Development

One of the basic tenets of the Safety and Welfare Plan is that DJJ is to become a policy-driven system.³⁵ At this time, however, the time it takes to develop and promulgate policy is substantially impeding DJJ’s compliance in this case. DJJ has not, for example, completed the first policies required by the Consent Decree, the Mental Health Remedial

³¹ Case Management Conference Order, January 24, 2007.

³² See, Appendix F, OSM calculations from DJJ staff vacancy report. The Northern California Youth Correctional Center is a part of the Stockton complex of DJJ facilities. It does not house youth unless they are housed at the Outpatient Medical Unit (OHU). Staff assigned to NCYCC provide services to more than one of the Stockton complex facilities. Using the numbers in the DJJ report, the overall vacancy rate at NYCCC is 14%. See, Appendix F.

³³ See, Appendix F.

³⁴ CDCR’s Undersecretary, Kingston Prunty, met with counsel and the special master April 2007 to discuss the staffing vacancies issue. He promised that CDCR/DJJ would provide the information concerning obstacles to filling vacancies and plans to overcome them.

³⁵ See, Safety and Welfare Remedial Plan, p. 8.

Plan and the Safety and Welfare Remedial Plan.³⁶ The staff responsible for policy development are insufficient to the task of producing the amount of new and revised policy that is required by the remedial plans.³⁷

At end of March 2006, DJJ reported that it was “in the process of identifying the complete workload related to policy development and revision” and of developing the master policy table of contents and policy development schedule that were due to be completed in January 2007 according to the Safety and Welfare Plan.³⁸ While these are the appropriate steps for DJJ to be taking, it needs also to create a realistic plan for developing necessary policies within a time frame that is consistent with DJJ’s schedule for implementation of the remedial plans in this case. Pursuant to the Safety and Welfare Remedial Plan, by November 21, 2007, DJJ is required to have “sufficient and appropriate dedicated staffing for developing and maintaining policies for juvenile corrections based on contemporary standards of care and practice.”³⁹ The special master will report on the status of progress towards that goal in her next report.

III. MENTAL HEALTH CARE

A. Mental Health Experts’ Assessment of Licensed Mental Health Care Beds Resource and Need⁴⁰

The mental health experts conducted a preliminary assessment of DJJ’s current resources for licensed mental health care beds against the need for such beds. As the Mental Health Remedial Plan reflects, DJJ must:

³⁶ See, Section III. C, below (mental health policies) and Appendix A (Beltz report), p. 3-4 (policy schedule). DJJ staff informed Monitor Beltz that DJJ had not completed the development of disciplinary, time-add and grievance policies that are overdue under the Safety and Welfare Remedial Plan. Statements of DJJ staff, central office meeting, May 31, 2007.

³⁷ Statements of DJJ staff to Monitor, meeting May 30, 2007.

³⁸ DJJ Quarterly Report (April 2007), Safety and Welfare Remedial Plan Matrix Tracking Document, first page.

³⁹ Safety and Welfare Remedial Plan, pp. 12, 21 and Action Item 2.1.4a.

⁴⁰ The mental health experts have reviewed and approved this section of the special master’s report.

comply with state law and regulations requiring that inpatient health services be provided in licensed facilities. The inpatient level of care includes long term and short term acute, sub-acute and intermediate care that psychiatric units in hospitals provide, and sub- or non-acute care that is provided in skilled nursing or similar facilities for mentally ill persons who require 24 hour nursing and/or related services (see Title 22 California Code of Regulations §§ 79751 and 79753).⁴¹

The mental health experts visited seven of the eight DJJ facilities and participated in a telephone conference with staff at the eighth facility. They interviewed staff and youth, reviewed health care records, and reviewed all available data relevant to assessment of the need for the licensed facility level of care.⁴² Their report of findings and recommendations is attached as Appendix B.

As the experts explain in their report, their analysis is preliminary for a few reasons. First, DJJ is not yet tracking all necessary utilization and needs data; the data that DJJ was able to provide to the experts is incomplete.⁴³ Second, DJJ's population has been decreasing steadily and may continue to decrease. Finally, implementation of reform plans could increase or decrease the need for licensed mental health care beds (e.g., more and better trained staff might identify more patients requiring licensed care or they might be successful in managing youth at facilities and thereby prevent the deterioration or decompensation that requires transfer to a licensed bed).⁴⁴

⁴¹ Mental Health Remedial Plan, p. 35.

⁴² See, Trupin and Lee, *Farrell Experts' Report on Licensed Mental Health Beds in the California Division of Juvenile Justice* (2007), attached as Appendix B, pp. 2-3.

⁴³ The mental health plan requires DJJ to develop the capacity to track the needs and utilization data. See, Mental Health Remedial Plan Standards and Criteria Item 5.21a, b and c. Before and during January 2007, DJJ provided the experts with the data it kept "manually" using Microsoft Excel and maybe other software or systems. The experts worked with DJJ staff to develop a list of data that DJJ would build the capacity to track, first manually and later automatically. The list includes the data that DJJ currently tracks manually, and additional data elements. See, Mental Health Remedial Plan Standards and Criteria Item 5.21.a and b. The experts provided DJJ with a proposed list of data for DJJ to track on March 14, 2007 (date of OSM transmittal e-mail). The experts, special master and DJJ conferred over the experts' suggestions on May 4, 2007. DJJ and the experts reached substantial agreement on the data that would be kept by the end of May 2007, but they still are finalizing the formal written list. In the meantime, the special master has advised DJJ to work on developing the required timetable for the tracking of the new data elements. See, Mental Health Remedial Plan Standards and Criteria Item 5.21c.

⁴⁴ See Appendix B (Lee/Trupin report), pp. 1-2 and Mental Health Remedial Plan 35, 40, 45.

DJJ has access to 40-plus licensed beds by operating one Correctional Treatment Center (“CTC,” 10 beds), having a memorandum of understanding with the Department of Mental Health (“DMH”) (20 bed Intermediate Care Facility or “ICF,” plus access to up to 10 state hospital intermediate care beds) and contracts with two private hospitals. This appears to be more than enough licensed beds to meet the needs of DJJ youth.⁴⁵ There are, however, serious deficiencies both in the interface between DJJ facilities and the licensed bed facilities and in the utilization and distribution of the licensed beds.

First, DJJ does not have access to any licensed beds for acute psychiatric care and crisis stabilization in northern California. Further, almost all of its intermediate level licensed beds are in southern California as well. Adult youth in northern California requiring intermediate licensed care may be placed at Napa State Hospital; otherwise, northern California youth must be transported to southern California for care in a licensed facility. The rigors of transportation for the patient and a concern for family contact apparently serve to deter or delay referrals of northern California youth.

Second, many DJJ clinicians report a hesitancy to refer patients (both male and female) with significant externalizing behaviors and/or “primarily Axis II issues” and/or patients who are likely to be considered “potentially aggressive” by the licensed facilities that serve DJJ. Some clinicians reported a belief that the licensed bed facilities that serve DJJ youth (even DJJ’s own CTC) would not accept such patients; others reported that the licensed facilities would not provide appropriate care because they did not like that kind of patient. The mental health experts found evidence that patients with externalizing behaviors who required a licensed bed level were not always referred and transferred when they should have been. Thus, at this time, DJJ is not adequately meeting the licensed mental health care

⁴⁵ Current utilization is at approximately one-half of capacity. Appendix B (Lee/Trupin report), p. 6.

bed needs of (1) northern California youth and (2) male and female youth with significant externalizing behaviors.⁴⁶

DJJ mental health leadership has been working to improve on the interface between DJJ and licensed bed facilities and to address the problems described above. There have been improvements especially in communication between DJJ facilities and DJJ's CTC at Heman G. Stark and referrals from the facilities to the CTC.⁴⁷ Representatives from DJJ and DMH met in late 2006 and early 2007 and created the "DJJ Coordinated Clinical Assessment Team Process" to facilitate the acceptance and transfers of DJJ youth needing inpatient care to DMH. The mental health plan requires continued periodic meetings between DMH and DJJ to facilitate the appropriate transfers of youth between the agencies and to provide continuity of care.⁴⁸

The mental health experts appropriately defer to DJJ to determine how it will better serve youth needs of its youth for licensed bed mental health care. They suggest that the options for meeting the needs of northern California youth include (1) licensing a DJJ-managed CTC or combination CTC/ICF in a northern California location and (2) greater collaboration with private hospitals and/or DMH. It appears that the number of licensed beds needed in northern California is approximately the same as the number needed in southern California. For as long as DJJ continues to house female youth,⁴⁹ it either needs to improve its collaboration with the private hospital on which it currently relies to provide beds for female youth with significant externalizing behaviors or to improve its capacity to care for females in a CTC facility of its own. Finally, it needs to train and manage its clinical staff in

⁴⁶ See, Appendix B (Lee/Trupin report), pp. 4-7.

⁴⁷ See, *id.*, pp. 5-6.

⁴⁸ See, Appendix A (Beltz report), pp. 8-9.

⁴⁹ DJJ is considering contracts with private providers pursuant to meet the needs of female youth. See, Safety and Welfare Remedial Plan, Item 7.4.

a way that will ensure that its own CTC(s) appropriately admits and treats youth with significant externalizing behaviors.⁵⁰

The mental health plan provides that the expert's licensed bed report was to be provided to the parties by January 31, 2007, and that DJJ was to develop a plan to meet the needs for licensed bed care by May 31, 2007, four months later. This timing would have given DJJ an opportunity to pursue regular funding for fiscal year 2007-08. In fact, the experts' report was provided to the parties at the end of May. DJJ therefore should complete its plan by the end of September. It should take all reasonable steps obtain any necessary funding on a schedule that makes it possible to provide adequate licensed bed mental health care as soon as reasonably possible.

B. Policies And Procedures For Youth With Acute Psychiatric Needs And Potentially Suicidal Youth⁵¹

The Consent Decree requires that, by November 1, 2004, DJJ "develop policies and procedures to immediately provide for the treatment and management of wards on suicide watch and those with acute psychiatric needs." It further requires that these policies and procedures "be adopted to provide interim treatment and management of these wards pending the development and implementation of the remedial plans in this area." The Consent Decree also requires that they "be in the form of criteria that institutions must meet for these wards, including number of hours of clinical intervention per week and maximum number of in-room hours per day."⁵² Finally, it provides for the implementation of these policies and

⁵⁰ See, Appendix B (Lee/Trupin report), pp. 3-7.

⁵¹ The mental health experts have reviewed and approved this section of the special master's report.

⁵² Consent Decree ¶ 7.c.

procedures by December 15, 2004. The parties extended the implementation date to June 1, 2005 by the Mental Health and Rehabilitation Interim Plan filed in April 2005.⁵³

As the special master previously reported, in November 2004, the mental health experts approved, on an interim basis, DJJ's revised policies and procedures governing the observation and management of youth who may be acutely psychotic or at risk to commit suicide. DJJ completed the staff training purportedly needed to implement the interim policies and procedures by December 2005.⁵⁴ Nonetheless, as of September 2006, DJJ had *not* succeeded in implementing them. Though the interim policies and procedures promised "specific measures . . . to minimize isolation" and as much normal activity as was clinically appropriate, in fact suicide watch and high-risk observation continued to be characterized by inappropriate isolation, idleness and deprivation. Almost all youth on suicide watch or high risk observation status were confined alone in observation rooms without any of their normal clothes or possessions, in ungainly suicide resistant clothing, for 21 or more hours per day; they had little human contact or activity when they were allowed out of their rooms. Youth commonly were on high risk observation or suicide watch for a few days.⁵⁵

In September 2006, the mental health experts recommended that DJJ revise the interim watch/observation policies and procedures. The parties and the experts agreed that, by December 2006, DJJ would produce a draft of watch/observation policies and procedures that incorporated more elements of what the mental health experts regarded as good practice.

DJJ produced a draft of revised watch/observation policies and procedures by early

⁵³ The mental health plan did not supersede these Consent Decree requirements. DJJ's compliance efforts and consultation with the mental health experts relative to policies and procedures for meeting the needs of acutely mentally ill and youth at risk for self-injurious behavior proceeded simultaneously with the finalization of the remedial plan.

⁵⁴ *First Report of Special Master*, pp. 32-33.

⁵⁵ *Third Report of the Special Master*, pp. 11.

December 2006.⁵⁶ The mental health experts reviewed the draft and suggested substantial modifications. At this point, DJJ's policy-writing unit assumed primary responsibility for drafting the policies and procedures. DJJ gave the policy unit's draft to the experts, the OSM and plaintiff's counsel in late March 2007.⁵⁷ The experts suggested modifications of that draft as well and DJJ responded to the suggestions by providing another revised draft at the end of April, 2007.⁵⁸ In early May, the mental health experts generally approved the April version as a substantial step forward. They and plaintiff's counsel urged DJJ to finalize and implement it. The draft had not been finalized and promulgated by mid-June 2007 when the experts provided further and more specific comments and recommendations. Due to DJJ internal concerns consistent with one of the experts' latest recommendations, DJJ is making a further significant revision.⁵⁹ It expects to promulgate the finalized policies and procedures by mid- or late-October.⁶⁰

With the further revision, the mental health experts find that the substance of the DJJ's draft policies and procedures is generally consistent with contemporary standards for basic management of potentially self-harming youth. They recommend that the draft be finalized, promulgated and implemented and that DJJ develop further policies concerning the treatment of potentially self-harming youth. As a part of implementation, DJJ will have to provide systemic training on the new policies and procedures including training for clinicians that clarifies their responsibilities and options. The mental health experts also reiterate their

⁵⁶ Ugarkovich e-mail with draft, December 8, 2007.

⁵⁷ Angus e-mail with draft, March 29, 2007. The time it took to complete a policy in draft on an expedited basis is consistent with other evidence that DJJ does not have sufficient resources and/or systems for the policy development that is necessary for the reform charted by the remedial plans.

⁵⁸ Angus e-mail with draft, April 20, 2007.

⁵⁹ Angus e-mail, July 18, 2007.

⁶⁰ *Ibid.*

longstanding strong recommendation that DJJ provide its clinicians with training that increases their skillfulness in treating self-harming youth.⁶¹

C. Other Mental Health Policies

The mental health plan requires DJJ, after consultation with the Consent Decree mental health experts and by January 31, 2007, to adopt formal criteria delineating levels of mental health care.⁶² DJJ sent the mental health experts a proposed draft of formal levels of care criteria on June 13, 2007, inviting their comments and recommendations.⁶³ The experts will provide their feedback by the end of July 2007.

The mental health plan also requires, as of December 31, 2006, that DJJ develop written policies and procedures on the transfer of youth requiring long-term inpatient care to DMH, or their return to the committing court.⁶⁴ These policies and procedures have not been developed.⁶⁵

D. Mental Health Infrastructure

DJJ has yet to appoint a “senior administrator with experience in implementing mental health programs to oversee and direct implementation of [the mental health] remedial plan and its coordination with other plans.” This appointment was due by the end of February 2007.⁶⁶ It has yet to establish and activate the dedicated mental health training

⁶¹ As discussed in the *Second Report of the Special Master*, the mental health experts recommended particular cognitive behavioral training pursuant to ¶13 of the November 30, 2005 Stipulation Regarding Safety and Welfare Remedial Plan and Mental Health Care Remedial Plan (“November 30 Stipulation”) in May 2006. Indeed, the parties included ¶13 in the November 30 stipulation based on the advice of Dr. Trupin, one of the mental health experts. DJJ was not in a position to contract for that or similar training at that time. See, *Second Report of the Special Master*, pp. 11-12. The mental health experts have continued to urge training for clinicians in an evidence-based approach to the treatment of potentially self-harming youth as a first step in the development and implementation of DJJ’s Integrated Treatment Model.

⁶² Mental Health Remedial Plan Standards and Criteria Action Item 5.6.a.

⁶³ Ugarkovich e-mail with draft, June 13, 2007.

⁶⁴ Mental Health Remedial Plan Standards and Criteria Action Item 5.19.

⁶⁵ See Appendix A (Beltz report), pp. 16-17.

⁶⁶ See, Appendix A (Beltz report), p. 11; Mental Health Remedial Plan pp. 75-76 and action item 12.1 and 12.3.

team that the mental health plan requires by January 31, 2007.⁶⁷ This again is a matter of building the capacity for change.

Achieving “pay parity” with CDCR for clinical mental health positions, in April 2007, was a step towards addressing the important issue of clinical vacancies.⁶⁸ But the mental health experts have repeatedly urged that DJJ enhance its clinicians’ skills and begin to implement a uniform evidence-based treatment approach in the mental health treatment program units.⁶⁹ They have not yet observed progress in these areas.⁷⁰ The mental health plan requires appointing the experienced senior administrator and creating and activating the mental health training team as first steps in building DJJ’s capacity to implement the Mental Health Remedial Plan in coordination with other plans.

IV. MEDICAL CARE

The Consent Decree medical experts completed their first round of monitoring compliance with the Health Care Services Remedial Plan in March 2007. They were prepared to submit their first monitoring report in April 2007 when DJJ raised new substantial concerns about the standards and criteria they were using in their report.⁷¹ DJJ made detailed requests for extensive additional modifications to the standards and criteria in early May 2007. The experts considered the concerns and specific suggestions carefully and

⁶⁷ *Ibid.*

⁶⁸ *Id.*, at 9; statements of DJJ chief psychiatrist to special master June 2007.

⁶⁹ Appendix B (Lee/Trupin report), p. 7, 8; Lee/Trupin, Mental Health Experts Review of N.A. Chaderjian Youth Correctional Facility, p. 4; repeated statements of Drs. Lee and Trupin during meetings over the mental health plan leading to its completion and filing in October 2006. See also, Safety and Welfare Remedial Plan, pp. 42-43, Items 5.1 and 5.2 (treatment program design due May 30, 2007; treatment model due August 1, 2007) and Mental Health Remedial Plan p. 30 (treatment in residential mental health programs is based on the overall integrated treatment model, with additional psychiatric services)

⁷⁰ Lee/Trupin, Mental Health Experts Review of N.A. Chaderjian Youth Correctional Facility, p. 4; statement of Eric Trupin to special master during telephone call July 18 (during site visit at Heman G. Stark).

⁷¹ The experts had prepared the draft standards and criteria during the summer of 2006, in consultation with the parties and the special master. They “field-tested” the standards and criteria during their first round of site visits conducted September 2006 through March 2007, and modified them based on the field-test. The experts had thought that the parties had advised them of all substantial concerns during the process of preparing the version that they field-tested beginning in the fall of 2006.

considerably modified the standards and criteria. The parties met with the experts and the special master to finalize the standards and criteria on May 30, 2007. Agreement was reached in principle as to all issues. The medical experts promulgated their final version of the standards and criteria and their first report soon after, in early July 2007. The report of their first round of monitoring will be filed with the special master's next report.

Without the benefit of a report from the medical experts, the special master can provide an update on some matters noted in the *Third Report of the Special Master*. The increase in the salary for the central office Pharmacy Manager position resulted in the filling of that long vacant position in March, 2007.⁷² DJJ has not yet been able to replace the Clinical Records Administrator it lost in September 2006, however. It reports that this is a difficult position to fill state-wide for all state agencies that have such a position without indicating why this is so. It put in a request for contract to CDCR to secure coverage for the position in December 2006, and informed CDCR that this was the highest priority of its requests for contracts for medical services, but that request has not yet been acted upon.⁷³

As illustrated by the situation with the request for a contract to cover the Clinical Records Administrator position, DJJ's efforts to cover vacant medical (and mental health) positions by contract continue to be hindered by the failure of CDCR contracts staff to process their contracts requests to completion. Since the reorganization that made it part of CDCR, DJJ has not had its own contracts staff and it is dependent upon CDCR to process its requests for contracts. A majority of DJJ's requests for medical contracts made during the last fiscal year have languished for six to twelve months without being processed to

⁷² Statements made during special master meeting with certain DJJ central office health services staff including the pharmacy manager, June 4, 2007; DJJ Quarterly Report (April 2007), Health Services Remedial Plan section, part II.

⁷³ *Ibid*, and statements made during special master meeting with DJJ central office health services staff and CDCR contracts staff, June 13, 2007.

completion. During the past year, DJJ health services staff responsible for making and tracking contract requests for DJJ have not been able even to get regular and current information about progress in the processing of DJJ contract requests. Their priorities for the order in which their requests are processed have not been respected. They have not been able to control the terms of the contract proposals put out on their behalf. They have given up on making requests for contracts that they know do not fit CDCR's standard model for health services contracts.⁷⁴

The DJJ central office staff responsible for requesting medical contracts and the CDCR managers responsible for processing the requests met in June 2007 as a part of determining the status of DJJ requests for medical contracts. They developed an action plan and met again in July.⁷⁵ CDCR has assigned additional staff to DJJ to improve DJJ's ability to interface with CDCR to get its contracting needs met.⁷⁶

V. SEXUAL BEHAVIOR TREATMENT PROGRAM

As the special master reported in her last report, the critical work of DJJ's sexual behavior treatment consultant was stalled for approximately 13 months by delays in payment and contract renewal.⁷⁷ The consultant's contract finally was renewed in April 2007. The sexual behavior treatment expert is in the middle of a round of monitoring and intends to complete a report for filing with the next report of the special master.

⁷⁴ See, Appendix C (special master's memorandum re medical contracting), p. 3.

⁷⁵ Agreements made during June 13, 2007 meeting of special master, CDCR contracts staff and DJJ medical administrative staff; Katie Riley statement to special master July 6, 2007, as the July meeting was about to begin.

⁷⁶ See, Appendix C (memorandum concerning medical contract requests).

⁷⁷ *Third Report of the Special Master*, p. 16.

VI. EDUCATION

The Consent Decree education experts, Drs. Thomas O'Rourke and Robert Gordon, conducted their second round of compliance audits at all DJJ facilities during the period September 2006 through April 2007. Their second Summary Education Program Report with two appendices is attached as Appendix D.⁷⁸ The summary report displays compliance status for each facility, the audit criteria and recommendations where action is required to remediate serious deficiencies. The detailed reports and comprehensive recommendations should guide DJJ's continuing reform efforts in the area of education for regular and special education students. In the following summary, the special master will highlight findings and recommendations concerning systemic issues that appear to be critical to compliance with the Education Remedial Plan ("education plan").⁷⁹

The education experts found significant improvement in compliance from their first to second round of monitoring, and further improvement over the course of the second round; the last three facilities monitored showed progress on systemic issues beyond that achieved in the facilities monitored earlier.⁸⁰ Comparing the second round audits to the first round audits, every DJJ school site except Lyle Egan High School at Heman G. Stark increased its proportion of "substantial compliance" audit items and decreased its proportion of "non-compliance" audit items.⁸¹ The experts attribute some of the improvement to the success of

⁷⁸ The experts provided the special master, and the special master provided the parties, with the individual facility audits as they were completed.

⁷⁹ The education experts have reviewed and approved this summary.

⁸⁰ Statements of both experts to the special master during telephone discussions June 12 and 15, 2007. The last three facilities monitored were James A. Weiden High School at Preston, Mary B. Perry High School at Ventura and Jack B. Clarke High School at SYCRCC.

⁸¹ *Cf.*, O'Rourke, Gordon "California Education Services Remedial Plan Summary Report, Attachment B (May 2006), attached as Appendix G to the *Second Report of the Special Master*, to Attachment B of this year's report attached as Appendix D. Unlike the other sites, Lyle Egan High School failed to prepare for the education experts' audit and failed to provide the experts with the documentation they require for their audits. Statement of Thomas O'Rourke during telephone discussion with the special master, June 12, 2007. Though

DJJ's special training session for education managers from all facilities designed to improve their understanding of the auditing requirements related to the educational program.⁸² The state-wide availability of the educational policies in electronic format has increased access to the educational requirements.⁸³ The experts recommend continued ongoing state-wide training in all areas of partial and noncompliance.⁸⁴

With the N.A. Chaderjian High School having regained its accreditation, all of DJJ's school sites are accredited by the Western Association of Colleges and Schools.⁸⁵ DJJ continues to meet all DOE and WASC standards for textbooks, library books and educational supplies⁸⁶ though most of the school sites have failed to meet the education plan requirements for the automated library system and mini-libraries on housing units.⁸⁷ DJJ continues to make progress in screening, identifying and providing services to English Language Learner eligible students.⁸⁸

Though progress is being made in the teacher recruitment and hiring process, only two school-sites were able to finalize hires within a reasonable period of time.⁸⁹ This prolongs vacancies and reduces DJJ's chance of hiring the most competitive candidates.⁹⁰

DJJ has increased the number of students who are offered a transition class to prepare them for successful re-integration into the community and made this class a part of the

this failure is troubling, it is anticipated that the facility will regain ground in the audit results next round. The negative audit results this round – a 20% increase in “non-compliance” audit items – likely reflects a lack of documentation rather than actual circumstances or practices in some areas.

⁸² O'Rourke and Gordon e-mail and memorandum to special master, June 5, 2007.

⁸³ See, Appendix D, Attachments A and B, Item 4.24.

⁸⁴ O'Rourke and Gordon e-mail and memorandum to special master, June 5, 2007.

⁸⁵ See, Appendix D, Attachments A and B, Item 1.1.

⁸⁶ See, Appendix D, Attachments A and B, Item 4.5.

⁸⁷ See, Appendix D, Attachments A and B, Items 4.8 and 4.19.

⁸⁸ See, Appendix D, Attachments A and B, Item 1.7.

⁸⁹ See, Appendix D, Attachments A and B, Item 2.4.

⁹⁰ O'Rourke and Gordon e-mail and memorandum to special master, June 5, 2007.

required curriculum.⁹¹ More attention should be paid to the development of transition plans specifically designed to meet the identified needs of special education students as specified in their Individual Education Plans (“IEPs”).⁹²

The implementation of the standardized academic calendar and the five-period school day this year is a significant step toward providing a sufficient number of courses to meet the needs of the student population.⁹³ The five-period school day is not yet being used to full advantage, however, because so many students are not attending or are not even scheduled to attend for an average of 240 minutes daily.⁹⁴

Six of eight school sites continue to be in substantial compliance with the requirement to develop High School Graduation Plans (“HSGPs”). Most schools did not conduct the required HSGP semi-annual reviews.⁹⁵ School administrators must monitor the process of semi-annual reviews to ensure that students are making progress towards graduation.

Many DJJ students are *not* making sufficient progress towards graduation and other educational goals due to absenteeism and class cancellations.⁹⁶ The school sites generally failed to provide the compensatory services that are required for special education students to make up for missed and cancelled classes. Strategies outlined in the remedial plan to improve school attendance must be implemented at both the central office and site levels

⁹¹ See, Appendix D, Attachments A and B, Item 1.8.

⁹² In the development of special education transition plans, there is a need to document the acquisition of functional skills and hands-on-knowledge that would enable the student to re-enter the community and continue education or training. IEPs reviewed at all sites contained transition goal outcomes that were vague and not measurable. Teachers are aware of transition plan limitations and express optimism that form revisions expected as a result of the new IDEA requirements would enable them to address this deficiency. Templates and checklists covering transition plan development requirements have been provided by the reviewers to DJJ central office and site-based administrators and are currently being reviewed for implementation. O’Rourke and Gordon e-mail and memorandum to special master, June 5, 2007; *see also*, Appendix D, Attachments A and B, Item 5.19.

⁹³ See, Appendix D, Attachments A and B, Items 3.1 and 3.2.

⁹⁴ O’Rourke and Gordon e-mail and memorandum to special master, June 5, 2007.

⁹⁵ See, Appendix D, Attachments A and B, Item 1.4.

⁹⁶ See, Appendix D, Attachments A and B, Items 1.5/6 and 3.15.

(e.g., the education plan requires policy and procedure to eliminate class cancellations, plans to remediate deficient attendance, and attendance incentives).⁹⁷ Additional available substitute teachers are needed to prevent class cancellations due to teacher absences.⁹⁸

A year ago, the education experts and the special master commented on the critical need for plan-required written cooperative agreements at each DJJ facility detailing how custody, treatment and education management and staff are to work together to ensure that youth receive all necessary services, including their full school day.⁹⁹ The last two facilities that the experts audited this round, in April 2007, had written cooperative agreements in compliance with a written directive of DJJ's chief deputy secretary.¹⁰⁰ It is expected that the other facilities will also implement the provisions of the directive prior to the next cycle of site reviews.

Cooperative agreements should begin to address student absenteeism due to conflicts between treatment appointments and class schedules. The Consent Decree education and mental health experts have all recommended that DJJ study the feasibility of incorporating mental health and rehabilitative treatment services into the school curriculum within the five-period day or potentially by adding a sixth period dedicated to this purpose. This extended use of available school space and personnel would enable students to earn elective course credit toward meeting high school graduation requirements in addition to reducing conflicts between education and treatment programming.¹⁰¹

⁹⁷ See, Appendix D, Attachments A and B, Items 3.18, 3.19, 3.20 and 3.29.

⁹⁸ See, Appendix D, Attachments A and B, Item 2.6. Substitute teacher lists were often found to be inaccurate and did not reflect the actual number of substitute teachers available on a consistent basis. *Ibid.*

⁹⁹ See, *Second Report of the Special Master*, p. 19.

¹⁰⁰ O'Rourke and Gordon e-mail and memorandum to special master, June 5, 2007. See also, Appendix D, Attachments A and B, Item 3.16.

¹⁰¹ O'Rourke and Gordon e-mail and memorandum to special master, June 5, 2007.

Another cause of student absenteeism is the practice of excluding youth from school for their disruptive behavior. None of the sites has fully implemented a formal school behavior management system with a highly structured alternative behavior management classroom, as required by the education plan. The education plan requires a behavior management system and a structured alternative classroom to meet the dual objectives of maintaining order in classrooms and keeping students in school. The education plan also provides for a Student Consultation Team (“SCT”) to intervene with students with academic or behavior problems. Only Weiden High School at Preston had a Student Consultation Team that was fully functioning according to DJJ policy and procedures.¹⁰²

Instructional programs for both regular and special education students in the restricted settings continue to be inadequate. Segregated students are not offered access to full school day programming at any of the schools. Central office and site-based administrators should pursue the use of technology, including distance learning, to increase educational service hours without compromising security for segregated students. Additional staff and instructional space must be identified and provided in order to ensure equal educational access to these students.¹⁰³

All sites have excellent vocational facilities. Technical job studies and surveys for vocational course planning have been instituted state-wide. Student enrollment in vocational classes continues to be very low. Full utilization of these facilities and staff should be a

¹⁰² O’Rourke and Gordon e-mail and memorandum to special master, June 5, 2007. *See also*, Appendix D, Attachments A and B, Items 3.5-3.13, 3.33-3.35. The Weiden High School SCT model should be shared with the other sites and replicated. Continued training needs to occur with policies and procedures related to the SCT. O’Rourke and Gordon e-mail and memorandum to special master, June 5, 2007.

¹⁰³ O’Rourke and Gordon e-mail and memorandum to special master, June 5, 2007. *See also*, Appendix D, Attachments A and B, Items 3.36-3.39.

priority for central office and site-based administrators to ensure that students are provided with employment skills to prepare them to re-enter the community.¹⁰⁴

DJJ has developed curriculum guides that align core and vocational courses with the California Education Code for Public Schools. Core academic guides are now electronically available; they are a valuable tool to the classroom teachers.¹⁰⁵

Quarterly teacher observations were *not* being consistently conducted at any of the school sites. Site-based administrators must consistently conduct quarterly teacher observations to document evidence of instructional planning, use of course syllabi and delivery of the state approved curriculum. Observations with documentation must be based on the rubric for classroom observation aligned with the California Standards for the Teacher Profession (“CSTP”).¹⁰⁶

The experts found consistent deficiencies in the provision of services to special education students.¹⁰⁷ They recommend particular attention by central office staff and school site-based education administrators to special education training and that follow-up be focused on formally measuring implementation of special education training objectives.¹⁰⁸ Substantial special education training was documented during the past year, but it appears to have had modest impact. Next steps include improving continuity of services as students

¹⁰⁴ O’Rourke and Gordon e-mail and memorandum to special master, June 5, 2007.

¹⁰⁵ See, Appendix D, Attachments A and B, Items 4.1-4.4.

¹⁰⁶ See, Appendix D, Attachments A and B, Items 3.1 and 3.2.

¹⁰⁷ See also, Appendix D, Attachments A and B, Section V.

¹⁰⁸ The regional program specialists are now conducting quarterly site reviews at each school. They appear to be monitoring the school’s compliance in each special education area covered by the consent decree. The education experts recommend that central office and site-based administrators develop a system for monthly follow-up on the monitoring recommendations and to continue to update the current Special Education Manual to include changes mandated by IDEA revisions and No Child Left Behind legislation. Each assistant principal responsible for special education programming should be responsible to follow-up on the monitoring recommendations of the regional program specialists to assure their implementation. O’Rourke e-mail to special master, June 15, 2007.

enter DJJ and move between DJJ facilities¹⁰⁹ and addressing many deficiencies in the processes for development and implementation of IEPs.¹¹⁰ The on-going issues of errors in the WIN management information system and difficulties establishing an interface between the WIN system and the special education data must be resolved.¹¹¹

Beginning with the 2005-2006 monitoring cycle, the education experts and the special master highlighted the problem posed by the fact that DJJ does not have a permanent superintendent of education to develop and carry out the educational program state-wide. Though DJJ has improved its level of compliance with the education plan over the past year, it still is plagued by what have been intractable problems that result in DJJ students being provided far less education than they are entitled under state law. It will require the leadership of a strong and secure superintendent of education, backed by the chief deputy secretary, to effectuate the changes that are necessary. More work needs to be done to ensure

¹⁰⁹ At most sites the system for requiring receipt of complete educational records for all students entering the DJJ system from the community or transferring from one facility to another has not been fully implemented. Adherence to policies and procedures for records transfer needs to be monitored by central office and site administrators. There has not been any progress in the development of written policy, procedures or practices that would require that the CYA and clinic administrators work collaboratively with Intake and Court Service units to ensure compliance with regulations regarding the provision of IEP's prior to the acceptance of the physical custody of the student. O'Rourke and Gordon e-mail and memorandum to special master, June 5, 2007. *See also*, Appendix D, Attachments A and B, Section V.

¹¹⁰ School sites must immediately implement IEPs of incoming students. Any IEP change must be made by the IEP committee with adequate documentation or rationale. IEP's written by DJJ staff must address how the student's disability affects involvement in the general curriculum. All sites must improve the provision of general education classes in the frequency and duration indicated in IEPs. When the IEP requires access to the general curriculum, such access and a full school day must be provided. Supplemental aids and program modifications that support the student's involvement in the general curriculum must also be provided. IEP meetings must be held within the prescribed time frame and documentation must be maintained indicating that regular education teachers not present at the IEP meetings were made aware of the IEP provisions for students in their classes. Teachers must document progress reviews of IEP benchmarks and, when necessary, make IEP changes based on progress or lack of progress. Special education eligibility documents must be kept current according to guidelines. Central office and site-based administrators must address all of the issues of students' access and attendance in order to achieve compliance with both the Consent Decree and IDEA requirements. Central office and site-based administrators must not only monitor the completion of reports but also take responsibility for accuracy and timeline expectations to ensure quality control. O'Rourke and Gordon E-mail and Memorandum to special master, June 5, 2007. *See also*, Appendix D, Attachments A and B, Section V.

¹¹¹ O'Rourke and Gordon e-mail and memorandum to special master, June 5, 2007. *See also*, Appendix D, Attachments A and B, Section V.

that school principals have the level of autonomy from facility superintendents necessary for the principals to be able to manage the education program to meet the needs of the youth population.

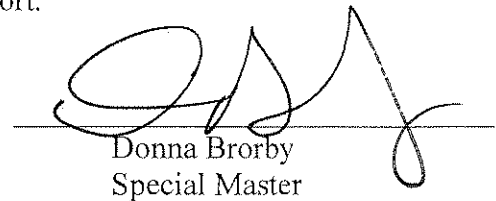
VII. ACCESS FOR YOUTH WITH DISABILITIES

The disabilities expert has completed his second round of monitoring. He submitted his second round report in late June 2007. The special master will file it with her next report.

VIII. CONCLUSION

The special master respectfully submits this report.

Dated: June 18, 2007



Donna Brorby
Special Master

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PROOF OF SERVICE

I, James Eno, declare that:

I am employed in the City and County of San Francisco, California. I am over eighteen years of age, and not a party to the within cause; my business address is 605 Market Street Ninth Floor, San Francisco, California 94105-3211.

On July 30, 2007, I caused to be served the attached FOURTH REPORT OF SPECIAL MASTER on the parties in said cause by placing in a United States mailbox a true copy thereof enclosed in a sealed envelope, with postage thereon fully prepaid, addressed as follows:

Monica N. Anderson
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I declare under penalty of perjury that the foregoing is true and correct, and that this declaration was executed on July 30, 2007 at San Francisco, California.

James Eno

Appendix A
Beltz, Monitor's Report on Findings (June
2007)

**Selected Safety and Welfare and Mental Health Remedial Plan Audit Items: Report of Findings
June 2007
Monitor Cathleen Beltz**

On February 28, 2007, the monitor submitted formal requests for documentation of DJJ's compliance with certain Safety and Welfare Remedial Plan and Mental Health Remedial Plan requirements. Requested documentation covered items designated to be monitored by the Office of the Special Master ("OSM") with implementation deadlines through January 1, 2007. On April 19, 2007, the OSM received some of the requested documentation. On May 11, 2007, the monitor sent a second formal request for the remaining items with implementation deadlines through January 1, 2007 as well as safety and welfare plan OSM monitoring items with implementation deadlines through March 2007.

In May 2007, the monitor conducted site visits at three facilities and met with staff at DJJ's central office to obtain information about (1) DJJ's compliance with all safety and welfare plan action items designated to be monitored by the OSM with deadlines through March 2007, (2) mental health plan action items designated to be monitored by the OSM with deadlines through March 2007 and (3) additional mental health plan action items, at the request of the mental health experts for their review, with deadlines through March 2007.¹ This report covers DJJ's compliance with safety and welfare plan and mental health plan items that were monitored wholly at DJJ central office. Items requiring site visits will be reported on in the next report, after the monitor completes the current round of site visits.

I. Safety and Welfare Remedial Plan

¹ The monitor visited O.H. Close on May 22, 2007, N.A. Chaderjian on May 23, 2007 and DeWitt Nelson on May 30, 2007. On May 31, 2007, the monitor met with staff at DJJ central office: Doug Ugarkovich, Ed Morales, Paul Woodward, Cynthia Flores-DeLyon, Sue Easterwood, Eleanor Silva, Susan Sonoyama-Jenkins and Jay Aguas. In finalizing this report, the monitor had follow-up telephone conversations with DJJ staff in June 2007: Dorene Nylund, Paul Woodward, Yvette Marc-Aurette, Ramon Martinez and Bob Eden.

A. Add Central Office Staff (S&W 2.1)²

The Safety and Welfare Remedial Plan requires that DJJ fill several key central office positions and establish teams of DJJ staff to manage and guide the reform effort.³ Appointees to these positions/teams are responsible generally for leading, managing and facilitating the implementation of the remedial plans and specifically for program and policy development and implementation, training and quality assurance.

The safety and welfare plan requires that DJJ appoint a director of programs.⁴ The implementation deadline for this requirement was October 1, 2006.⁵ According to DJJ's draft organizational charts provided in 2006 and 2007, that position reports directly to the chief deputy secretary and supervises the heads of all treatment and rehabilitation programs. To date, the director of programs position remains unfilled.⁶

The safety and welfare plan also requires that DJJ hire/appoint a *Farrell* project manager. The implementation deadline for this requirement was October 1, 2006. The position was filled from October 1, 2006 through most of January 2007. During that period, DJJ improved its tracking of *Farrell* commitments and its responsiveness to information requests from experts and the OSM. The position has been vacant since January 2007.⁷

The safety and welfare plan requires that DJJ create three central office teams: the program development and implementation, the temporary transition and the compliance teams. The implementation deadline for this requirement was October 1, 2006. These teams are

² "S&W 2.1" refers to section 2.1 of the Safety and Welfare Remedial Plan Standards and Criteria. All "S&W" citations are to section/items of Safety and Welfare Remedial Plan Standards and Criteria.

³ See, Safety and Welfare Remedial Plan, pp. 19-21.

⁴ *Id.* at 20.

⁵ *Ibid.*

⁶ Statements of DJJ staff, central office meeting, May 2007.

⁷ On July 16, 2007, DJJ reported that it appointed Carmen Delgado as *Farrell* project director. E-mail, Michelle Angus, July 2007.

responsible for (1) program development, implementation, training and quality assurance, (2) facilitating implementation of the reform plan and cultural change and (3) monitoring compliance with the *Farrell* remedial plans.⁸ The three teams are supposed to include at least 11 members plus dedicated analysts and support staff as necessary. The safety and welfare plan also requires hiring an additional 18 trainers and quality assurance specialists. The implementation deadline for this requirement was June 30, 2007.⁹

DJJ provided the OSM with a list of 16 individuals and duty statements for “Integrated Behavior Treatment Model Trainer[s]” for each of nine staff classifications: Chief Psychologist (2), Lieutenant (1), Sergeant (1), Parole Agent II (Supervisor) (2), Parole Agent II (Specialist) (3), Supervising Casework Specialist I (3), Supervisor of Correctional Education Programs (3), Training Officer I (1) and Treatment Team Supervisor (2). The 16 individuals comprise the current program development and implementation team.¹⁰ DJJ central office staff report that team positions are single assignments and that no one on the team is concurrently assigned other duties. Team members were unavailable for interview the day of the central office meeting because they were off-site training.¹¹ Formation of the temporary transition and temporary compliance teams have been on hold pending designation of the project director.¹²

B. Policy Development (S&W 2.1.4a)

The safety and welfare plan requires that DJJ create a master schedule for updating DJJ policy.¹³ The implementation deadline for this requirement was January 31, 2007.¹⁴ DJJ has not

⁸ See, Safety and Welfare Remedial Plan, pp.19 and 21.

⁹ See, Safety and Welfare Remedial Plan, p. 21.

¹⁰ Statements of DJJ staff, central office meeting, May 2007.

¹¹ *Ibid.*

¹² *Ibid.*

¹³ S&W 2.1.4a

¹⁴ *Ibid.*

created the policy schedule.¹⁵

C. Update Job Descriptions (S&W 2.2.6)

The safety and welfare plan requires that DJJ update job descriptions “for all living unit and management staff at the treatment team leader and above, incorporating duty requirements and performance measures consistent with agency policy. . .” The implementation deadline for this requirement was January 31, 2007.¹⁶ The monitor requested, but DJJ did not provide updated job descriptions.

D. Management Information Systems (S&W 2.3.2, 2.3.3a, 2.3.3b and 2.3.3c)

The safety and welfare plan requires that DJJ complete the “WIN exchange.”¹⁷ The implementation deadline for this requirement was January 1, 2007.¹⁸ The “Ward Information Network” (“WIN”) is DJJ’s database for stored information about youth confined in DJJ facilities. Information is entered into WIN at each facility and is stored on site. The WIN exchange is the consolidation and transfer of information currently stored at each site into a master database that will allow for the sharing of that information among facilities. Information stored in WIN will include among other data, medical and mental health notes, referrals for treatment, education information, accommodations required for youth with disabilities, disciplinary and grievance information, restricted program data and case notes. Completion of the WIN exchange has been delayed until August 1, 2007 to allow for system testing and staff training on new features.¹⁹

¹⁵ Statements of DJJ staff, central office meeting, May 2007.

¹⁶ See, Safety and Welfare Remedial Plan, p. 21 and S&W 2.2.6 audit criteria.

¹⁷ See, Safety and Welfare Remedial Plan, p. 22.

¹⁸ *Ibid.*

¹⁹ Statements of DJJ staff, central office meeting, May 2007 and follow-up telephone conversation, June 2007. The date for the completion of the WIN exchange was originally postponed to March 31 (DJJ memorandum “Deadlines for All Remedial Plans Through January 2007”), then to May 31, 2007 (Krisberg, *Interim Report on Standards and Criteria for the S&W Plan*, April 2007 (“*Krisberg Interim Report*”), p.5).

The safety and welfare plan requires that DJJ contract for the implementation of Performance-based Standards (“PbS”) and assign facility level and state wide PbS coordinators.²⁰ The implementation deadline for this requirement was September 1, 2006. DJJ provided a copy of the first page of a contract between DJJ and PbS for the term October 10, 2006 - June 30, 2007. The contract was approved October 23, 2006. DJJ has assigned a state-wide PbS coordinator and each facility has assigned PbS coordinators and an additional AGPA (assistant government program analyst) or SSA (staff services analyst) to coordinate data collection and input.²¹ The monitor interviewed the state-wide and facility PbS coordinators and AGPAs/SSAs at O.H. Close, N.A. Chaderjian and DeWitt Nelson. All of these coordinators and analysts demonstrated an understanding of PbS and all reported that they had sufficient time to perform all duties in the PbS duty statements.

E. Tracking Violence and Use of Force (S&W 3.5 and 3.6a)

The safety and welfare plan requires that DJJ develop and utilize databases that reliably track incidents of violence, injuries to youth and staff and use of force.²² The implementation deadline for this requirement was January 1, 2007.²³ DJJ was to consult with the safety and welfare expert, plaintiff’s counsel and the special master in creating the system.²⁴ In July – September 2006, the OSM was consulted and provided input to then Director of Facilities, Ed Wilder. At that time, Mr. Wilder expected a new uniform reporting format for daily security operational reporting by the fall of 2006.²⁵ In March 2007, DJJ consulted *Farrell* Safety and Welfare Expert, Dr. Barry Krisberg, regarding its tracking and reporting system. Dr. Krisberg is

²⁰ See, Safety and Welfare Remedial Plan p. 22.

²¹ See, Attachment 1, Duty Statement for SSA Performance Based Standards.

²² See, Safety and Welfare Remedial Plan p.31; and S&W 3.5 audit criteria.

²³ *Ibid.*

²⁴ *Ibid.*

²⁵ E-mail, OSM to Anderson, Hanretty and Wilder, September 27, 2006.

expected to report on the system in August 2007. Plaintiff's counsel has not yet been consulted.²⁶ DJJ claims that by the end of June 2007, modifications to its daily security operational reporting format combined with data it will collect using COMPSTAT will satisfy the safety and welfare plan requirements.²⁷

The safety and welfare plan requires that DJJ begin implementing Performance-based Standards ("PbS"), tracking injuries to youth, injuries to staff, injuries to youth by other youth, assaults on youth and assaults on staff.²⁸ The implementation deadline for this requirement was November 1, 2006.²⁹ These data will allow DJJ to report PbS Safety outcome measures 2-4, 11 and 12 for every day of the year.³⁰ This tracking is now scheduled to begin by the end of June 2007 with the modified daily operational security reports.³¹

F. System Reform for Females (S&W 7.0 and 7.4)

The safety and welfare plan requires that DJJ issue a request for letters of interest from local government entities and qualified private parties to provide "secure residential and rehabilitative" contract services to DJJ's female population.³² The plan also requires that DJJ request legislative authority and funding to contract for those services.³³ The implementation deadline for these requirements was July 1, 2006.³⁴ DJJ complied with these requirements.

DJJ sent a formal request for information regarding contract services for girls and young women to approximately 150 stakeholders and potential bidders in April 2006.³⁵ DJJ received

²⁶ Correspondence, Sara Norman, July 5, 2007.

²⁷ DJJ initially reported that the databases would be complete by February 28, 2007 (DJJ "Deadlines for All Remedial Plans Through January 2007").

²⁸ See, Safety and Welfare Remedial Plan, p. 26; and S&W 3.5 audit criteria.

²⁹ *Ibid.*

³⁰ S&W 3.5 audit criteria and master schedule.

³¹ Statements of DJJ staff, central office meeting, May 2007.

³² See, Safety and Welfare Remedial Plan p. 58.

³³ *Ibid.*

³⁴ *Ibid.*

³⁵ DJJ provided the OSM a copy of a cover letter to "Juvenile Justice Stakeholders/Potential Bidders" from Bernard

24 responses to its request, 10 from private and non profit entities and 14 from county probation departments.³⁶ DJJ received legislative authorization and funding for contract services.³⁷

Since the request for information and receipt of responses, DJJ has consulted with national experts on gender-responsive programming and issued a request for proposals for services for girls and young women, which Dr. Krisberg will address in his August 2007 report.³⁸

G. Designation of Community/Court Liaison Staff (S&W 8.1.2)

The safety and welfare plan requires that DJJ begin improving communication with county agencies by designating staff as community/court liaisons.³⁹ The implementation deadline for this requirement was December 1, 2006. The liaisons are responsible for improving “communication, relationships, and collaboration with community, courts, probation and law enforcement.”⁴⁰ Their responsibilities include, “interpreting and clarifying intake policies and procedures and assisting counties with identifying alternative strategies for youth rejected by DJJ.”⁴¹ In addition, the liaisons will “track cases that are rejected, identify trends in commitments, and monitor requests for court documents and corrections to commitment orders” and “help expedite the flow of information between committing counties and DJJ and facilitate the physical acceptance of new commitments.”⁴²

DJJ created four Intake, Court and Community Liaison positions. The first position was filled in October 2006 and the second and third were filled in November 2006. A fourth position

Warner, dated April 17, 2006, and a formal “Request for Information” regarding contract services for girls and young women as well as an “RFI Master Mailing List” with 154 recipients.

³⁶ DJJ provided copies of responses to requests for information.

³⁷ *Krisberg Interim Report* and excerpt from Governor’s budget proposal for Juvenile Safety and Welfare Remedial Plan requesting an additional \$5.2 million for FY 2005-06 and \$47.5 million for FY 2006-07, provided by DJJ, March 13, 2007.

³⁸ *Krisberg Interim Report*, p. 4.

³⁹ See, Safety and Welfare Remedial Plan, p. 61.

⁴⁰ *Ibid.*

⁴¹ *Ibid.*

⁴² *Ibid.*

was approved May 31, 2007 and DJJ estimates the appointee will begin the assignment mid June 2007.⁴³ DJJ provided job descriptions for community/court liaisons detailing areas of responsibility.⁴⁴ The monitor interviewed the first appointed liaison who summarized her duties consistent with those outlined in the job description.⁴⁵ This liaison also reported that while she has sufficient time to perform all the duties set forth in her job description, she and other liaisons will be able to conduct more outreach to county officials once the fourth position is filled.⁴⁶

H. Master Planning (S&W 8.10.4)

The safety and welfare plan requires that DJJ create a “juvenile justice operational master plan” and a “facilities master plan” to address broad reform and treatment issues.⁴⁷ To assist in the creation of these plans, DJJ was required to designate a project coordinator for the master plans by September 1, 2006.⁴⁸ DJJ has never had a full-time master plan project coordinator position; however, there was an identified project coordinator from September 1, 2006 to February 2007. At this time, the position is unfilled.⁴⁹

II. Mental Health Remedial Plan

A. Collaboration with California Department of Mental Health (MH 5.20)⁵⁰

The Mental Health Remedial Plan requires that beginning November 30, 2006, DJJ meet periodically with the Department of Mental Health (“DMH”) to “strengthen communication, expedite transfers to DMH of youth who are appropriately referred for inpatient mental health

⁴³ “Request for Personnel Action” forms for two liaison positions (filled in November 2006) and a “Request for Hire” form for the fourth position that was approved on May 31, 2007.

⁴⁴ See, Attachment 2, “Intake, Court and Community Liaison Parole Agent III, Youth Authority Workload.”

⁴⁵ DJJ central office meeting, May 2007.

⁴⁶ *Ibid.*

⁴⁷ See, Safety and Welfare Remedial Plan, pp. 67-68 and 77.

⁴⁸ S&W 8.1.4 master schedule.

⁴⁹ Statements of DJJ staff, central office meeting, May 2007.

⁵⁰ “MH 5.20” refers to section 5.20 of the Mental Health Remedial Plan Standards and Criteria. All “MH” citations are to section/items of Mental Health Remedial Plan Standards and Criteria.

services, and facilitate transition of youth no longer in need of such care back to DJJ facilities.”⁵¹ DJJ provided the OSM with documentation of two meetings with DMH in October 2006 and January 2007.⁵² In collaboration with DMH, DJJ created a DJJ “coordinated clinical assessment team (‘CCAT’) Process” to resolve issues with DMH referrals.⁵³

B. Training and Attendance at National and Regional Conferences (MH 6.10)

The mental health plan requires that DJJ authorize and provide funding for key DJJ mental health staff to attend appropriate national and regional conferences in evidence based treatment.⁵⁴ The implementation deadline for this requirement was September 1, 2006.⁵⁵ DJJ provided a list of clinical staff from its central office and six DJJ facilities along with dates and locations of conferences they attended and courses in which they enrolled.⁵⁶

C. Pay Parity with Comparable Adult Division Staff (MH 7.1)

The mental health plan requires that DJJ ensure the pay for all DJJ mental health care providers is comparable to pay given to California Department of Corrections and Rehabilitation (“CDCR”) adult division mental health care providers.⁵⁷ The implementation deadline for this requirement was September 1, 2006.⁵⁸ DJJ provided the OSM with a pay letter from the Department of Personnel Administration, issued April 16, 2007, that states, “In accordance with the *Farrell v. Allen* consent decree”, . . . “DJJ [is] to implement the Health Care Services Remedial Plan. . .”⁵⁹ The letter identifies pay differential and salary range amendments that

⁵¹ See, Mental Health Remedial Plan, p. 45.

⁵² E-mail, meeting minutes (October) and agenda (January) from Katie Riley to Paul Woodward, May, 2007.

⁵³ See, Attachment 3, “DJJ Coordinated Clinical Assessment Team (CCAT) Process.”

⁵⁴ See, Mental Health Remedial Plan, pp. 48 and 54.

⁵⁵ *Ibid.*

⁵⁶ See, Attachment 4, “DJJ-Mental Health Training.”

⁵⁷ See, Mental Health Remedial Plan pp. 56 and 60.

⁵⁸ MH 7.1 master schedule.

⁵⁹ See, Attachment 5, DPA Pay Letter dated April 16, 2007.

include mental health positions.⁶⁰

D. Recruitment (MH 7.2)

The mental health plan requires that DJJ begin working with the CDCR Office of Workforce Planning to participate in job fairs and other recruitment events for mental health clinical staff.⁶¹ The implementation deadline for this requirement was September 1, 2006.⁶² DJJ provided an email string indicating an advertisement for mental health positions was posted to “Craigslis” on January 29, 2007.⁶³ DJJ also provided emails and notes from mental health administrators’ participation in a recruitment event in La Jolla, California, May 9-11, 2007.⁶⁴ DJJ did not provide any additional documentation for this action item.

E. Additional Mental Health Offices and Treatment Space (MH 11.1)

The mental health plan requires DJJ to create an implementation plan for the renovation of existing structures and the use of modular buildings to create additional office and mental health treatment space.⁶⁵ The implementation deadline for this requirement was January 31, 2007.⁶⁶ DJJ provided email communication dated April 25 and 26, 2007 that reiterates the OSM’s request for evidence of an implementation plan and a responsible staff member’s brief response.⁶⁷ DJJ has commenced some projects to add mental health office and treatment space, and it appears to have plans for additional projects. Some projects have been halted due to regulatory issues. To date, DJJ has not provided documentation of a coherent plan.

F. Implementation of the Mental Health Plan (MH 12.1, 12.2 and 12.3)

⁶⁰ *Ibid.*

⁶¹ *See*, Mental Health Remedial Plan, pp. 56 and 60.

⁶² MH 7.2 master schedule.

⁶³ E-mail, Geri Freeland, January 2007.

⁶⁴ Notes on “California Coalition on Sexual Offending” and E-mail string from Ed Morales, May 8, 2007.

⁶⁵ *See*, Mental Health Remedial Plan pp. 72-73.

⁶⁶ MH 11.1 master schedule.

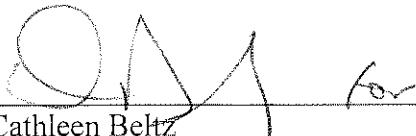
⁶⁷ E-mail, Keith Beland, April 26, 2007.

The mental health plan requires DJJ to appoint a “senior administrator with experience in implementing mental health programs to oversee and direct implementation of [the mental health] remedial plan and its coordination with other remedial plans.”⁶⁸ The implementation deadline for this requirement was February 29, 2007. As of May 31, 2007, no appointment had been made.⁶⁹

The mental health plan requires DJJ to appoint four senior clinicians and/or senior administrators, “with expertise in mental health services” to the program development and implementation team.⁷⁰ The implementation deadline for this requirement was October 31, 2006. As of May 31, 2007, two of the four senior clinicians/administrators with mental health expertise had been appointed.⁷¹

Finally, the mental health plan requires DJJ to create a “dedicated mental health training team consisting of at least three licensed clinicians plus an instructional designer and office technician.”⁷² The implementation deadline for this requirement was January 31, 2007. As of May 31, 2007, the office technician position was filled with a staff support analyst. DJJ has not identified any other team members.⁷³

Dated: June, 2007


Cathleen Beltz
Monitor

⁶⁸ See, Mental Health Remedial Plan, pp.75-76.

⁶⁹ Statements of DJJ staff, central office meeting, May 2007.

⁷⁰ See, Mental Health Remedial Plan, pp.75-76.

⁷¹ See, Attachment 1.

⁷² See, Mental Health Remedial Plan, pp.75-76.

⁷³ Statements of DJJ staff, central office meeting, May 2007.

Attachment 1
Duty Statement for SSA Performance Based
Standards

O. H. CLOSE YOUTH CORRECTIONAL FACILITY
STATEMENT OF DUTIES AND PERFORMANCE STANDARDS
STAFF SERVICES ANALYST (General)
PERFORMANCE-BASED STANDARDS

PRIMARY RESPONSIBILITY

The most efficient and effective method to manage and provide treatment in a safe and secure facility is for our valuable staff to be aware of critical issues and important information within the ward population. Therefore, in order to accomplish this goal, it is the primary responsibility of all line staff to conduct themselves in such a manner as to provide our wards with the opportunity and ability to communicate with line staff on a routine basis. In the outside criminal justice environment, this concept is called "community policing." In the correctional setting, this management concept is called "direct supervision."

CONCEPT OF THE POSITION:

This position is under the supervision of the facility Program Administrator (PbS Site Coordinator). The Staff Services Analyst is responsible for providing support to Division of Juvenile Justice's (DJJ) Performance Based Standards (PbS), which includes assisting in data collection, site report and division improvement plans and covers the areas of safety, order, security, health/mental health, programming, justice and reintegration.

TYPICAL TASKS

- 40% Coordinate data collection by working with various facility sections to identify what data is needed and ensure that each section collects and submits the requested data, as required for each cycle. Ensure validity/quality/accuracy of data by conducting comparative samples from each section on a monthly basis; adhere to project definitions/glossary; and document work. Assure compliance with PbS privacy certificate and policy – staff and youth must check-off consent or assent forms as applicable. Ensure PbS data is collected using the following forms: administrative forms, youth records, incident reports, youth climate surveys, staff climate surveys, and youth exit interviews. Submit collected PbS data twice a year to Council of Juvenile Correctional Administrators (CJCA) for analysis of outcomes and performance over time and in comparison to field averages of other correction/detention facilities. Respond timely to concerns/questions from PbS staff. Maintain frequent contacts with division coordinators, via phone or e-mail.
- 35% Enter PbS data into CJCA/PbS web portal during data collection months. Review data and present site report findings to facility management team. Develop, with input from division PbS coordinators, draft improvement plans using findings of the site reports and present draft to facility management for approval. Incorporate Facility Improvement Plan (FIP) into facility plans (strategic) and daily operations. Enter FIPs online as well as updating progress notes every other month. Assist in the implementation of facility improvement plan. Modify improvement

O. H. CLOSE YOUTH CORRECTIONAL FACILITY
STATEMENT OF DUTIES AND PERFORMANCE STANDARDS
STAFF SERVICES ANALYST – PERFORMANCE -BASED STANDARDS

Page 2

plans as directed by the reporting system and enter updates online. Monitor improvement plans and enter progress updates online every other month.

25% Attend all required training for site coordinators – orientation/local, and regional. Assist in training new members of the facility PbS team. Present PbS to facility staff. Serve as facility contact person for PbS projects, related inquiries and events. Participate, along with team members, in all PbS Distant Learning Calls. Comply with all requests for information from CJCA or other PbS staff. Develop and send progress and other required updates, to division coordinators, on an every other month basis. Monitor PbS website often for project updates.


MYRTLE MILLER, PbS Coordinator

9-20-06
Date


ERIN BROCK, Program Administrator

9-20-06
Date

Attachment 2

Intake, Court and Community Liaison
Parole Agent III, Youth Authority Workload

Department of Corrections and Rehabilitation
Division of Juvenile Justice

Intake, Court and Community Liaison
Parole Agent III, Youth Authority
Workload

Under the direction of the Youth Authority Administrator, the Parole Agent III, Youth Authority Community/Court Liaison will serve as a link between the local juvenile justice system and the Division of Juvenile Justice (DJJ). This position will work extensively with the counties to improve communication, relationship and collaboration with the community, court and law enforcement. This position will be out posted in the community, Probation or DJJ Facilities.

Specific areas of responsibility will include:

- 40% Liaison Services: Maintain and update knowledge of law, court decisions and departmental policies affecting intake. Interpret and clarify intake policies and procedures for DJJ staff, courts, probation, attorney and others. Provide technical assistance to judges, attorneys, probation officers and others on individual cases concerning disposition alternatives, laws, procedures, and policies. Provide information about DJJ programs. Represents the Division of Juvenile Justice in court as an expert witness to provide information about DJJ services and programs in selected cases. Responsible for maintaining liaison with counties which may include regular attendance at meetings of local justice groups/agencies, working with appropriate county personnel to resolve intake related problems. Assist counties with identifying alternative strategies for cases that are rejected. Coordinate and facilitate institution tours for outside groups, probation, attorneys, judges and other juvenile justice organizations. Establish and maintain cooperative relationship with counties and community organizations who serve youth in the community.
- 25% Intake Case Processing: Assure that assigned cases are processed within established policy and time constraints. Analyze cases that are referred/committed to DJJ by the courts and makes decisions concerning acceptance/rejection. Calculate youthful offender confinement time and determine date of jurisdiction termination, Board Hearing Category, Annual Review and Projected Board dates. Request additional materials as needed. Prepare correspondence to court for clarification/correction of orders. Track cases requiring follow-up action. Complete corrections of records.
- 15% Training: Provide training to judges, attorneys, probation officers, other interested parties and DJJ staff concerning intake policy and laws related to DJJ commitments and referrals and available DJJ service and programs.
- 10% Supervision: Responsible for supervising analytical staff (SSA, AGPA) and clerical support staff (OA, OT, OSS II) in the absence of the Administrator of the Case Services Section when necessary at the Headquarters office. Serves as the acting Administrator in the absence of the Administrator of the Case Services Section.
- 10% Other Duties: Prepare written analysis of proposed legislation with potential impact on the operation policies or procedures of the Intake Section and DJJ commitments. Prepare written correspondence for the Governor, Agency Secretary, DJJ Chief Deputy Secretary, as directed. Review and cross sign the work of other Community/Court Liaisons. Ensure timely completion of the intake process, case quality control oversight and respond to requests for DJJ information, such as the acceptance criteria, from outside entities.

Minh Nguyen

Date

Department of Corrections and Rehabilitation
Division of Juvenile Justice

Intake, Court and Community Liaison
Parole Agent III, Youth Authority
Workload

Under the direction of the Youth Authority Administrator, the Parole Agent III, Youth Authority Community/Court Liaison will serve as a link between the local juvenile justice system and the Division of Juvenile Justice (DJJ). This position will work extensively with the counties to improve communication, relationship and collaboration with the community, court and law enforcement. This position will be out posted in the community, Probation or DJJ Facilities.

Specific areas of responsibility will include:

- 40% Liaison Services: Maintain and update knowledge of law, court decisions and departmental policies affecting intake. Interpret and clarify intake policies and procedures for DJJ staff, courts, probation, attorney and others. Provide technical assistance to judges, attorneys, probation officers and others on individual cases concerning disposition alternatives, laws, procedures, and policies. Provide information about DJJ programs. Represents the Division of Juvenile Justice in court as an expert witness to provide information about DJJ services and programs in selected cases. Responsible for maintaining liaison with counties which may include regular attendance at meetings of local justice groups/agencies, working with appropriate county personnel to resolve intake related problems. Assist counties with identifying alternative strategies for cases that are rejected. Coordinate and facilitate institution tours for outside groups, probation, attorneys, judges and other juvenile justice organizations. Establish and maintain cooperative relationship with counties and community organizations who serve youth in the community.
- 25% Intake Case Processing: Assure that assigned cases are processed within established policy and time constraints. Analyze cases that are referred/committed to DJJ by the courts and makes decisions concerning acceptance/rejection. Calculate youthful offender confinement time and determine date of jurisdiction termination, Board Hearing Category, Annual Review and Projected Board dates. Request additional materials as needed. Prepare correspondence to court for clarification/correction of orders. Track cases requiring follow-up action. Complete corrections of records.
- 15% Training: Provide training to judges, attorneys, probation officers, other interested parties and DJJ staff concerning intake policy and laws related to DJJ commitments and referrals and available DJJ service and programs.
- 10% Supervision: Responsible for supervising analytical staff (SSA, AGPA) and clerical support staff (OA, OT, OSS II) in the absence of the Administrator of the Case Services Section when necessary at the Headquarters office. Serves as the acting Administrator in the absence of the Administrator of the Case Services Section.
- 10% Other Duties: Prepare written analysis of proposed legislation with potential impact on the operation policies or procedures of the Intake Section and DJJ commitments. Prepare written correspondence for the Governor, Agency Secretary, DJJ Chief Deputy Secretary, as directed. Review and cross sign the work of other Community/Court Liaisons. Ensure timely completion of the intake process, case quality control oversight and respond to requests for DJJ information, such as the acceptance criteria, from outside entities.

Minh Nguyen

Date

Attachment 3
DJJ Coordinated Clinical Assessment Team
(CCAT) Process

DJJ Coordinated Clinical Assessment Team (CCAT) Process

The Coordinated Clinical Assessment Team (CCAT) is currently used with the Department of Corrections and Rehabilitation (CDCR) adult facilities to resolve issues relating to referrals. As some of you are aware, the Department of Mental Health (DMH) has also tailored this process to meet the needs of the Division of Juvenile Justice (DJJ).

The Referral Process

1. The referral is sent from the DJJ Institution and the DMH Hospital.
2. DMH will review the referral packet and the clinical team determines appropriateness as defined by the Memorandum of Understanding (MOU).

If the referral is rejected, it will proceed to the CCAT Process.

1. DMH hospital will prepare a rejection letter and send to the DJJ Institution and DMH Headquarters (HQ). All rejections will automatically be submitted by DMH to the Coordinated Clinical Assessment Team (CCAT) within 24 hours of rejection.
2. DMH HQ will set up a CCAT conference call within 24 hours of the rejection. The following teams will attend the CCAT conference call: DMH HQ, DJJ HQ, the DMH Clinical Staff and DJJ Clinical Staff. DMH HQ will notify DJJ HQ and DMH Clinicians of the specific phone number and designated time. DJJ HQ will notify their staff of the meeting.
3. During the CCAT conference all pertinent information will be reviewed and clarification will be sought from the referring clinician as well as the DMH clinicians in order to determine the appropriate outcome for the case. Decisions regarding admission or non-admission will be rendered at the conclusion of the meeting unless additional information is required.
4. For those cases where the CCAT cannot come to agreement, the Assistant Deputy Director, LTCS, DMH or designee, and the Chief Psychiatrist, DJJ, or designee, will be contacted and the case turned over to them to reach a final decision. The final decision will be rendered within two working days from the date all supporting documentation is received.

Attachment 4
DJJ-Mental Health Training

DJJ - Mental Health Training

FACILITY	TITLE	NAME	COURSE	DATE	LOCATION OF TRAINING
HEADQUARTERS					
HEADQRTS	Chief Psychiatrist	Morales, Ed	Pain, Palliation, and Politics	January 6, 7, 2006	Disneyland Hotel, Anaheim
HGS					
HGS	Staff Psychiatrist	Blasquez, Jaime	Research, Clinical Development & Treatments	May 19,20,21,22,23,24,2007	San Diego
HGS	Senior Psychologist	Cacianfi, Debra	Psychopharmacology & Psychotherapy	January 5, 2006	Cross Country Edu, San Bernardino
HGS	Psychologist	Clippis, Teri	ChildHood Grief & Traumatic Loss	March 8, 2007	Burbank Aiport Marriott Hotel and Convention Center
HGS	Psychologist	Clippis, Teri	Multicultural Issues in Psychotherapy	August 5, 2006	Pasadena
HGS	Psychiatrist	Firoz, Sofia	Oslar Psychiatry Board Review Course	January 11, 12, 2006	Oster Institute Psy Board, San Francisco
HGS	Psychiatrist	Firoz, Sofia	Oslar Board of Psychiatry	Sept 14,15,16,17, 2005	Oslar Institute, Minneapolis
HGS	Psychologist	Grover-Courtney	Human Sexuality	October 5 & 6, 2006	Workforce Development Center Riverside
HGS	Senior Psychologist	Kim, Ji Hong	Memory, Aging, & Sleep	March 30, 2007	Mariott Ontario Airport Hotel
HGS	Senior Psychologist	Kim, Ji Hong	Practical Treatment Approaches	February 23, 2007	Alliant Unversity
HGS	Psychologist	Krishtal, Elena	The Individual w/Schizphrenia	April 11, 2007	Mariott Newport Beach
HGS	Psychologist	Krishtal, Elena	Creative Approaches in Treatment of Eating Disorders	February 23, 2007	aatbs on-line
HGS	Senior Psychologist	Petito, Peter	Borderline Personality Disorder	Online Course (Fiscal Yr 06-07)	On-line
HGS	Senior Psychologist	Petito, Peter	Neuropsychology 101	Online Course (Fiscal Yr 06-07)	On-line
HGS	Senior Psychologist	Petito, Peter	Schizophrenia	Online Course (Fiscal Yr 06-07)	On-line
HGS	Senior Psychologist	Petito, Peter	Depression	Online Course (Fiscal Yr 06-07)	On-line

DJJ - Mental Health Training

FACILITY	TITLE	NAME	COURSE	DATE	LOCATION OF TRAINING
HGS	Senior Psychologist	Petito, Peter	Bipolar Disorder: Current Research from NIMH	Online Course(Fiscal Yr 05-06)	On-line
HGS	Senior Psychologist	Petito, Peter	Diagnosis, Etiology, & Treatment of Mental Disorders	Online Course(Fiscal Yr 05-06)	On-line
HGS	Senior Psychologist	Petito, Peter	Legal & Ethical Risks & Risk Management	November 12, 2005	Riverside Conv Ctr, Riverside
HGS	Psychologist	Pine, Charles	Self Mutillation Behavior	May 18, 2006	Hilton, San Bernardino
HGS	Psychologist	Pine, Charles	Emergency Mental Health	April 20, 2006	Hilton, San Bernardino
HGS	Senior Psychologist	Poncin, Laura	Psychopharmacology Update	March 22, 2007	Marrriott Ontario Airport Hotel
HGS	Senior Psychologist	Poncin, Laura	Anxiety Disorders	July 26, 2006	Hilton San Bernardino
HGS	Senior Psychologist	Poncin, Laura	Memory Management	January 26, 2006	Riverside
HGS	Staff Psychiatrist	Reynolds, Gayani	12th Annual Psychopharmacology Update	February, 22,23,24, 2007	Las Vegas, Nevada
HGS	Psychologist	Stineford, Lawrence	Public Policy & Current Sex Offender Treatment & Management	May 9,10,11, 2007	Mariott, San Diego, La Jolla
HGS	(A) Senior Psychologist	Talbert, Inga	Violence Risk & Threat Assessment	June 15, 16, 2006	Specialized Training Serv, Los Angeles
HGS	(A) Senior Psychologist	Talbert, Inga	Counseling Victims of Sexual Trauma	June 14, 2006	Specialized Training Serv, Los Angeles
NAC					
NAC	Psychologist	Johnson, Sophia	Legal & Ethical Issues in Psychotherapy	September 29, 2006	Allian, San Francisco
NCYCC					
NCYCC	Chief Psych-Northern	Wall, Margaret	Treating Compulsive Sexual Behaviors	May 19, 2007	Cross Country University, Sac
PRESTON					
PRESTON	Psychologist	Custer, Oral	Workshop for CA Psychology Supplemental Exam	April 1, 2, 2006	Assoc for Advanced Training, Ventura

DJJ - Mental Health Training

FACILITY	TITLE	NAME	COURSE	DATE	LOCATION OF TRAINING
PRESTON	Senior Psychologist	Datta, Purna	CA Coalition on Sexual Offending	May 10, 11, 12, 2006	Mariott, San Mateo
PRESTON	Psychiatrist	Rajappa, Muniyapla	18th Annual CA Premier Conference	October 6, 7, 8, 2006	Laguna Cliff Marriott Resort, Dana Point
PRESTON	Psychiatrist	Rajappa, Muniyapla	American Psychiatric Association - Annual Meeting/Toronto Canada	May 20, 21, 22, 23, 24, 25, 26, 2006	American Psy Asso, Toronto, Canada
PRESTON	Psychologist	Randolph, Robert	Disruptive Behavior Spectrum Disorders	October 25, 2006	Sacramento Marriott, Rancho Cordova
PRESTON	Psychologist	Randolph, Robert	Conducting Effective Mental Status	October 12, 2006	Sacramento Marriott, Rancho Cordova
PRESTON	Psychologist	Randolph, Robert	Dialectical Behavior Therapy	November 16, 2005	Mariott, Rancho Cordova
PRESTON	Psychologist	Randolph, Robert	Diagnosis/Treatment of Bipolar Spectrum Disorder	October 5, 2005	Mariott, Rancho Cordova
SYCRCC					
SYCRCC	Psychologist	Bostwick, James	Mastering the Secrets of the Interview	February 5 & 6, 2007	Anaheim, CA
SYCRCC	Staff Psychiatrist	Brody, David	Child & Adolescent Psychopharmacology	April 5, 6, 2007	Harvard Medical School
SYCRCC	Psychiatrist	Brody, David	Home Study: Practical Treatment Strategies	June 7-9-21-23, 2006	Home study
SYCRCC	Senior Psychologist	Caciantti, Debra	Chemical Dependency	March 30, 2007	Allian International University, Irvine
SYCRCC	Staff Psychiatrist	De Silva, Constance	American Psych Association Annual Meeting	May 18, 21, 22, 23, 2007	APA Member Center, San Diego
SYCRCC	Staff Psychiatrist	De Silva, Constance	12th Annual Psychopharmacology Update	February 23, 24, 25, 26, 27, 2007	Las Vegas, NV,
SYCRCC	Staff Psychiatrist	De Silva, Constance	Annual Symposium Forensic Psychiatry	Mar. 8-9-10-11-12-13, 2006	American College Forensic Psy, San Fran
SYCRCC	Staff Psychiatrist	De Silva, Constance	57th Institute on Psychiatric Svs.	Oct. 5, 6, 7, 2005	San Diego, CA
SYCRCC	Psychologist	Du Bow, Michelle	Ethical Decision Making in Psychotherapy	Homestudy 1/21/2007	Home study
SYCRCC	Psychologist	Du Bow, Michelle	Violence Risk & Threat Assessment	June 15, 16, 2006	Sheraton, Culver City

DJJ - Mental Health Training

FACILITY	TITLE	NAME	COURSE	DATE	LOCATION OF TRAINING
SYCRCC	Psychologist	Du Bow, Michelle	Coping with Grief	February 16, 2006	Holiday Inn, Anaheim
SYCRCC	Psychologist	Du Bow, Michelle	Personality Assessment	October 12, 2005	Metropolitan State Hospital
SYCRCC	Psychologist	Jones-Bunn, Shawn	Violence Risk & Threat Assessment	June 15, 16, 2006	Sheraton, Culver City
SYCRCC	Psychologist	Jones-Bunn, Shawn	Advanced Clinical Supervision	March 14 & 21, 2006	Metropolitan State Hospital, Norwalk
SYCRCC	Senior Psychologist	Jurilla-Pastrana, Lina	Parent Empowerment: Counseling Parents	June 6, 2006	Cross Country Edu, Anaheim
SYCRCC	Senior Psychologist	Jurilla-Pastrana, Lina	Advanced Supervision	March 14, 2006	Metropolitan State Hosp, Norwalk
SYCRCC	Senior Psychologist	Jurilla-Pastrana, Lina	The Addicted Brain	February 10, 2006	Radisson Hotel, Anaheim
SYCRCC	Senior Psychologist	Jurilla-Pastrana, Lina	Transforming The Difficult Child	November 9, 2005	Norwalk Marriott Hotel, Norwalk
SYCRCC	Psychologist	Leong, Deborah	Forgiveness: A Necessary Clinical Tool	January 24, 2007	Holiday Inn Media, Ctr, Burbank
SYCRCC	Psychologist	Leong, Deborah	Pigs Eat Wolves	December 22, 2006	Home study
SYCRCC	Psychologist	Leong, Deborah	Motivational Interviewing	December 8, 2006	Home study
SYCRCC	Psychologist	Leong, Deborah	The Womens Conference(Submitted late for reimbursement for 2005)	October 21, 2005	Sofitel Hotei, San Francisco
SYCRCC	Psychologist	Leong, Deborah	Emotional Truma & The Journey Home	April 28, 2006	Westin South Coast Pl, Costa Mesa
SYCRCC	Senior Psychologist	Widerynski, Leslie	Law & Ethics Update	January 27, 2006	Psycho Legal Assoc, Del Mar
VENTURA					
VENTURA	Psychologist	Baca, Cecilia	Grief Counseling	May 30, 2006	Four Points Sheraton, Ventura
VENTURA	Psychologist	Baca, Cecilia	Advanced Clincial Supervision	March 14, 2006	Metro State Hosp, Norwalk
VENTURA	Psychologist	Baca, Cecilia	Dialectical Behavior Therapy	March 1, 2006	Sherman Oaks, CA

DJJ - Mental Health Training

FACILITY	TITLE	NAME	COURSE	DATE	LOCATION OF TRAINING
VENTURA	Psychologist	Baca, Cecilia	Legal & Ethical Issues in Psychotherapy	December 16, 2005	Alliant International University, Alhambra
VENTURA	Psychologist	Barra, Lisa	ADHD w/Comorbid Disorders	Home Study/Fiscal Yr 06-07	online course
VENTURA	Psychologist	Barra, Lisa	Neurosocial Disorders	September 18, 2006	Cross Country Edu, Sherman Oaks
VENTURA	Psychologist	Barra, Lisa	Dialectical Behavior Therapy	March 1, 2006	Courtyard by Marriott, Sherman Oaks, CA
VENTURA	Psychologist	Daube, Edward	Aggressive & Violent Youth	May 8, 2007	N/A
VENTURA	Psychologist	Daube, Edward	Dealing w/Depression/Co-occurring D.O.	May 2, 2007	N/A
VENTURA	Psychologist	Daube, Edward	Through the Path of Mindflowers	November 9, 2006	Courtyard by Marriott, Sherman Oaks, CA
VENTURA	Psychologist	Daube, Edward	Home Study: Law, Ethics & HIPAA	Home Study/Fiscal Yr 05-06	Home Study
VENTURA	Psychologist	Daube, Edward	Home Study: The Art of the Question	Home Study/Fiscal Yr 05-06	Home Study
VENTURA	Psychologist	Fazlian, Farideh	North American Correctional & Criminal Justice	June 7, 8, 9, 2007	N/A
VENTURA	Psychologist	Fazlian, Farideh	Clinical Supervision	April 7, 2006	Psycho Legal Associates, Pasadena
VENTURA	Psychologist	Fazlian, Farideh	Psychiatric Congress	November 7 & 8, 2005	Psycho Congress, Las Vegas, NV
VENTURA	Psychologist	Freeland, Gerilyn	The Addicted Brain	January 4, 2006	Hotel Mar Monte, Santa Barbara
VENTURA	Psychologist	Landon, Sophia	Clinical Dilemmas in Assessment & Treatment	May 2, 2007	N/A
VENTURA	Psychologist	Landon, Sophia	Aggressive & Violent Youth	May 8, 2007	N/A
VENTURA	Psychologist	Landon, Sophia	Understanding Personality Disorders	March 26, 2007	Pierpoint Inn, Ventura
VENTURA	Psychologist	Landon, Sophia	Cognitive Behavior Treatment of Obesity	Online Study/Fiscal Yr 06-07	online course
VENTURA	Psychologist	Landon, Sophia	Laws & Ethics Update	May 12, 2006	Marriott Ventura Bch Resort, Ventura

Attachment 5

DPA Pay Letter dated April 16, 2007

DJJ
COPY

Division of Juvenile Justice

Proof of Practice

Document Submission

Date: 4/25/07

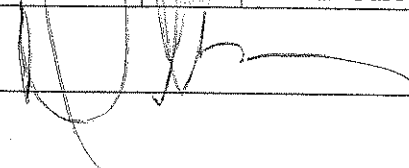
Name/Description of Submitted Document(s):	Pay letter from DPA issued on 4/16/07 identifying that pay parity with comparable CDCR adult operations for DJJ licensed MH staff has now occurred.

Document(s) Submitted for:	Remedial Plan	Section#	Item#	Due Date
	Mental Health	7	1	9/1/06

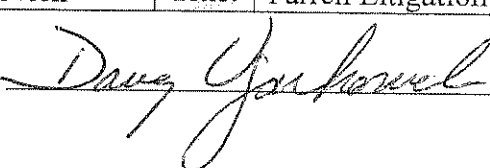
Standards & Criteria Description of Action Item:	"Mental health care providers employed by DJJ will have pay parity with mental health care staff employed by Adult Operations and Adult Programs."

Document(s) Submitted to:	Donna Brorby	Title:	Special Master
	Eric Trupin	Title:	Mental Health Expert/Monitor
	Terry Lee	Title:	Mental Health Expert/Monitor

Document(s) Source	Dave Gransee	Title:	Health Care Administrator
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Signature:  Date: 4/25/07

DJJ Litigation Representative	Doug Ugarkovich	Title:	Farrell Litigation Coordinator
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Signature:  Date: 4/25/07

PAY LETTER: 07-16
ISSUE DATE: April 16, 2007

DEPARTMENT OF PERSONNEL ADMINISTRATION
SECTION I

SUMMARY OF REVISIONS TO THE FIFTY THIRD EDITION (JULY 2006) OF THE CALIFORNIA
STATE CIVIL SERVICE PAY SCALES
LOCATED ON DPA'S PUBLIC WEB SITE

http://www.dpa.ca.gov/jobinfo/pay_scales/toc.shtml

For questions regarding Section I, call (916) 324-9381, (ATSS) 454-9381
Technical questions will be referred to the appropriate DPA analyst.

The following changes are now updated on the electronic Pay Scales. Changes to the Alphabetical and Schematic Listing (Section 15) will be updated within the first week of each month.

This pay letter is in accordance with the Farrell v. Allen consent decree (Case No. R03079344) and court order "Directing DJJ to implement the health care services remedial plan" filed on June 7, 2006 and addresses the Department of Corrections and Rehabilitation, Division of Juvenile Justice (DJJ).

SECTION 11: ALTERNATE RANGE CRITERIA

- Alternate Range Criteria 448 amended: (Effective 01/01/07)

SECTION 14: PAY DIFFERENTIALS

1. PAY DIFFERENTIAL 147
RECRUITMENT AND RETENTION DIFFERENTIAL PAY – UNIT 16 is amended:
(Effective 01/01/07)

Location N is deleted from the following class as this pay differential is included as compensation in the employee's base salary.

Class
Code

Class Title

9758 Staff Psychiatrist, Correctional and Rehabilitative Services (Safety)

DOCUMENTATION: Departments or the State Controller's Office will delete Earnings ID: 8K37 for employees in the above class/location within the 335/335 correct transaction processed per the Special Salary Adjustments section below.

2. PAY DIFFERENTIAL 150
RECRUITMENT AND RETENTION DIFFERENTIAL PAY – UNIT 19 is amended:
(Effective 01/01/07)

- The following class is deleted as this pay differential is included as compensation in the employee's base salary.

<u>Class Code</u>	<u>Class Title</u>
9283	Psychologist-Clinical, Correctional Facility

- Employees in class codes 9286 and 9872 at the Department of Corrections and Rehabilitation within the Division of Juvenile Justice are not eligible for compensation under this pay differential.

DOCUMENTATION: Departments or the State Controller's Office will delete Earnings ID: 8K, 8K2, 8K15, or 8K 18 for employees in the above classes/locations within the 335/335 correct transaction processed per the Special Salary Adjustments section below.

3. PAY DIFFERENTIAL 151
RECRUITMENT AND RETENTION DIFFERENTIAL PAY – UNIT 19 AND EXCLUDED
EMPLOYEES is amended: (Effective 01/01/07)

- Locations B and C are deleted from the following class:

<u>Class Code</u>	<u>Class Title</u>
9283	Psychologist-Clinical, Correctional Facility

DOCUMENTATION: Departments or the State Controller's Office will delete Earnings ID: 8K18 for employees in the above class/locations within the 335/335 correct transaction processed per the Special Salary Adjustments section below.

4. PAY DIFFERENTIAL 154
RECRUITMENT AND RETENTION DIFFERENTIAL PAY - EXCLUDED EMPLOYEES is amended: (Effective 01/01/07)

- The following classes are deleted from this pay differential as this pay differential is included as compensation in the employee's base salary:

<u>Class Code</u>	<u>Class Title</u>
9288	Senior Psychologist, Correctional Facility (Supervisor)
9761	Senior Psychiatrist (Supervisor), Correctional and Rehabilitative Services (Safety)
9859	Chief Psychologist, Correctional Facility

- Location V is deleted from the following class:

<u>Class Code</u>	<u>Class Title</u>
9774	Chief Psychiatrist, Correctional and Rehabilitative Services (Safety)

DOCUMENTATION: Departments or the State Controller's Office will delete Earnings ID: 8K14, 8K15, or 8K35 for employees in the above classes/location within the 335/ 335 correct transaction processed per the Special Salary Adjustments section below.

5. PAY DIFFERENTIAL 232
PILOT PROGRAM RECRUITMENT AND RETENTION DIFFERENTIAL – UNIT 18 is amended: (Effective 01/01/07)

Employees in class codes 8252 and 8253 at the Department of Corrections and Rehabilitation within the Division of Juvenile Justice are not eligible for compensation under this pay differential. The location of Department of Corrections and Rehabilitation, Division of Juvenile Justice, is added to the footnote.

DOCUMENTATION: Departments or the State Controller's Office will delete Earnings ID: 8K59 for employees in the above classes/location within the 335/335 correct transaction processed per the Special Salary Adjustments section below.

SPECIAL SALARY ADJUSTMENTS: (Effective 01/01/07)

1.	<u>Class Code</u>	<u>Class Title</u>	<u>OSR</u>		<u>NSR</u>
	8252	Senior Psychiatric Technician (Safety)	Rg A \$3,317 – 4,029	Rg A	\$3,317 – 4,029
			Rg B \$3,470 – 4,214	Rg B	\$3,470 – 4,214
			Rg C \$3,636 – 4,417	Rg C	\$3,636 – 4,417
				Rg P	\$5,058 – 5,184
				Rg Q	\$5,277 – 5,443
				Rg R	\$5,512 – 5,715

Range P

Employees at the following location shall move from Range A to Range P, 5% above the minimum of the salary range not to exceed the maximum of the salary range of \$5,184. Employees shall receive a new salary anniversary date of MAX.

Department of Corrections and Rehabilitation, Division of Juvenile Justice

Range Q

Employees at the following location shall move from Range B to Range Q, 5% above the minimum of the salary range not to exceed the maximum of the salary range of \$5,443. Employees shall receive a new salary anniversary date of MAX.

Department of Corrections and Rehabilitation, Division of Juvenile Justice

Range R

Employees at the following location shall move from Range C to Range R, 5% above the minimum of the salary range not to exceed the maximum of the salary range of \$5,715. Employees shall receive a new salary anniversary date of MAX.

Department of Corrections and Rehabilitation, Division of Juvenile Justice

Employees eligible for Alternate Range Criteria 448 are no longer eligible for Pay Differential 232 as this pay differential is included as compensation in the new range.

2.

<u>Class Code</u>	<u>Class Title</u>		<u>OSR</u>		<u>NSR</u>
8253	Psychiatric Technician (Safety)	Rg A	\$2,959 – 3,560	Rg A	\$2,959 – 3,560
		Rg B	\$3,078 – 3,715	Rg B	\$3,078 – 3,715
		Rg C	\$3,202 – 3,890	Rg C	\$3,202 – 3,890
				Rg P	\$4,585 – 4,697
				Rg Q	\$4,740 – 4,855
				Rg R	\$4,915 – 5,035

Range P

Employees at the following location shall move from Range A to Range P, 5% above the minimum of the salary range not to exceed the maximum of the salary range of \$4,697. Employees shall receive a new salary anniversary date of MAX.

Department of Corrections and Rehabilitation, Division of Juvenile Justice

Range Q

Employees at the following location shall move from Range B to Range Q, 5% above minimum of the salary range not to exceed the maximum of the salary range of \$4,855. Employees shall receive a new salary anniversary date of MAX.

Department of Corrections and Rehabilitation, Division of Juvenile Justice

Range R

Employees at the following location shall move from Range C to Range R, 5% above minimum of the salary range not to exceed the maximum of the salary range of \$5,035. Employees shall receive a new salary anniversary date of MAX.

Department of Corrections and Rehabilitation, Division of Juvenile Justice

Employees eligible for Alternate Range Criteria 448 are no longer eligible for Pay Differential 232 as this pay differential is included as compensation in the new range.

3.

<u>Class Code</u>	<u>Class Title</u>	<u>OSR</u>		<u>NSR</u>
9283	Psychologist- Clinical, Correctional Facility	\$4,655 – 6417	Rg A Rg P Rg Q	\$4,655 – 6,417 \$6,882 – 7,125 \$8,124 – 8,636

Range P

Employees at the following locations shall move to Range P, 5% above the minimum of the salary range not to exceed the maximum of the salary range of \$7,125. Employees shall receive a new salary anniversary date of MAX.

Department of Corrections and Rehabilitation, Division of Juvenile Justice

Range Q

Departments shall determine which employees are eligible for Range Q based on the provisions of Alternate Range Criteria 449 and move the employees appropriately.

Employees eligible for Alternate Range Criteria 448 are no longer eligible for Pay Differentials 150 and 151 as these pay differentials are included as compensation in the new range.

4.

<u>Class Code</u>	<u>Class Title</u>		<u>OSR</u>		<u>NSR</u>
9286	Recreation Therapist, Correctional Facility	Rg A Rg F	\$2,992 – 3,725 \$2,493.33 – 3,104.17	Rg A Rg F Rg P	\$2,992 – 3,725 \$2,493.33 – 3,104.17 \$5,492 – 6,158

Range P

Employees at the following locations shall move to Range P, 5% above the minimum of the salary range to the salary rate of \$5,767. Employees shall retain their salary anniversary date and those employees that are at the maximum of the old range shall have a new salary anniversary date of 01/01/08.

Department of Corrections and Rehabilitation, Division of Juvenile Justice

Employees eligible for Alternate Range Criteria 448 are no longer eligible for Pay Differential 150 as this pay differential is included as compensation in the new range.

5.

<u>Class Code</u>	<u>Class Title</u>	<u>OSR</u>	<u>NSR</u>
9287	Senior Psychologist, Correctional Facility (Specialist)	\$5,111 – 7,046	Rg A \$5,111 – 7,046 Rg P \$8,139 – 9,068

Range P

Employees at the following locations shall move to Range P, 5% above the minimum of the salary range to the salary rate of \$8,546. Employees shall retain their salary anniversary date and those employees that are at the maximum of the old range shall have a new salary anniversary date of 01/01/08.

Department of Corrections and Rehabilitation, Division of Juvenile Justice

6.

<u>Class Code</u>	<u>Class Title</u>	<u>OSR</u>	<u>NSR</u>
9288	Senior Psychologist, Correctional Facility (Supervisor)	\$5,528 – 7,397	Rg A \$5,528 – 7,397 Rg P \$8,948 – 9,300

Range P

Employees at the following locations shall move to Range P, 5% above the minimum of the salary range not to exceed the maximum of the salary range of \$9,300. Employees shall receive a new salary anniversary date of MAX.

Department of Corrections and Rehabilitation, Division of Juvenile Justice

Employees eligible for Alternate Range Criteria 448 are no longer eligible for Pay Differential 154 as this pay differential is included as compensation in the new range.

7.

<u>Class Code</u>	<u>Class Title</u>	<u>OSR</u>	<u>NSR</u>
9758	Staff Psychiatrist, Correctional and Rehabilitative Services(Safety)	Rg A \$10,178 – 13,299 Rg B \$10,473 – 13,686	Rg A \$10,178 – 13,299 Rg B \$10,473 – 13,686 Rg P \$18,426 – 21,031 Rg Q \$18,911 – 21,641

Range P

Employees at the following locations shall move from Range A to Range P, 5% above the minimum of the salary range to the salary rate of \$19,347. Employees shall retain their salary anniversary date and those employees that are at the maximum of the old range shall have a new salary anniversary date of 01/01/08.

Department of Corrections and Rehabilitation, Division of Juvenile Justice

Range Q

Employees at the following locations shall move from Range B to Range Q, 5% above the minimum of the salary range to the salary rate of \$19,857. Employees shall retain their salary anniversary date and those employees that are at the maximum of the old range shall have a new salary anniversary date of 01/01/08.

Department of Corrections and Rehabilitation, Division of Juvenile Justice

Employees eligible for Alternate Range Criteria 448 are no longer eligible for Pay Differential 147 as this pay differential is included as compensation in the new range.

8.

<u>Class Code</u>	<u>Class Title</u>		<u>OSR</u>		<u>NSR</u>
9761	Senior Psychiatrist (Supervisor), Correctional and Rehabilitative Services (Safety)	Rg A	\$9,985 – 13,686	Rg A	\$9,985 – 13,686
		Rg B	\$10,724 – 14,012	Rg B	\$10,724 – 14,012
				Rg P	\$19,713 – 22,745
				Rg Q	\$20,138 – 23,291

Range P

Employees at the following location shall move from Range A to Range P, 5% above the minimum of the salary range to the salary rate of \$20,699. Employees shall retain their salary anniversary date and those employees that are at the maximum of the old range shall have a new salary anniversary date of 01/01/08.

Department of Corrections and Rehabilitation, Division of Juvenile Justice

Range Q

Employees at the following location shall move from Range B to Range Q, 5% above the minimum of the salary range to the salary rate of \$21,145. Employees shall retain their salary anniversary date and those employees that are at the maximum of the old range shall have a new salary anniversary date of 01/01/08.

Department of Corrections and Rehabilitation, Division of Juvenile Justice

Employees eligible for Alternate Range Criteria 448 are no longer eligible for Pay Differential 154 as this pay differential is included as compensation in the new range.

9.

<u>Class Code</u>	<u>Class Title</u>		<u>OSR</u>		<u>NSR</u>
9774	Chief Psychiatrist, Correctional and Rehabilitative Services (Safety)	Rg A	\$11,614 – 14,112	Rg A	\$11,614 – 14,112
		Rg B	\$12,179 – 14,309	Rg B	\$12,179 – 14,309
				Rg P	\$20,672 – 24,267
				Rg Q	\$21,068 – 24,874

Range P

Employees at the following locations shall move from Range A to Range P, 5% above the minimum of the salary range to the salary rate of \$21,706. Employees shall retain their salary anniversary date and those employees that are at the maximum of the old range shall have a new salary anniversary date of 01/01/08.

Department of Corrections and Rehabilitation, Division of Juvenile Justice

Range Q

Employees at the following locations shall move from Range B to Range Q, 5% above the minimum of the salary range to the salary rate of \$22,121. Employees shall retain their salary anniversary date and those employees that are at the maximum of the old range shall have a new salary anniversary date of 01/01/08.

Department of Corrections and Rehabilitation, Division of Juvenile Justice

Employees eligible for Alternate Range Criteria 448 are no longer eligible for Pay Differential 154 as this pay differential is included as compensation in the new range.

10.

<u>Class Code</u>	<u>Class Title</u>	<u>OSR</u>		<u>NSR</u>
9859	Chief Psychologist, Correctional Facility	\$6,090 – 8,161	Rg A	\$6,090 – 8,161
			Rg P	\$11,016 – 11,410

Range P

Employees at the following location shall move to Range P, 5% above the minimum of the salary range not to exceed the maximum of the salary range of \$11,410. Employees shall receive a new salary anniversary date of MAX.

Department of Corrections and Rehabilitation, Division of Juvenile Justice

Employees eligible for Alternate Range Criteria 448 are no longer eligible for Pay Differential 154 as this pay differential is included as compensation in the new range.

11.

<u>Class Code</u>	<u>Class Title</u>	<u>OSR</u>		<u>NSR</u>
9872	Clinical Social Worker (Health/Correctional Facility)-Safety	\$3,437 – 4,284	Rg A	\$3,437 – 4,284
			Rg P	\$5,368 – 6,525
			Rg Q	\$5,775 – 6,995

Range P

SCO will move all employees in the following locations to the minimum of Range P. Employees shall retain their salary anniversary date and employees at the maximum of the old range shall have a new salary anniversary date of 01/01/08 upon movement to the Range P minimum rate. Departments will then process equity adjustments up to the maximum of the salary range. Departments shall determine appropriate salary anniversary dates upon equity movement which shall reflect either 01/01/08 or MAX.

Department of Corrections and Rehabilitation, Division of Juvenile Justice

Range Q

Departments shall determine which employees are eligible for Range Q based on the provisions of Alternate Range Criteria 450 and move the employees appropriately.

Employees eligible for Alternate Range Criteria 448 are no longer eligible for Pay Differential 151 as this pay differential is included as compensation in the new range.

DOCUMENTATION: Except for intermittent time base employees and full-time/part-time employees in class codes 9283 or 9872, the State Controller's Office will process 335 or 335 correct transactions to move employees to the appropriate range as outlined above. The 335 transactions will also reflect the base pay/anniversary date changes as identified above and the pay differential changes per Section 14 above.

Departments must process 335 or 335 correct transactions for employees who are paid at an intermittent time base. The 335 transaction should reflect the appropriate range, base pay/anniversary date changes as identified above and the pay differential changes per Section 14 above.

For full-time/part-time employees in class code 9283 or 9872, the State Controller's Office will process 335 or 335 correct transactions to move the employees to Range P along with the base pay/anniversary date changes as identified above and the pay differential changes per Section 14 above. Departments will then correct the 335 transactions to move employees to Range Q per Alternate Range Criteria 449 or 450 or to provide the equity adjustments for employees in Range P of class code 9872.

Appendix B

Lee, Trupin, *Farrell Experts' Report on
Licensed Mental Health Beds in the
California Division of Juvenile Justice*

Farrell Experts' Report on Licensed Mental Health Beds in the California Division of Juvenile Justice (2007)

(Terry Lee and Eric Trupin)

Introduction

The Mental Health Remedial Plan (pp. 35-45) requires the Division of Juvenile Justice (DJJ) to assess the adequacy of its resources for licensed bed mental health care in consultation with the undersigned Farrell mental health experts. This report sets forth the experts' initial assessment and recommendations.

The Mental Health Remedial Plan filed in August 2006 details DJJ's licensed mental health bed resources. The experts reviewed the information with DJJ headquarters and facility staff. DJJ has a 10-bed Correctional Treatment Center (CTC) at the Heman G. Stark Youth Correctional Facility for acute/crisis stabilization care. That facility began admitting patients in April 2006. It was serving only male youth (adolescent and adult) but DJJ sent one female youth there for acute/crisis stabilization level care in late 2006 or early 2007. According to DJJ Chief Psychiatrist, Dr. Ed Morales, the CTC is available as a last option for female youth. By Memorandum of Understanding (MOU) with Department of Mental Health (DMH), DJJ has access to 10 intermediate care inpatient beds in DMH hospitals for adult males and females and the 20-bed Intermediate Care Facility (ICF) for adolescent and adult males that Metro State Hospital operates at the Southern Youth Correctional Reception Center and Clinic (SYCRCC). DJJ has contracts for acute/crisis stabilization care with 2 private psychiatric hospitals that serve adolescent and adult males and females, one in northern California and one in southern California. It indefinitely suspended its use of its contract with the northern California hospital in July 2006, however.

DJJ houses approximately one-half of its approximately 2600 youth in four facilities in the Stockton area in northern California.¹ Their access to licensed bed care is limited by the lack of local licensed beds. Most of the licensed beds for DJJ youth are in southern California. The Heman G. Stark CTC is in Chino, California. The Metro ICF at SYRCC is in Norwalk. The 10 DMH inpatient beds are available to DJJ at any DMH facility with an available bed, including at Napa State Hospital in northern California but those beds are not available for acute/crisis stabilization. Since it suspended the use of its private psychiatric hospital contract in northern California, DJJ has transported northern California youth to the Stark CTC for acute/crisis stabilization psychiatric care, in some cases by air.

Process of Evaluation

The mental health experts were charged to perform a preliminary evaluation of the sufficiency of the numbers and type of licensed beds available to DJJ. The evaluation is preliminary because the many changes DJJ will undergo in the next few years are

¹ See, Attachment A. DJJ's census has been falling for many years and continued to fall over the course of the last fiscal year from about 3,000 to about 2,600 youth.

likely to affect referrals to licensed mental health beds. Also, utilization data and other relevant data will be more complete in the future. That data will be the basis for continuous assessment of the match between the need for licensed mental health care beds and the availability of such beds.

The changes that are anticipated as DJJ reforms may increase or decrease the need for and referrals to licensed beds. With planned improvements in conditions and treatment programs, youth now needing licensed beds might successfully be managed in residential treatment program or core unit beds in DJJ facilities. Increases in mental health and other treatment staff and improvements in screening and assessment have the potential to improve effectiveness of treatment in intensive and core treatment unit beds within DJJ and reduce the need for licensed beds; or to result in the identification of more youth with a need for care in a licensed mental health facility. Improvements in mental health and other treatment in DJJ might result in counties sending more youth to DJJ with mental health and other treatment needs which might increase the need for licensed beds. Utilization of and need for licensed beds must be tracked on an ongoing basis, as the Mental Health Remedial Plan provides.²

The mental health experts requested DJJ's documentation of licensed bed utilization and of circumstances and events that are indicators of unmet need. The list of documents requested is attached as Attachment B. DJJ provided the experts with most of the documentation that was requested, by substantial staff effort. The experts are working with DJJ to improve DJJ's ability to track utilization and project the need for licensed (and residential) mental health beds.

The experts visited seven of the eight DJJ facilities.³ At each facility, they met with facility superintendents or their designees and other administrative staff, administrative/supervisory medical and mental health staff, psychiatrists and psychologists. They had a telephone conference with most of the same staff at the eighth facility, El Paso de Robles Youth Correctional Facility (YCF). During their site visits and telephone conference, the experts inquired of current mental health programming and specific programs, location of rooms for suicide watch and high risk observation, identities of youth on Suicide Watch (SW) and High Risk Observation (HRO) then and in the recent past, identities of youth with the greatest acuity of symptoms of mental illness, identities of youth who might currently benefit from transfer to a licensed mental health bed, identities of youth recently in need of placement in licensed mental health beds and outcomes, past experience with youth in need of licensed beds and how the needs were addressed, current need for and access to licensed mental health beds, and process for identifying youth with mental health needs in general and licensed mental health beds specifically.

The mental health experts obtained additional information from senior mental health clinical staff by an informal written survey.⁴

² See, Mental Health Remedial Plan, p. 40-41, 45.

³ They visited Heman G. Stark YCF October 19 – 20, 2006; Ventura YCF November 16; SYRCC November 17; Chaderjian YCF December 18; O.H. Close YCF and Dewitt Nelson YCF December 19; and Preston YCF January 18, 2007.

⁴ See, Attachment C.

The experts visited all residential mental health program units except the Specialized Counseling Program (SCP) at El Paso de Robles YCF (the experts cancelled that site visit due to exigent circumstances). By questioning staff and youth, they identified youth then-housed at the facility who were thought by others to have the greatest acuity of symptoms of mental illness. They also visited the restricted program housing units at the seven sites they visited, and looked for youth that anyone perceived to have significant symptoms of mental illness. The experts either interviewed or reviewed medical records of approximately 75 youth who had been either treated in licensed bed facilities or identified as someone who might benefit from licensed bed care.

The mental health experts also toured the DMH-run ICF at SYCRCC and interviewed the ICF program manager and psychiatrist.

Observations and Findings

For the first nine months of 2006, DJJ logged 62 admissions to licensed mental health beds involving 43 youth.⁵ Five youth had three admissions and nine youth had two admissions in the period, for a total of 19 second and third admissions. Eleven of the 19 repeat admissions for youth reflected changes in level of licensed bed care (not new referrals from DJJ facilities). Of the 50 admissions from DJJ facilities (moves from an unlicensed level to a licensed level of care), one was from El Paso de Robles YCF, 26 were from northern California (Stockton Complex and Preston) and 23 were from southern California (SYRCC, Heman G. Stark YCF, and Ventura YCF). Of the 62 total admissions, 34 involved 19 northern region youth, 24 involved 21 southern region youth, 1 involved an El Paso de Robles YCF youth and 3 involved youth whose region is not apparent. Northern California facilities accounted for 34 of the 62 total admissions, 19 of the 43 youth admitted, and 10 of the 14 youth with multiple admissions during the period. Southern California facilities accounted for 24 of the 62 total admissions, 21 of the 43 youth admitted, and three of the 14 youth with multiple admissions during the period.

Youth from northern California spent more time in licensed bed care, on average, 78 days per youth compared with 47 days for southern California youth. While it is tempting to attribute the significantly longer lengths of stay of northern California youth to the relative paucity of licensed mental health beds in northern California, more data analysis is required before drawing this conclusion.

Of the 43 youth admitted to licensed mental health beds, there were 11 juvenile males, one juvenile female, 30 adult males and one adult female. Of the 62 admissions, 29 were to the CTC at Stark (all male, juvenile and adult), 22 were to the ICF at SYRCC (all male, juvenile and adult), three were to DMH hospitals (adult males, Metro and Napa state hospitals) and eight (including male and female juveniles and adults) were to private hospitals (Aurora Vista Del Mar and Sierra Vista).

The experts do not have complete data for rejected referrals to licensed beds for the first nine months of 2006. DJJ logged four rejections in three months July to September 2006, all adult young men, two from northern California and two from

⁵ See, Attachment D. The individual who arranges the transfers to and from licensed bed facilities keeps the log. It does not seem likely that there were any unlogged admissions.

southern California. Three of the four rejected youth were subsequently accepted into a licensed bed facility.⁶ There were no rejections due to a lack of empty beds in licensed facilities. Clinical staff generally reported difficulty in getting licensed bed facilities (including the DJJ-controlled CTC) to accept patients with significant externalizing behaviors and/or "primarily Axis II (from Diagnostic and Statistical Manual (DSM)) issues."

The experts reviewed available information on incidents of self-harm. For 2006, the information is incomplete. DJJ has not had a systematic method of recording information about incidents in a uniform way and making the information retrievable. DJJ provided a summary of self-harm incidents recorded in Serious Incident Reports for the period July 1 to September 30, 2006, reflecting 21 incidents during that period and one incident involving the use of force.⁷ The *Farrell* Office of the Special Master provided a summary of incidents for the same period, from Serious Incident and use of force reports, reflecting 33 incidents including 14 involving use of force.⁸ The experts expect more complete and reliable information on incidents of self-harm as they continue to assess the licensed bed need and resource.

There were few uses of restraint chairs in 2006. One young woman was placed in a restraint chair at Ventura YCF in September 2006 for approximately 3 hours.⁹

DJJ's expressed policy, formulated in collaboration with state and local stakeholders, is to divert youth with serious mental disorders who require long-term licensed bed mental health care.¹⁰ From June to October 2006, DJJ's Chief Psychiatrist reviewed eight cases of youth with indications of serious mental illness or developmental disability, leading to the admission to DJJ of six of the eight.¹¹

During site visits, DJJ staff from three different facilities (Preston YCF, Stark YCF and Ventura YCF) described 3 instances of using oleoresin capsicum spray on youth who were engaging in non-lethal self-harm behavior. In these instances, the staff reported that the self-harm behavior ceased. In two of the three instances, the custody staff members indicated that the youth were not placed on High Risk Observation or Suicide Watch, because the youths were no longer engaging in self-harm behavior. In the third instance, the staff reported the youth was placed on Suicide Watch. The use of oleoresin capsicum spray in response to self-harm behavior was not uniformly inquired about at every unit visited; staff at three facilities reported this practice when asked about recent self-harm behavior. Additional incidents are documented in the Attachment G summary of incidents prepared by the *Farrell* Office of the Special Master. The mental health experts have asked DJJ to more systematically track the use of oleoresin capsicum spray in response to self-harm behavior.

⁶ See, Attachment E.

⁷ See, Attachment F.

⁸ See, Attachment G.

⁹ See, Attachment J. The experts learned of no other uses of restraint chairs during site visits.

¹⁰ The guidelines for diverting seriously mentally ill youth to alternate placements are set forth in TDO 06-70, attached hereto as Attachment H.

¹¹ See, Attachment I.

A chart review of one of the charts at Ventura YCF revealed an old (the order was relatively brief and no longer in effect) standing order for involuntary administration of medication. There was not evidence of a court process leading to this order. The use of involuntary medications is appropriate only during emergency situations; standing orders for involuntary medications without a court order are not acceptable. This was discussed with the DJJ Chief Psychiatrist. The mental health experts asked DJJ for a list of youth given emergency involuntary psychiatric medications at the beginning of this process; this is information DJJ will try to track more systematically.

DJJ personnel from all interviewed facilities consistently described difficulties accessing beds at the ICF at SYCRCC. They related that the ICF typically refuses admission to youth who are aggressive and/or have “primarily Axis II issues.” The ICF program administrator also expressed frustration over the situation, stating that the contract was not set up to treat the youth most frequently referred for admission. The low census on the ICF was a concern to her. She expressed a willingness to change the nature of the ICF to better serve youth in DJJ custody, if there is a corresponding change in the contract to provide appropriate staffing and programming. DJJ mental health professionals described problems with receiving information from the ICF when youth are transitioning from the ICF back to DJJ facilities. Despite sharing a building with and essentially hosting the ICF, SYCRCC staff related that the only information typically received from the ICF is a brief email notification that the youth will be transferred back to SYCRCC in a number of days.

DJJ personnel also described various barriers and concerns relative to admitting DJJ youth to licensed mental health beds at contracted community hospitals. One group of concerns relate to potential for “secondary gain” from more permissive or favorable conditions in a community hospital, relative to conditions in DJJ facilities, such as mixed gender facilities and smoking privileges, and the possibility that peers will mimic behaviors to experience the more favorable conditions of community hospitals. Other DJJ mental health professionals expressed concerns over the ability and willingness of the community hospitals to treat the patients with significant externalizing behaviors and/or “primarily Axis II (from Diagnostic and Statistical Manual (DSM)) issues” which are common among DJJ referrals to licensed beds. The combination of these concerns led to the indefinite suspension of the community hospital contract through which DJJ was providing crisis/acute services to northern California youth. Some DJJ mental health professionals worry that some community hospital staff members may not treat DJJ youth as well as non-DJJ youth. Youth transitions from community hospitals were described as variable. Good communication with community hospital personnel was described as occurring some of the time. DJJ mental health professionals described other examples of less than ideal transitions, with limited communication and transfer of information. The experts were able to review some of the charts of youth who had been admitted to community hospitals; there were a few that did not appear to contain psychiatric discharge summaries and DJJ mental health and health care professionals were also unable to locate discharge summaries in these instances.

DJJ personnel described a history of problems with admitting youth to the CTC, due to relatively rigid and complicated admission procedures. Since approximately November or December of 2006, DJJ Headquarters and the CTC have made a concerted effort to facilitate easier access to the CTC. The exchange of information between the

referring DJJ treatment units and the CTC was not always seamless. For instance, in one chart review, referring facility documentation clearly characterized a referred youth's cognitive functioning as being low. The CTC treating professionals' admission notes for this youth did not reflect awareness that the youth had compromised cognitive functioning. After admission, the progress notes indicated the CTC treating professionals began to question whether the youth had cognitive limitations.

DJJ personnel report that the current plan for admitting females to the Stark CTC involves separating males from females, because males and females are not allowed to mix in other DJJ programs and concerns regarding secondary gain. Given the relatively low number of females referred and admitted to the Stark CTC at any one point in time, there is a high likelihood that females admitted to the Stark CTC will be programming alone.

Given limited access to other licensed mental health beds, DJJ personnel expressed appreciation for having the CTC as an option. However, mental health professionals at northern California facilities related that they were reluctant to move youth away from their families at a time when family support and involvement in treatment are critical. Other concerns include the logistics of the transfer, and associated delays of one to three days from initiating a referral until physical transfer of the youth. Mental health professionals in northern California facilities reported that they have a higher threshold for admitting youth to the CTC in southern California, relative to a hypothetical licensed mental health bed in northern California.

In evaluating youth internalization and generalization of treatment, interviewed youth were not able to consistently describe skills or coping strategies that they learned in DJJ treatment that they would use to address self-harm urges and/or aggressive and/or impulsive behavior. DJJ mental health professionals reported that there is not one treatment approach used in DJJ, and described treatment approaches that are relatively individualized and idiosyncratic to the mental health professional; when youth move between programs and levels of care, the treatment approach may change. The various therapeutic approaches described as being used for suicidal or self-harming youth in DJJ facilities were typically not based on empirically supported treatments or principles.

DJJ had access to many more licensed care beds than it used during the period monitored, roughly twice as many.¹² Though the experts found many youth who were receiving substandard care for their mental health conditions, they identified few who needed a licensed bed level of care at the time of the facility visit. One youth, who was being assessed and treated by a psychologist on Suicide Watch, was identified by the mental health experts as being in need of a licensed mental health bed. After discussion with the DJJ Chief Psychiatrist, the youth was transferred shortly afterwards. Another youth was already identified by the facility staff, but was having difficulties accessing a licensed bed; this youth also transferred shortly afterwards.

It does not appear at this time that the current number of licensed beds is insufficient for the current youth population of approximately three thousand or fewer. However, there are problems with the current distribution and utilization of licensed beds.

DJJ needs a more local resource for crisis/stabilization and intermediate licensed care for northern California youth. DJJ needs to assure appropriate and reliable licensed

¹² See, Mental Health Remedial Plan, pp. 36-37 and Attachment D.

mental health bed resource for females. Youth need an evidence-based integrated treatment approach that is more uniform throughout DJJ facilities and levels of care. Transfer of youth and corresponding information between DJJ and licensed mental health care treatment programs must be more facile.

Recommendations

The many caring, dedicated and hard-working people in DJJ who are committed to providing good care to the youth in DJJ are to be recognized. However, mental health care remains substandard throughout DJJ facilities.

Given the current contracts, overlap in missions and clinical populations treated and the potential for synergies in program development, the executive manager of DJJ should meet with the executive manager of DMH and plan the future collaboration regarding placement of DJJ youth in DMH beds in the ICF and state hospitals, and broader strategies for youth with mental health needs and juvenile justice involvement. The state agencies should examine whether they can collaborate more effectively to meet more of DJJ's need for licensed bed care.

DJJ needs to more actively and assertively manage contracts with DMH and community hospitals. This includes appropriate language to ensure that DJJ youth will be served by contract beds, monitoring the clinical services of contracted providers, and regular meetings to discuss, develop and address problems with collaboration.

For youth in northern California, DJJ must develop a CTC, or contracts with community providers which ensure admission and no premature discharge ("no reject, no eject"). DJJ must assure similarly appropriate and accessible licensed mental health bed resources—a CTC or "no reject, no eject" admissions with community providers—for females. Given that there are considerably more male youth in northern California than females and current consideration for contracting out secure residential placement for females, DJJ may or may not arrive at different solutions for the 2 populations. If secure residential placement for females is contracted out, potential contracted providers should demonstrate access to licensed mental health beds.

DJJ should renegotiate the contract with the ICF to provide a service that is more appropriate and useful for a larger number of youth in DJJ facilities. The ICF administrator expressed openness to serving a qualitatively different group of youth if additional resources were provided. Depending on the results of these negotiations, DJJ might explore options for running its own licensed intermediate level of mental health care.

DJJ should also examine the feasibility and utility of creating licensed mental health beds that are a hybrid of the acute and intermediate lengths of stay, in order to benefit from simplification and economy of scale. This will include reviewing the CTC and ICF regulations. If DJJ determines this is not allowed, feasible or useful, then DJJ should explain why to the mental health experts.

Given one instance of not identifying a youth appropriate for licensed mental health care and some indicators (such as use of oleoresin capsicum spray in response to self-harm behavior) possibly suggesting a relatively small under-identification of youth appropriate for licensed mental health beds, DJJ needs to improve identification of youth in need of licensed mental health levels of care. Staff should be trained on signs and

symptoms appropriate for consideration of referral to licensed mental health beds. Senior mental health staff, such as two psychologists and one psychiatrist, should be identified at each facility to serve as expert screeners for licensed mental health beds. DJJ should consider administering a brief structured instrument such as the CALOCUS on a regular basis to all youth in DJJ facilities to more systematically and uniformly assess functioning and mental health need, and improve on accuracy of the psychiatric screening and assessment process by implementing the V-DISC. When access to licensed mental health beds is improved, DJJ mental health professionals will regard identification of youth requiring this level of care as being more meaningful. Access to licensed mental health beds needs to be communicated on a regular basis to mental health professionals until they routinely consider this level of care in treatment planning.

DJJ needs to develop and implement a more uniform, coherent and evidence-based therapeutic model for the youth in its custody, especially youth in mental health treatment programs and/or youth with elevated suicide risk. Initial training in cognitive-behavioral therapy and behavioral analysis will benefit youth in DJJ custody more immediately, and form a good foundation for the subsequent implementation of the DJJ Integrated Behavior Treatment Model.

Dated: May 30, 2007

Terry Lee, M.D.
Eric Trupin, Ph.D.

Attachments

- A – Weekly Population Reports 5-16-2007 and June 30, 2006
- B – List of documents relevant to the analysis of the need for licensed bed care, requested of DJJ
- C – Survey Questions for Senior Clinical Staff
- D – Log, Psychiatric Inpatient Bed Utilization, January 1 – September 30, 2006
- E – DJJ Log, Rejected Referrals to Non-DJJ licensed bed facilities
- F --DJJ Log, Incidents of Self-Injury July 1 – September 30, 2006
- G – OSM Chart, Incidents of Self-Injury July 1 – September 30, 2006
- H -- TDO 06-70, Acceptance and Rejection Criteria for Youth with Medical or Mental Health Conditions
- I – DJJ Log, Pre-Acceptance Reviews (youth with medical and mental health conditions)
- J – DJJ Log, Restraint Chair

Attachment A
Weekly Population Reports 5-16-2007 and
June 30, 2006

DEPARTMENT OF CORRECTIONS AND REHABILITATION
 DIVISION OF JUVENILE JUSTICE
 INFORMATION SYSTEMS UNIT - OBITS

Weekly Population Report as of May 16, 2007

INSTITUTIONS	DESIGN CAPACITY	FY 2006-07 BUDGET 05/2007	ACTUAL POP 5/16/2007	VARIANCE FROM BUDGET	PERCENT OF DESIGN CAPACITY
SYCRCC **	350	219	234	15	67%
N. A. CHADERJIAN	600	392	240	-152	40%
FRED C. NELLES	650	0	0	0	0%
O.H. CLOSE	379	178	236	58	62%
EL PASO DE ROBLES	690	203	181	-22	26%
KARL HOLTON	388	0	0	0	0%
DEWITT NELSON	433	246	327	81	76%
PRESTON	720	374	380	6	53%
HEMAN G. STARK	1200	688	738	50	62%
VENTURA - MALE	381	60	86	26	23%
VENTURA - FEMALE	295	201	142	-59	48%
PINE GROVE	80	78	83	5	104%
TOTALS	6,166	2,639	2,647	8	43%

** The ward population includes 26 contract ("J") cases from Los Angeles County.

**CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
JUVENILE JUSTICE DIVISION - RESEARCH
INFORMATION SYSTEMS UNIT - OBITS**

Monthly Population Report as of June 30, 2006

INSTITUTIONS	DESIGN CAPACITY	AVAILABLE CAPACITY*	FY 2005-06 BUDGET 06/2006	ACTUAL POP 6/30/2006	VARIANCE FROM BUDGET	PERCENT OF DESIGN CAPACITY	PERCENT OF AVAILABLE CAPACITY
NYCRCC	326	0	0	0	0	0%	0%
SYCRCC **	350	218	243	271	28	77%	124%
N. A. CHADERJIAN	600	454	425	311	-114	52%	69%
FRED C. NELLES	650	0	0	0	0	0%	0%
O.H. CLOSE	379	235	239	234	-5	62%	100%
EL PASO DE ROBLES	690	183	231	209	-22	30%	114%
KARL HOLTON	388	0	0	0	0	0%	0%
DEWITT NELSON	433	253	364	358	-6	83%	142%
PRESTON	720	308	483	424	-59	59%	138%
HEMAN G. STARK	1200	689	699	819	120	68%	119%
VENTURA - MALE	381	80	56	58	2	15%	73%
VENTURA - FEMALE	295	115	135	129	-6	44%	112%
PINE GROVE	80	80	80	74	-6	93%	93%
TOTALS	6,492	2,615	2,955	2,887	-68	44%	110%

* Available capacity includes only living units currently *budgeted* to be open.

** The ward population includes 27 contract ("J") cases from Los Angeles County at SYCRCC.

Attachment B

List of documents relevant to the analysis of
the need for licensed bed care, requested of
DJJ

OFFICE OF THE SPECIAL MASTER

FARRELL v. HICKMAN

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MEMORANDUM

TO: Monica Anderson, Michael Hanretty, Katie Riley, Eleanor Silva, Ed Morales, Margaret Wall

FROM: Donna Brorby

DATE: October 6, 2006 (sent October 10, 2006)

RE: Documentation Requested For Site Visits By Mental Health Experts

As we have discussed, Drs. Trupin and Lee are about to visit all facilities in connection with developing their opinions about DJJ's need for licensed inpatient beds. DJJ provided information in May responding to the request I made on their behalf, to the extent that it could. Not all information requested was retrievable. This is to request an update of the information requested, to the extent that DJJ is able to provide it. In connection with the site visits, we would like to work with DJJ to develop a list of documents/information that might track and produce in its quarterly reports for the mental health experts.

For the most recent quarter (July 1 – September 30, 2006), please produce to the extent that you can:

1. A list of DJJ youth who have spent any time in facilities outside of DJJ for psychiatric reasons, and associated documentation. This includes DMH facilities (including the ICF located at a DJJ facility), private hospital acute care beds, and emergency rooms. Drs. Trupin and Lee would like to have all reasonably available documentation of the reasons for referral, acceptance, discharge, evaluation (admission and discharge summaries, if possible). Please show dates of admission and discharge in a way that makes it easy to identify youth with multiple admissions. Please also show the youth's facility, mental health program assignment and whether the youth was on restricted program status immediately before his transfer and immediately after his discharge.
2. A list of DJJ youth who have been rejected or administratively discharged by any facility outside of DJJ (see above), when DJJ has referred them for psychiatric reasons, and associated documentation. Please show dates of referral in a way that makes it easy to identify multiple referrals and rejections. We are especially interested in the reasons for referral, indications of the youth's condition, and reasons for rejection. Please also show the youth's facility, mental health program assignment and whether the youth was on restricted program status immediately before his transfer and immediately after his discharge.
3. For each facility, an alphabetized list of youth on high risk observation, suicide watch and crisis watch, showing date entered and left each status, and mental health level of care before youth entered observation/watch status, and level of care to which discharged.

4. A list of youth who have had time-adds to receive mental health care or because they are mentally ill, and mental health program assignments during initial incarceration and after time add.
5. A list of youth on the mental health caseload who are serving "time-add" time for reasons other than to receive mental health care or because they are mentally ill.
6. A list of youth referred to DJJ by a county but rejected by DJJ for reasons of mental illness, with related documentation (enough to depict reasons for rejection and the youth's mental health status).
7. A log of youth referred to an MH level of care, with date of referral and date of placement. (A trackable waiting list.)
8. Two lists of youth who have gestured or committed self-injurious acts, by facility, with date, nature of act, nature of injury, what if any medical treatment was needed, what if any force was used, the mental health level of care for the youth before and after the incident, whether the youth was in restricted program status before and after the incident. The lists should be the same except one should be sorted chronologically and the other alphabetically list. By "gestured" self-injurious act, we mean incidents where there appears to be an attempt to harm oneself, such as having a rope around one's neck, even if there has not yet been any self-harm.
9. All Serious Incident Reports for incidents of self-harm. Please let us know if there are other documents that are available to document incidents of self-harming behavior.
10. A list of youth receiving anti-psychotic medication with medication and dosage. The list should separately show youth who have been injected with psychotropic medication and whether the youth was assigned to a residential mental health program before and/or after the incident. *Per 10/17 email, Doug Ugarkovich noted that Dr. Lee made an additional request, for "the number and names of mental health wards that had been chemically restrained during this last quarter." I had thought that was included here, but maybe the phraseology should be changed.*
11. A list of youth on mental health caseload in restricted program housing for the same date each month of the quarter.
12. A list of youth put in a restraint chair or in 5 point restraints, by facility. The list should show the mental health level of care for the youth before and after the incident, and all other force used. Related use of restraint reports should be produced.

For all of 2006, please provide:

13. A list of youth referred to licensed beds by Dr. Morales, and all associated documentation (see ## 1 and 2 above).

Drs. Trupin and Lee would appreciate as much information as possible from Stark before they go there October 19 and 20, and all of this information that can be produced as soon as DJJ can arrange that comfortably (before the November 16 -17 site visits). When DJJ is ready, let's arrange a conference call to discuss DJJ's plans for producing information in response to this request, and what can be arranged to be produced on a quarterly basis.

Attachment C
Survey Questions for Senior Clinical Staff

Questions for DJJ Clinicians

Since we are asking questions of the senior mental health staff, it might be an opportune to ask the more general questions 1-5. If these types of questions have already been asked previously and/or they are redundant to other efforts, they can be omitted.

Questions 6-9 are more specific to the task at hand.

1. What is working well in the DJJ mental health system; what are the strengths of the DJJ mental health system?
2. As DJJ reforms its mental health system, what aspects of the current system should be maintained in some form?
3. What are the most important things to change in the DJJ mental health system?
4. What would help you to be more effective in your job?
5. Are there additional trainings, skills, tools, administrative modifications or therapeutic interventions that would be helpful?
6. Do you feel the current system is well-equipped to serve the wards in DJJ with the most severe mental health needs?
 - a. If so, please describe the critical components of the DJJ mental health system for wards with severe mental health needs (such as particular therapeutic approach, ability to staff intensely, physical aspects of facility, involuntary medications, etc).
 - b. If not, what else would be helpful in working with and treating this population?
7. Is there a need for therapeutic restraints within DJJ facilities?
8. Does the current therapeutic restraint system (therapeutic restraints used at the Stark CTC, youth at other DJJ facilities transferred to outside psychiatric units if therapeutic restraints required; restraint chair currently being used at 2 facilities for <90 days, but for purposes of this discussion, assume no use of restraint chair in "current" system) work well?
9. Would the wards in DJJ be better served if DJJ had the ability to use therapeutic restraints within DJJ facilities (beyond the Stark CTC)?

Attachment D

Log, Psychiatric Inpatient Bed Utilization,
January 1 – September 30, 2006

Psychiatric Inpatient Bed Utilization
January 1, 2006 Thru September 30, 2006

Region	YA#	Admitted		Age Upon Admission	Referred from:		RP Before Admission?	Date Admitted	Date D/Ced	Discharged To:		RP After Discharge?	Days At This LOC (thru 9/30/06)
		To:			Facility	LOC				Facility	LOC		
3 N		CTC		21	NAC	ITP	NO	8/3/2006		SRCC	ICF	NO	15
3 N		CTC		15	PYCF	ITP	NO	7/19/2006		SRCC	ICF	NO	43
4 N		CTC		20	HGS	GP	NO	5/18/2006		HGS	ITP	NO	26
8 N		Aurora		22	VYCF	ITP	YES	6/8/2006		VYCF	ITP	NO	19
8 N		CTC		18	NAC	ITP	NO	7/12/2006		NAC	ITP	NO	15
13 N		CTC		22	Parole	Acute	NO	5/12/2006		SRCC	ICF	NO	26
13 N		CTC		23	HGS	GP	NO	9/21/2006		HGS	ITP	NO	6
13 N		CTC		20	HGS	ITP	NO	4/20/2006		SRCC	ICF	NO	34
17 N		CTC		20	MSH	Interm.	NO	6/30/2006		PYCF	SBTP	NO	5
17 N		CTC		20	HGS	ITP	YES	9/20/2006		HGS	ITP	NO	13
17 N		CTC		17	SVH	Acute	NO	6/11/2006		SRCC	ICF	NO	16
20 N		Aurora		17	VYCF	SCP	NO	9/25/2006		VYCF2	ITP	NO2	3
20 N		CTC		18	NAC	SCP	NO	6/16/2006		NAC	ITP	NO	19
20 N		SVH		18	NAC	SCP	NO	6/16/2006		NAC	ITP	NO	21
22 N		CTC		23	HGS	ITP	NO	6/28/2006		HGS	ITP	NO	9
22 N		CTC		16	SRCC	ITP	NO	6/9/2006		SRCC	ITP	NO	18
23 N		CTC		20	NAC	SCP	NO	7/27/2006		SRCC	ICF	NO	20
23 N		CTC		18	HGS	GP	NO	4/21/2006		WVDC	SCP	NO	14
23 N		ICF		22	HGS	CTC	NO	6/7/2006				N/A	116
24 N		CTC		24	HGS	GP	NO	5/5/2006		HGS	ITP	NO	6
26 N		CTC		20	PYCF	SBTP	NO	7/25/2006		WVDC	SBTP	N/A	43
28 N		CTC		23	HGS	ITP	NO	8/29/2006		HGS	ITP	NO	2
28 N		CTC		19	NAC	ITP	NO	8/22/2006		HGS>NAC	SCP	NO	8
31 N		CTC		19	NAC	ITP	NO	8/11/2006		NAC	ITP	NO	12
31 N		CTC		16	SRCC	ITP	NO	9/1/2006		PYCF	SBTB	NO	12
31 N		SVH		19	NAC	ITP	NO	7/24/2006		NAC	ITP	NO	13
33 N		CTC		20	NAC	ITP	NO	8/1/2006		NAC	ITP	NO	29
34 N		CTC		20	HGS	ITP	NO	5/11/2006		HGS	ITP	NO	4
37 N		CTC		20	HGS	GP	NO	5/25/2006		HGS	ITP	NO	13
43 N		CTC		20	NAC	ITP	NO	7/6/2006		NAC	ITP	NO	27
45 N		CTC		18	PYCF	SBTP	NO	7/22/2006		NAC	ITP	NO	12
49 N		CTC		20	NAC	ITP	NO	4/27/2006		NAC	ITP	NO	22
49 N		CTC		16	EPdR	SCP	NO	9/19/2006		SRCC	ICF	NO	28

Psychiatric Inpatient Bed Utilization
January 1, 2006 Thru September 30, 2006

51 N	CTC	20	HGS	ITP	NO	5/19/2006	5/31/2006	HGS	ITP	NO	12
1 S	ICF	21	HGS	CTC	NO	8/18/2006				N/A	44
2 S	ICF	20	HGS	CTC	NO	8/16/2006				N/A	46
5 S	ICF	18	PYCF	ITP	NO	3/17/2006				N/A	197
5 S	ICF	15	PYCF	ITP	NO	1/26/2006	5/26/2006	PYCF	ITP	NO	119
7 S	ICF	17	SRCC	ITP	NO	1/31/2006	4/10/2006	SRCC	ITP	NO	69
9 S	ICF	18	SVH	Acute	NO	2/9/2006	3/15/2006	PYCF	SBTP	NO	33
10 S	ICF	18	HGS	ITP	NO	2/14/2006	5/16/2006	HGS	SCP	NO	91
11 S	ICF	19	NAC	SCP	NO	6/15/2006	8/3/2006	NAC	ITP	NO	47
12 S	ICF	20	HGS	CTC	NO	5/24/2006	6/14/2006	PYCF	SBTP	NO	21
15 S	ICF	19	SRCC	ITP	NO	3/6/2006	7/12/2006	SRCC	ITP	NO	128
18 S	ICF	17	PYCF	ITP	NO	5/23/2006	9/27/2006	PYCF	ITP	NO	127
25 S	ICF	20	HGS	CTC	NO	5/19/2006	6/14/2006	NAC	ITP	NO	26
27 S	ICF	18	SRCC	SOP	NO	5/12/2006	6/23/2006	SRCC	ITP	NO	42
27 S	ICF	17	PYCF	ITP	YES	7/27/2006	9/27/2006	PYCF	ITP	NO	62
29 S	ICF	21	NAC	ITP	NO	4/20/2006				N/A	173
29 S	ICF	17	PYCF	ITP	NO	8/24/2006				N/A	38
32 S	MSH	20	NAC	ITP	NO	4/28/2006	6/30/2006	SRCC	ICF	NO	63
39 S	ICF	18	SRCC	ITP	NO	4/18/2006				N/A	166
41 S	ICF	15	HGS	CTC	NO	8/31/2006				N/A	31
42 S	ICF	17	HGS	CTC	NO	6/27/2006				N/A	96
46 S	ICF	17	SRCC	GP	NO	8/15/2006				N/A	47
50 S	ICF	19	SRCC	ITP	NO	5/17/2006	8/16/2006	SRCC	ITP	NO	91
53 S	NSH	18	SRCC	ITP	NO	1/20/2006	7/19/2006	NSH	DMH	NO	150
56 S	NSH	19	SRCC	ICF	NO	3/14/2006	9/11/2006	NSH	DMH	NO	181
16	SVH	19	NAC	SCP	NO	5/31/2006	6/15/2006	SRCC	ICT	NO	15
19	SVH	18	NAC	ITP	NO	1/31/2006	2/9/2006	SRCC	ICF	NO	10
19	SVH	17	PYCF	ITP	NO	5/26/2006	6/11/2006	HGS	CTC	NO	16
55	SVH	15	PYCF	GP	NO	6/27/2006	7/11/2006	PYCF	ITP	NO	14

51 N
1 S
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7 S
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11 S
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15 S
18 S
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29 S
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42 S
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Attachment E

DJJ Log, Rejected Referrals to Non-DJJ
licensed bed facilities

DJJ YOUTH REJECTED OR ADMINISTRATIVELY DISCHARGED BY NON-DJJ PSYCHIATRIC FACILITIES
 July 1, 2006 Thru September 30, 2006

#	Name	YA#	Referred To:	Age Upon Referral	Referred from:		RP* Before Referral?	Date Rejected	Reason for Rejection
					Facility	LOC			
13			NSH+	20	HGS	CTC	NO	8/17/2006	Assaultive; physically large.
3			ICF #	19	NAC	ITP	NO	7/26/2006	ICF has no tx for self-harm due to substance abuse
65			ICF#	18	SRCC	ITP	NO	7/3/2006	Sex offender (?)
22			ICF#	18	NAC	ITP	NO	7/6/2006	No Axis I dx; primarily Axis II.

LEGEND

RP* = Restricted Program
 NSH+ = Napa State Hospital (DMI-H)
 ICF# = Intermediate Care Facility (DMH unit at SRCC)

Attachment F

DJJ Log, Incidents of Self-Injury July 1 –
September 30, 2006

Alphabetical List of DJJ Youth with Gestured or Committed Self-Injurious Acts

July 1, 2006 thru September 30, 2006

#	Date of Incident	Name of Youth	YA#	Facility	Nature of Act	Nature of Injury	Med Tx Req'd	Force Used	MH LOC		RP Before?	RP After?
									Before	After		
71	8/5/2006			VYCF	Punched hand through windowpane	Lacerations to hand	ER Visit	None	GP	GP2	No	No2
3	7/22/2006			NACYCF	Twisted belt/cloth around neck	Neck redness; wrist scratched	ER Visit via ambulance	None	SCP	Acute	No	No
3	8/10/2006			NACYCF	Torn towel twisted around neck	Pain in neck	ER Visit via ambulance	None	ITP	CTC	No	No
4	8/20/2006			NACYCF	Cut to forearm	Superficial cuts to left arm	None	None	ITP	ITP	Yes	Yes
67	7/4/2006			SCVPSEC	Ingested hand sanitizer	None	ER Visit	None	GP	GP	No	No
70	9/25/2006			VYCF	Ingested cleaning fluid	None	Med Clinic	None	ITP	ITP	No	No
64	7/26/2006			HGSYCF	Hanging using sheet and socks	None	None	None	GP	SCP	No	No
7	9/19/2006			HGSYCF	Hanging using sheet	Redness around the neck	ER Visit via ambulance	CN	GP	CTC	No	No
13	7/30/2006			NACYCF	Cut to inner side of wrist	Deep cut on left wrist	ER Visit via ambulance	None	ITP	CTC	No	No
72	8/4/2006			VYCF	Staple in forearm	Staple in forearm	ER Visit	None	ITP	ITP	Yes	Yes
17	7/19/2006			PYCF	Hanging using T-shirt	None	Emer. Med. Exam	None	IBTP	IBTP	No	No
17	8/31/2006			NACYCF	Hanging using T-shirt	Injuries to neck from noose	ER Visit via ambulance	None	ITP	ITP	No	Yes
69	7/30/2006			HGSYCF	Hanging using sheet	Redness around the neck	HGSYCF Med Clinic	None	SCP	SCP	No	No
73	7/30/2006			NACYCF	Cut to left forearm	Superficial cuts to left arm	Emer. Med. Exam	None	ITP	CTC	No	No
22	8/20/2006			NACYCF	Hanging using sheet	Difficulty breathing initially.	ER visit via ambulance	None	ITP	ITP	No	No
24	8/20/2006			NACYCF	Hanging using sheet	Required CPR to revive.	ER Visit via ambulance	None	ITP	CTC	No	No
28	7/26/2006			NACYCF	Hanging using sheet	None	ER Visit via ambulance	None	SCP	CTC	No	No
29	8/24/2006			HGSYCF	Hanging	bloody nose	ER Visit via ambulance	None	ITP	CTC	No	No
1	9/14/2006			VYCF	Swallowed eyeliner pencil	None	ER visit	None	SCP	SCP	No	No
1	9/25/2006			VYCF	Inserted comb pieces into wound	Injury to existing wound	ER visit	None	SCP	Acute	No	No
63	9/2/2006			EPdRYCF	Chemical ingestion	Ill from ingesting chemical	ER Visit via ambulance	None	GP	GP	No	No

Attachment G

OSM Chart, Incidents of Self-Injury July 1 –
September 30, 2006


Self Harm Serious Incidents and Uses of Force: July 1 - September 30, 2006

Institution	Key #	Name	D.J.#	Date	Time	SIR / UoF #	Force Used / Invol. Med.	Type of Incident	Injury
Ventura	67			7/5/2010	0046 hrs	SIR		ingest foreign substance (hand sanitizer)	none noted
Preston	20			7/11/2010	1200 hrs	SIR	involuntary medication	refused to exit shower, "bizarre, disoriented, oppositi	none noted
Ventura	68			7/12/2010	1700 hrs	VYCF109476.A	chemical	threat + sharp	none noted (refused exam)
Preston	20			7/13/2010	1603 hrs	SIR	chemical + involuntary medication	refused to exit rec area	none noted
Ventura	68			7/13/2010	1730 hrs	VYCF109503	chemical + physical	threat + sharp	none noted (refused exam)
Preston	17			7/20/2010	2108 hrs	SIR		hanging	lost consciousness, neck pain
*Preston	17			7/21/2010	1725 hrs	SIR/PYCF57724	chemical	self choking with hands	none noted
Chad	3			7/23/2010	1810 hrs	SIR		noose tight	redness, scratches
Chad	28			7/27/2010	1520 hrs	SIR		hanging	difficulty breathing
Stark	64			7/27/2010	1840 hrs	SIR		hanging	none noted
Chad	13			7/31/2010	2255 hrs	SIR		threat + sharp	cuts on wrist
Chad	73			7/31/2010	2255 hrs	SIR		threat + sharp	cuts on wrist
Stark	69			7/31/2010	1830 hrs	SIR		hanging	redness around neck
*Chad	13			8/1/2010	1030 hrs	SIR	involuntary medication	re-opening stitched wound	cuts on wrist, stitches
Preston	66			8/1/2010	0905 hrs	PYCF58072.B	chemical + vol or invol medication	chew, pick open large gash on arm, jab pencil in	minor wound to right arm
Ventura	72			8/5/2010	1659 hrs	SIR		threat + sharp	staple in forearm (off-site medical)
Ventura	71			8/6/2010	2142 hrs	SIR		threat+ other, punched window	lacerations to hand (off-site medical)
Chad	3			8/11/2010	1440 hrs	SIR		noose tight	neck pain
Preston	27			8/19/2010	2145 hrs	PYCF58712	chemical	hanging	none
Chad	4			8/21/2010	1452 hrs	SIR		threat + sharp	superficial cuts
Chad	24			8/21/2010	1452 hrs	SIR		noose tight	unknown
Chad	22			8/21/2010	1452 hrs	SIR		hanging	unknown
Stark	29			8/25/2010	2204 hrs	SIR		noose tight	rope burns, bloody nose
Southern Clinic	18			8/31/2010	1730 hrs	SRCC23941	chemical	biting lips, spitting blood on floor	self mutilation
Chad	17			9/1/2010	1430 hrs	SIR		noose tight	lost consciousness, stopped breathing
Paso Robles	63			9/3/2010	1848 hrs	SIR		ingestion of foreign substance	became ill from unknown
Ventura	1			9/15/2010	1005 hrs	SIR		ingest foreign object (piece of metal)	none
Stark	7			9/20/2010	0726 hrs	SIR	chemical	noose tight	redness around neck
Ventura	1			9/26/2010	1440 hrs	SIR/VYCF110917	physical+ mechanical+ invol med	insert foreign object in wound (comb tines)	wound arm (off-site medical)
					1425 hrs	VYCF110917.C			
					1425 hrs	VYCF110917.I			
					1425 hrs	VYCF110917.B			
Ventura	70			9/26/2010	1740 hrs	SIR		ingest foreign substance (cleaning fluid)	none noted
Ven/VistaDe/Ma	1			9/29/2010	0730 hrs	VYCF111004	physical	ingest foreign object	none
Ventura	1			9/30/2010	0720, 1000 h	SIR/VYCF111003	ERC, vol med	scratching, biting, smearing feces and blood	scratches, bleeding wound arm(s)
Ventura	1			10/1/2010	1345 hrs	SIR	physical + invol med	smearing feces, yelling "kill staff"	no new injuries

Note: Asterisks indicate SIRs received on OSM site visits that were not included in materials from DJJ Headquarters.

Source: HQ "List of DJJ Youth with Gestured or Committed Self-Injurious Acts" and SIRs received on OSM site visits: July 1 - September 30, 2006

Attachment H
TDO 06-70, Acceptance and Rejection
Criteria for Youth with Medical or Mental
Health Conditions

 <p>California Department of Corrections and Rehabilitation</p> <p>Division of Juvenile Justice</p> <p>Effective Date: September 26, 2006 Expiration Date: September 5, 2008</p>	<p>Subject: Acceptance and Rejection Criteria for Youth with Medical or Mental Health Conditions</p>														
	<table border="1"> <thead> <tr> <th>Manual:</th> <th>Revision #:</th> <th>Section #:</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Administrative Manual (YAM)</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Education Manual</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Institutions and Camps Manual</td> <td>IT-67</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Parole Services Manual</td> <td>3006</td> </tr> </tbody> </table>	Manual:	Revision #:	Section #:	<input type="checkbox"/>	Administrative Manual (YAM)		<input type="checkbox"/>	Education Manual		<input checked="" type="checkbox"/>	Institutions and Camps Manual	IT-67	<input type="checkbox"/>	Parole Services Manual
Manual:	Revision #:	Section #:													
<input type="checkbox"/>	Administrative Manual (YAM)														
<input type="checkbox"/>	Education Manual														
<input checked="" type="checkbox"/>	Institutions and Camps Manual	IT-67													
<input type="checkbox"/>	Parole Services Manual	3006													

Temporary Departmental Order

TDO # 06-70

(All Division of Juvenile Justice facilities)


This Temporary Departmental Order (TDO) shall be in effect until the development of policies and regulations are completed. This TDO will remain in effect through September 5, 2008 and will expire at such time.

To facilitate the archiving and retrieval of this document the above header includes the title of the manual, subject, section number, and revision number.

All manual holders should log this revision in their Revision Record sheet (very first page of their manual) utilizing the above Revision #. All manual holders should insert this document in their manual between pages that have the same or closest section number to the above section number. The cover memo, if any attached, does not need to be inserted into the manual.

This TDO must be duplicated and distributed on yellow paper.

Any questions or concerns should be directed to Asami Dunahoo of the Policy, Procedures, Programs, and Regulations Unit, at (916) 262-1550 or via email: adunahoo@cya.ca.gov.

 <p>California Department of Corrections and Rehabilitation</p> <p>Division of Juvenile Justice</p> <p>Effective Date: September 26, 2006 Expiration Date: September 5, 2008</p>	Subject: Acceptance and Rejection Criteria for Youth with Medical or Mental Health Conditions		
	Manual: <input type="checkbox"/> Administrative Manual (YAM) <input type="checkbox"/> Education Manual <input checked="" type="checkbox"/> Institutions and Camps Manual <input type="checkbox"/> Parole Services Manual	Revision # IT-67	Section # 3006

Temporary Departmental Order

TDO # 06-70

Purpose:

The purpose of this Temporary Department Order is to describe criteria utilized by the Division of Juvenile Justice (DJJ) to determine acceptance or rejection of DJJ commitments that present a history of a major mental health disorder or serious medical condition.

Policy:

The Intake and Court Services staff shall incorporate the following procedures, in addition to current procedures, for evaluating, processing and making decisions regarding the acceptance or rejection of DJJ commitments.

A. Intake and Court Services (ICS) staff shall review commitments from the courts for physical disabilities, psychiatric disorders and other conditions requiring medical care. These aforementioned cases are forwarded to the Medical Director or Chief Psychiatrist or designee for review and recommendation for acceptance or rejection to DJJ.

- **At the time of referral, the referring county must include a completed Mental Health Assessment form ([YA] DJJ 1.205) in the referral packet.**

B. Mental Health Conditions to be Considered when Evaluating Youth

DJJ does not accept youth with mental health conditions and associated limitations that are sufficiently severe to interfere with the youth's ability to materially benefit from DJJ's programs (including regular attendance at school and rehabilitative programs) or for which DJJ does not have adequate facilities to provide care—and for which DJJ cannot otherwise reasonably accommodate through modified programming or facilities.

1. Intake and Court Services staff, when reviewing mental health information (psychological and psychiatric reports) in a referral file, shall be guided by the following criteria in determining the need for requesting a review by the Chief Psychiatrist or designee for acceptance recommendations.

- History of treatment with psychotropic medications.
- History of prior psychiatric hospitalizations.
- History of suicidal threats or attempts.
- History of recent disturbed behavior.



California
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Manual:	Revision #:	Section #:
<input type="checkbox"/>	Administrative Manual (YAM)	
<input type="checkbox"/>	Education Manual	
<input checked="" type="checkbox"/>	Institutions and Camps Manual	IT-67 3006
<input type="checkbox"/>	Parole Services Manual	

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- On receipt of the referral file for review, the Chief Psychiatrist (or designee) shall determine whether the person referred has required within the past six (6) months, or currently requires, mental health treatment at the acute or intermediate level of care and whether they can materially benefit from DJJ programs and services.

The mental health conditions listed below are examples of conditions that may interfere with the youth's ability to materially benefit from DJJ's programs or for which DJJ may not have adequate facilities. This is not an exhaustive list nor does a diagnosis of one of these conditions act as an absolute barrier to a youth's acceptance to DJJ. DJJ's Intake and Court Services Unit shall utilize this list to determine when a youth's mental health condition requires additional review by the Chief Psychiatrist (or designee). Psychiatric eligibility is evaluated on an individual basis, taking into account the severity of the condition, the youth's physical and mental limitations, the adequacy of DJJ's facilities to accommodate the youth, and the likelihood the youth will materially benefit from DJJ's programming.

- Mental Retardation, based on an assessment of the individual's intellectual, social, and adaptive functioning: As defined in the Wards with Disabilities Program Remedial Plan, mental retardation means significantly sub-average general intellectual functioning that is accompanied by significant limitations in adaptive functioning in at least two of the following skill areas: communication, self-care, home living, social and interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health and safety. The onset must occur before age 18 years. Prior to commitment, the severity of the youth's limitations will be carefully evaluated to determine the youth's ability to materially benefit from DJJ's programming with reasonable accommodation.
- Major Depression unresponsive to medication with chronic suicidal indications.
- Psychotic Disorder of any kind, which is unresponsive to medication.
- Any Axis I diagnosis which fails to respond to medication and will not allow the youth to participate in his or her own treatment in one of the DJJ programs.
- In those instances where the referral information regarding the committed person indicates a high probability for requiring in-patient level of care, the Chief Psychiatrist (or designee) will recommend to the Administrator of Intake and Court Services, that the committed person not be accepted. The Chief Deputy Secretary or designee will make the final decision. Referral may be resubmitted at a later date.



California
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<input checked="" type="checkbox"/> Institutions and Camps Manual	IT-67	3006
<input type="checkbox"/> Parole Services Manual		

Temporary Departmental Order

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C. Medical Health Conditions to be Considered when Evaluating Youth

DJJ does not accept youth who are seriously ill or have health impairments whose commitment would involve serious risk of permanent disability or long-term detriment to health status, or whose medical conditions are so extreme as to interfere with the youth's ability to materially benefit from DJJ's programs (including regular attendance at school and rehabilitative programs) or for which DJJ does not have adequate facilities to provide care—and for which DJJ cannot otherwise reasonably accommodate through modified programming or facilities.

The medical conditions listed below are examples of conditions that may interfere with the youth's ability to materially benefit from DJJ's programs or for which DJJ may not have adequate facilities. This is not an exhaustive list nor does a diagnosis of one of these conditions act as an absolute barrier to a youth's acceptance to DJJ. DJJ's Intake and Court Services Unit shall utilize this list to determine when a youth's medical condition requires additional review by the Medical Director or designee. Medical eligibility is evaluated on an individual basis, taking into account the severity of the condition, the youth's physical and mental limitations, the adequacy of DJJ's facilities to accommodate the youth, and the likelihood the youth will materially benefit from DJJ's programming.

1. Inpatient level of hospital care needed for the youth.
2. Paraplegia could be acceptable with restrictions and evaluation of the following:
 - Decubitus ulcers
 - Acute urinary tract infection
 - Patient's rehabilitation processes for paraplegia are completed
 - Patient's serious ongoing medical issues
 - Patient's ability to catheterize without supervision
3. Quadriplegic patients.
4. Patient requires continuing immobilization most of the day such as bed rest, lying flat on back or stomach.



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<input checked="" type="checkbox"/>	Institutions and Camps Manual	IT-67 3006
<input type="checkbox"/>	Parole Services Manual	

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5. Patient undergoing cancer chemotherapy or radiation therapy. (Patients in remission who do not require further therapy may be accepted based on consultation with their oncologist.)
6. Patients in chronic renal failure needing dialysis or transplant.
7. Patients needing organ transplants. (For patients who are post-transplant with no rejection episodes for one year or longer and consultation with the patient's transplant team indicates the patient will be safe, incarceration with DJJ may be acceptable, depending on risk of rejection and general stability of the transplanted organs.)
8. Any patient with a defect or hole or metal plate in his/her skull such that the skull no longer provides adequate protection to the brain, posing a danger of significant brain injury from minimal trauma to the skull.
9. Patients with degenerative brain disease.
10. Patients with spina bifida and ventriculoperitoneal or other Central Nervous System (CNS) shunt.
11. Any patient with muscular dystrophy or other muscle degenerative diseases.
12. Patients with ventriculoperitoneal shunt dependency for any reason.
13. Patients with quadriplegic cerebral palsy.
14. Patients in congestive heart failure.
15. Patients with conduction defects in their heart that can result in sudden death.
16. Blind patients (uncorrectable vision of 20/200 or less in both eyes which does not include myopia or astigmatism that is correctible with glasses or contact lenses) or patients with poor eye sight in both eyes whose underlying disease process could be significantly affected by trauma or chemical exposure to the eye in that complete blindness may result or uncontrollable deterioration of vision may develop. These patients will be carefully evaluated for their ability to materially benefit from DJJ's programming with reasonable accommodation.



California
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Juvenile Justice

Effective Date: September 26, 2006

Expiration Date: September 5, 2008

Subject: **Acceptance and Rejection Criteria for Youth with
Medical or Mental Health Conditions**

Manual:		Revision #:	Section #:
<input type="checkbox"/>	Administrative Manual (YAM)		
<input type="checkbox"/>	Education Manual		
<input checked="" type="checkbox"/>	Institutions and Camps Manual	IT-67	3006
<input type="checkbox"/>	Parole Services Manual		

Temporary Departmental Order

TDO # 06-70

17. Patients who require frequent intravenous therapy.
18. Patients with hemophilia or other clotting disorders who have frequent serious bleeding or have antibodies to Factor 8 or other clotting factors. These patients require frequent intravenous therapy, often daily.
19. Terminally ill patients.
20. Patients with Down syndrome will be carefully evaluated because of multiple physical risks.
21. Patients currently undergoing diagnosis for neuromuscular disorders.
22. Patients with possible seizures requiring completion of work-up and medication stabilization.
23. Patients with brain tumors.
24. Patients with osteogenesis imperfecta.
25. Patients who cannot perform activities of daily living to the extent such limitations interfere with the patient's ability to materially benefit from DJJ's programming and cannot be reasonably accommodated.
26. Patients with congenital immune deficiencies that are life threatening.
27. Patients with unstable spines due to accidents or congenital deformities. These patients could develop paraplegia or quadriplegia if the spine is injured.
28. Patients requiring IV feeding, i.e., patients with short gut syndrome requiring hyperalimentation.
29. Patients with bowel disease causing multiple fistulas.
30. Patients with severe liver disease that has led to esophageal bleeding, hepatic encephalopathy or multiple hospitalizations.



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31. Patients with cystic fibrosis with severe lung disease as demonstrated by multiple hospitalizations (3 or more in the last year) or oxygen dependency.
32. Any patient pending required major surgery to correct a significant health defect that could be life threatening.
33. A patient whose underlying physical illness makes the patient unusually susceptible to death or life threatening injury if involved in a traumatic incident. Examples include arterial aneurysms that cause weak walls of blood vessels, very large abdominal organs from illness.
34. Sickle cell disease with central nervous system stroke that require frequent transfusions.
35. Rheumatic disorders that are severe, especially if not well controlled. E.g., dermatomyositis, mixed connective tissue disorder, scleroderma, and severe juvenile rheumatoid arthritis when the arthritis requires anti-metabolite medication.
36. Neurofibromatosis with life threatening complications, especially Type 1.
37. Patients with inborn errors of metabolism which generally cause significant central nervous system dysfunction.
38. Patients with uncontrolled hyperthyroidism, i.e., thyroid storm. These patients will be acceptable once their disease is under control and they are no longer at risk of sudden death.
39. Patients with blood pressure greater than 180 systolic or 110 diastolic that is uncontrolled, even with medication.
40. Patients with untreated pheochromocytoma.
41. Patients with underlying illness requiring multiple hospitalizations or frequent sub specialist care to prevent significant impairments to health.
42. Respirator-dependant patients.

 <p>California Department of Corrections and Rehabilitation</p> <p>Division of Juvenile Justice</p> <p>Effective Date: September 26, 2006 Expiration Date: September 5, 2008</p>	Subject: Acceptance and Rejection Criteria for Youth with Medical or Mental Health Conditions		
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Temporary Departmental Order

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D. Administrative Review Process for Accepting/Rejecting Commitments

The Intake and Court Services Section is responsible for performing an individualized review of all youth committed by the courts for determination of whether the youth will materially benefit from DJJ's reformatory and educational discipline and whether adequate facilities exist to provide for the youth. As part of that determination, the Intake and Court Services Section shall review the youth records for medical and mental health conditions that interfere with the youth's ability to materially benefit from DJJ's programs or for which DJJ does not have adequate facilities to provide care—and for which DJJ cannot otherwise reasonably accommodate through modified programming or facilities.

1. When reviewing cases, Intake and Court Services staff shall be guided by the list of mental health and medical considerations to determine whether additional review by the Chief Psychiatrist or Medical Director or designee is required prior to acceptance.
2. Upon identification of any of the conditions listed in this TDO or any other issues in a referral file that may need Health Care Services review, the Intake staff shall refer the case to the Intake Administrator to request a review. The Administrator shall forward the request to Health Care Services Division for review.
3. Upon receipt of the referral file for review, the Health Care Services Division will have either the Chief Psychiatrist (or designee) or the Medical Director (or designee) review the case material. The Chief Psychiatrist (or designee) or Medical Director (or designee) may contact the county probation department, the youth's health care providers, the youth and others for additional information about the youth's medical or mental health condition. The Chief Psychiatrist (or designee) or Medical Director (or designee) shall also identify the particular limitations of the youth's physical and mental abilities.
4. For youth with mental health conditions, the Chief Psychiatrist (or designee) shall also determine whether the youth requires mental health treatment at the acute or intermediate level of care. Consideration indicating the need for acute and intermediate level of care may include: the exhibition of profound depression; serious suicidal acts; psychotic de-compensation; psychotic distress; acute mental disorder resulting in serious functional disabilities or dangerousness to self/others; or if the youth's level of functioning is life threatening and requires placement in an inpatient bed for stabilization.



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5. After a thorough and individualized review of the youth's conditions and limitations, the Medical Director (or designee) or the Chief Psychiatrist (or designee) shall determine whether the youth's conditions and limitations can be reasonably accommodated by DJJ. In making such a determination, the Medical Director (or designee) or Chief Psychiatrist (or designee) shall consult with other DJJ administrators (including the DJJ Wards with Disabilities Program Coordinator when appropriate) to identify whether DJJ services and programs can be altered to accommodate the youth's specialized needs without undue burden. An accommodation may be considered an undue burden and denied when the accommodation would cause a fundamental alteration in the nature of a service, program or activity, or result in undue financial and administrative burdens to the DJJ. Considerations may include:
 - The youth's medical or mental health conditions are such that the youth's commitment would involve serious risk of harm to him or herself
 - The youth's conditions are sufficiently severe that the medical or mental health care necessary cannot be provided in DJJ facilities
 - The youth's limitations are such that the youth cannot care for him or herself
 - The youth's condition or limitations would prevent the youth from regularly attending school or participating in rehabilitative programs even with reasonable modifications and accommodations.
6. For those instances where the Medical Director (or designee) or Chief Psychiatrist (or designee) determines that the youth's conditions or limitations cannot be reasonably accommodated by DJJ, the Medical Director (or designee) or Chief Psychiatrist (or designee) will recommend to the Administrator of Intake and Court Services that the committed youth not be accepted.
7. The Administrator, via Intake staff, will notify the referring county probation department of the recommendation, including the rationale for the recommendation.
8. The referring county probation department shall have the option to request an Inter-disciplinary Team Review of the recommendation. The County will notify the DJJ Intake Administrator, or staff, of their interest in initiating this review process.



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9. The Inter-disciplinary Team will consist of a county probation representative, a relevant DJJ Health Care representative, and a DJJ Intake and Court Services Representative. (A representative from the DJJ Disabilities Program, and/or from other agencies such as the Department of Mental Health, Developmental Services or other interested Agency may also be involved.)
10. The Inter-disciplinary Team will review the case and any pertinent information related to a DJJ commitment decision. The DJJ Health Care Services representative may also interview the minor or other interested parties to determine appropriateness for commitment.
11. The Inter-disciplinary Team will discuss the most appropriate placement option for the case and make a recommendation as to acceptance or rejection of the DJJ commitment to the Administrator of Intake and Court Services.
12. The Chief Deputy Secretary or designee will make the final decision regarding rejection of commitment.

Expiration Date: September 5, 2008

**Bernard Warner
Chief Deputy Secretary**

Attachment I

**DIJ Log, Pre-Acceptance Reviews (youth
with medical and mental health conditions)**

**Department of Corrections and Rehabilitation
Division of Juvenile Justice
Case Services Division
Consideration for Commitment**

Cases Reviewed for Possible Rejection for Mental Health Reasons

Memo Date	Date Received	Name of Youth	County of Referral	Review Assigned To	Date to Reviewer	Accepted or Denied (Reason)	Completed Return Date
6/22/06	6/23/06	Marilyn Webster	Alameda	Dr. Morales	6/23/06	Accepted 7/5/06	7/10/06
7/24/06	7/25/06	Brian Keith Maple	Tulare	Dr. Morales	7/26/06	Denied 08/23/06, extensive psychiatric history; hasn't responded well to meds.	7/28/06
8/25/06	8/25/06	Steven Lemmons	Santa Clara	Dr. Morales	8/25/06	Accept for 90-Day evaluation, was first Denied 08/25/06	9/13/06
9/11/06	9/11/06	Lawrence Kennedy	San Bernardino	Dr. Morales	9/11/06	Accepted YA 91661	9/11/06
9/25/06	9/26/06	Stephen Angel Lopez	Santa Clara	Dr. Morales	10/2/06	Accepted	10/2/06
10/6/06	10/10/06	Wtaya Prasomsri	Los Angeles	Dr. Morales	10/10/06	Accepted	10/11/06
10/31/06	10/31/06	Manolo Aguilar	Santa Barbara	Dr. Morales	10/31/06	Accepted	11/1/06
10/31/06	10/31/05	Lorena Juarez	Los Angeles	Dr. Morales	10/31/06	Denied 11/01/06 due to Bipolar Disorders; Borderline intellectual functioning and unresponsive to meds	11/1/06

Attachment J
DJI Log, Restraint Chair

USE OF EMERGENCY RESTRAINT CHAIR OR FIVE-POINT RESTRAINTS

July 1, 2006 thru September 30, 2006

Name	YA#	Facility	LOC Pre-ERC	Date Placed in ERC	Forced Med Injected?	Physical Restraint?	Spit Mask Used?	Date Removed from ERC	LOC Post-ERC
1	91522	17	SCP	9/29/2006 (1001 hours)	No (Voluntary)	Yes	Yes	9/29/2006 (1247 hours)	ITP

Appendix C
Brorby, Memorandum, Medical Contracts
(June 2007)

MEMORANDUM

TO: Joe Goldenson, Madie LaMarre, *Farrell* Medical Experts
FROM: Donna Brorby, *Farrell* Special Master
RE: Medical contracting (revised)
DATE: June 15, 2007

I requested from DJJ the following information about health services contract requests made this fiscal year (2006-07):

- Dates sent to CDCR
- Dates contracts executed
- Proposed or actual contractor
- Current status.

As I continue to monitor the contracts issue, I will request the dates contracts awarded also. (Award is done by CDCR, essentially naming the potential contractor whose bid is accepted. The contract then must be approved by DGS in order to be executed.) I will also try to get information about the status of CDCR processing of DJJ's contract requests (what happens between DJJ's contract request and award of a contract).

DJJ provided an excel report tracking about 18 Health Services headquarters requests and about 36 DJJ facilities contract requests. I sent that to you by email. The tracking document shows long lapses of time from contract request to execution of contract (and many requests pending for a year or longer without contracts being executed).

After I received the tracking document, I met with Dave Gransee, DJJ Health Care Administrator, Nick Burgeson, DJJ's point person on medical contracts requests, Katie Riley, CDCR attorney, and Doug Ugarkovich, Farrell Litigation Coordinator, on June 4, 2006. Then, on June 13, 2006, I met with the same four individuals plus Robert Morris, Medical Director, David Hale, DJJ Business/Contract Services Manager (on a 24 months assignment from CDCR to assist with contracting issues), Karen V. Smith, Deputy Director CDCR Office of Business Services, Debra Jones, Associate Director CDCR Office of Business Services and Joseph Watkins, CDCR Manager DJJ Contracts Unit.

In the two meetings, we reviewed the tracking document and discussed DJJ's contract requests. I will not review all of them here, but the following are exemplary:

DJJ requested contracts for dentist and dental hygienist services in May 2006. It had no response until December 2006, when CDCR said that DJJ would be covered in CDCR master service contracts for these services. As of June 4, DJJ (Nick Burgeson and Dave Gransee) had heard that the master contracts have been awarded for dentists and dental

hygienists, but they did not know if DJJ was included in the contracts. At the June 13 meeting, we all learned that DJJ was not included. DJJ's next step would be to resurrect the May 2006 requests.

DJJ similarly request contracts for psychiatry, psychology, psychiatric technicians, nurse practitioners, and nursing services in May and June 2006. It had been told it would be covered by CDCR master contracts. At the June 13 meeting, DJJ learned that it was not and would not be included in those master contracts. The communication disconnect was partly due to the fact that the *Plata* federal court receiver had taken over CDCR's medical contracting function for the adult prison system in December 2006. The 34 or so CDCR medical contracts staff reported to the receiver since then. They did not communicate with CDCR or DJJ when they removed references to DJJ in the medical contracts.

DJJ requested a contract for acute psychiatric hospital services from Sierra Vista Hospital in September 2005. That contract has NOT been awarded yet. First, there was a mistake in how the contract was drawn up (single provider instead of multiple provider). Sierra Vista bid, but the contract had to be redone and rebid. The second time, there were no bids at all. DJJ investigated to determine why expected bidders had not bid, and then made another request for contract to CDCR. DJJ does not know its status. In the meantime, DJJ has entered numerous emergency contracts/amendments under which Sierra Vista has provided emergency psychiatric services.

DJJ requested a clinical laboratory services contract in July 2006. The contract was awarded "last week" (end of May 2007). It has to be approved by DGS still to be executed. The contractor Latara Enterprises dba Foundation Enterprises will take over from Unilab Corp./Quest Diagnostics which did not bid this year. The Unilab contract expires June 30. There is a question whether there will be a disruption in lab services during the change over, especially if execution of the contract is close to the end of June.

DJJ requested a contract for a HQ Pharmacy Manager in July 2006. It was never awarded. DJJ finally hired a Pharmacy Manager after salaries were raised in about May 2007.

DJJ requested a contract for Clinical Records Administrator (headquarters) in December 2006. (The position then had been vacant since the beginning of September 2006.) DJJ does not know the status of the request. This was one of DJJ's highest priority requests. Lesser priority requests have been processed to completion while this one has languished.

The June 13 meeting that was arranged at my request was *not* the first between many of the same people. There was a similar meeting in August 2006. At that time, CDCR's two top administrators in the contracts function, Director Steve Alton and Deputy Director Karen Smith, took notes and promised to improve service to DJJ. From then until January 2007, DJJ staff had regular meetings with the CDCR business office DJJ contracts manager (Karen Dolan until December 2006, then Kathy Gilpin, now Joseph Watkins). From DJJ's perspective, DJJ would provide information to CDCR at the meetings, but CDCR never had information to give DJJ information about the progress towards awarding and executing contracts. DJJ discontinued the meetings as a result.

As I have told you, there was a large meeting of *Farrell* counsel, DJJ staff and CDCR secretary Jim Tilton on October 20, 2006. Secretary Tilton promised to create a team of liaisons from CDCR to DJJ to solve the problems of the interface between DJJ and CDCR for purposes of improving CDCR's services to DJJ, including contracts services. In about May 2007, CDCR did temporarily transfer a number of staff to make the relationship between CDCR and DJJ work to meet DJJ's legitimate needs. David Hale is on a 24 month assignment from CDCR. He seemed very knowledgeable about contracts issues and the CDCR process. He said he would have a staff, probably of five. This is a step beyond anything that has happened before in the area of efforts to create a working system for DJJ to develop and enter into contracts.

At the June 13 meeting, CDCR and DJJ agreed to a work plan for getting the most important contracts in place and improving the system for processing DJJ contract requests, and they promised to meet again in a month.

At the June 4 meeting, I asked Dave Gransee and Nick Burgeson about whether, for psychiatric coverage and as a way to recruit psychiatrists, they were pursuing the idea of a contract directed at potential medical school bidders. DJJ had tried to pursue this before on the mental health experts recommendation, but CDCR contracts ended up putting out a standard registry contract instead. No one ever provided services under the registry contract; the bidder was unable to supply psychiatrists. Dave and Nick told me that they would not try to pursue special medical contracts now, when they could not even get standard contracts through CDCR with reasonable effort.

I will continue to monitor the progress and report to you.

Appendix D

Gordon, O'Rourke, *California Division of
Juvenile Justice Summary Education
Program Report for School Year 2006-
2007(May 2007)*

**California Division of Juvenile Justice Summary Education Program Report
for School Year 2006-07**

Section I. Introduction

Background

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

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

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

Review Process:

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

The reviewers have conducted site visits during two monitoring cycles, from September 2005 through March 2006 and from September 2006 through April 2007, at the following DJJ operated schools:

DJJ High School

James A. Wieden High School
& Sacramento Parole School
Johanna Boss High School
DeWitt Nelson High School
N. A. Chaderjian High School
Marie C. Romero High School
Mary B. Perry High School
Lyle Egan High School
Jack B. Clarke High School

DJJ Youth Correctional Facility

Preston Youth Correctional Facility &
Sacramento Parole
O. H. Close Youth Correctional Facility
DeWitt Nelson Training Center
N. A. Chaderjian Youth Correctional Facility
El Paso de Robles Youth Correctional Facility
Ventura Youth Correctional Facility
Heman G. Stark Youth Correctional Facility
Southern Youth Correctional Reception and Center Clinic

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

- Each of the facilities was provided with copies of the Education Services Remedial Plan and copies of the monitoring instrument that was based on the six (6) major areas of the plan.
- In July 2006, training was provided to Central Office personnel and site-based administrators in order to provide a consistent framework for preparation prior to the site reviews.
- As a part of 2006-2007 review cycle, all sites were notified to send specific written reports and other relevant documentation to the reviewers prior to their site visit.
- Each education site was visited and reviewed for compliance with the specific items noted in the Remedial Plan using the standardized monitoring instrument.
- A four-part approach was used by the reviewers to obtain information in order to monitor progress toward compliance with the Consent Decree:
 - 1) Review of system level written materials (e.g., WASC reports, DJJ policies, annual reports, school improvement plans, school site plans, course standards, course guides, lesson plans, course syllabi, Special Education Manual, and other supporting documents);
 - 2) Review of site generated data, including special education records, individual student IEPs, attendance data, school closing data, special management unit documents, class rolls, school schedules, high school graduation plans, psychological evaluations and other educational reports and documents;
 - 3) Interviews with central office administrators, site based administrators, counselors, teachers, students and other support staff; and
 - 4) Observations of classroom activities, student movement, and special management programs, including mental health and other restricted programs.
- The written materials reviewed provided data collected since the beginning of the 2006/2007 school year. Interviews with educational personnel provided staff perceptions of the strengths and needs of the education program. Analysis of this information, together with direct observations, resulted in a series of findings regarding compliance with the requirements of the consent decree in the areas of general and special education.

Findings

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

A detailed Site Compliance Report and a Summary Report, outlining areas of progress and areas of concern, were prepared. These reports were provided by the reviewers to Special Master, Donna Brorby within 30 days of the site visit. Special Master Brorby then submitted copies of the reports to representatives of plaintiffs and defendants.

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

Substantial Compliance (as defined in Consent Decree)-“if any violations of the relevant remedial plan are minor or occasional and are neither systemic nor serious”

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

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

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

Content of the Summary Education Program Report:

The content of this report is in three parts:

- I. Introduction- background on the development of the Education Services Remedial Plan, its inclusion in the Consent Decree and the methodology of the Remedial Plan review process
- II. Summary Reports – reports indicating the compliance ratings on specific items in the Remedial Plan for the system as a whole and for each school program reviewed.
- III. Major Recommendations – statements regarding areas needing improvement in order to achieve compliance with the requirements of the Consent Decree.

Section II. Summary Reports

The summaries of the reviewers' findings are found in two (2) attached tables:

Attachment A **California Education Services Remedial Plan Summary Report**
(I. Overview, Philosophy, and Program Policy, II. Staffing,
III. Student Access and Attendance, IV. Curriculum, V. Special
Education, VI. California High School Exit Exam.)

Attachment A The first column on the table lists specific items selected from the Remedial Plan in each of the six areas. The middle column specifies the auditing method, describing which approaches (e.g., file review, interview, or observation) will be used to determine compliance with each part of the item. In the last column, the findings from the eight (8) site reviews are summarized to provide a system wide picture of compliance levels.

Attachment B **California Remedial Plan Site Compliance Report**
(I. Overview, Philosophy, and Program Policy, II. Staffing, III. Student
Access and Attendance, IV. Curriculum, V. Special Education, VI.
California High School Exit Exam.)

Attachment B On this table, the name of each site and the date of its review is shown at the top of the column. The items reviewed are listed by each of the six (6) areas and the compliance rating for each item (substantial, partial or non compliance) is shown.

To further indicate compliance levels, the report is color coded, with items that are non-compliant highlighted in red, items that are partially compliant highlighted in yellow, and items that are substantially compliant or non-applicable left white.

Section III. Major Recommendations from 2006-2007 reviews

The following recommendations are made by the reviewers to assist the Division of Juvenile Justice (DJJ) in attaining full compliance with the Consent Decree requirements. The recommendations are organized according to the six areas in the Education Services Remedial Plan.

I. Overview, Philosophy & Program Policy

Remedial Plan: The DJJ is required to develop a high school graduation plan and enroll each non-graduate student in an appropriate education program.

- The implementation of the 5 period day is a significant step forward in providing a sufficient number of courses to meet the needs of the student population.
- Development of High School Graduation Plans is increasing; however, most schools failed to conduct the required HSGP semi-annual reviews. School administrators must monitor the process of semi-annual reviews to ensure that students are making progress toward graduation.

Remedial Plan: Students are prepared for successful re-integration into the community.

- DJJ has implemented a transition class as a part of the required curriculum offered to the student population. The sites that were rated as non-compliant should emulate the best practices of sites fully implementing these classes.

II. Staffing

Remedial Plan: Each high school has adequate credentialed staff to provide instruction in content area courses needed for graduation.

- To ensure consistent staffing ratios, remedial plan staffing allocations need to be revised based on the recent population changes at many of the sites. Allocations must be reviewed and revised by all Remedial Plan participants once the populations stabilize at each site.
- Fire Camps are required to comply with the Remedial Plan. Staffing patterns and allocations at those sites need to be examined and brought into compliance with plan requirements.
- Additional substitute teachers are needed to prevent class cancellations due to teacher absences. Substitute teacher lists were often found to be inaccurate and did not reflect the actual number of substitute teachers available on a consistent basis. Options need to be explored to provide enough qualified substitute teachers in both general and special education.
- Progress continues to be made in the teacher recruitment and hiring process. The DJJ Central Office must explore ways to reduce the time between an education vacancy occurring and the position being filled.

III. Student Access and Attendance

Remedial plan: All eligible students will have access to any educational programs and supplemental services necessary to ensure successful completion of all high school, vocational, and life skills courses.

- All sites have excellent vocational facilities. Student enrollment in vocational classes continues to be very low. Full utilization of these facilities should be a priority for Central Office and site-based administrators to ensure that students are provided with employment skills to prepare them to re-enter the community.

Remedial Plan: An effective and fully functional School Consultation Team will provide instructional services for students experiencing problems of an academic, social and behavioral nature.

- At almost all of the schools, the SCT is not fully functioning according to DJJ policy and procedures. It is recommended that the model now being used at the Weiden High School be shared with the other sites and replicated.

Remedial Plan: A collaborative memorandum of understanding will be developed by the Directors at each site and signed by each affected Branch Deputy Director delineating a collaborative effort to all programs.

- The last two sites reviewed had received and were implementing the directive issued by the Director of the DJJ assuring cooperative working relationships between custody, education and treatment. It is expected that the other sites will also implement the provisions of the directive prior to the next cycle of site reviews.
- A 5 period school day has been implemented at all sites, but not all students are attending school 5 periods a day. Education and mental health staff should study the feasibility of incorporating mental health services into the school curriculum. This will enable students to earn elective course credit toward meeting high school graduation requirements. The mental health counselor and teacher could work as a team to teach these classes. If teaming is not possible, an additional hour could be added to the school day to enable the counselor to meet with students at the school setting.

Remedial Plan: In order to make satisfactory progress toward high school graduation students must be provided and attend school an average of 240 minutes daily.

- Student absentee rates continue to be unacceptable. All sites received a rating of non-compliance in this area. Strategies outlined in the remedial plan to improve school attendance must be implemented at both the Central Office and site levels (e.g., policy and procedure to eliminate class cancellations, cooperative agreements, plans to remediate deficient attendance, and attendance incentives).

Remedial Plan: Each high school shall use a structured positive behavior management system in each classroom statewide. Within each high school there shall be an alternative behavior management classroom for early intervention short term placements due to classroom or service area behavior problems.

- None of the sites has fully implemented a formal school behavior management system with a highly structured alternative behavior management classroom. Sending youth back to the living units for minor rule infractions is not a good practice. Failure to implement this agreed upon mandate of the remedial plan is a systemic issue that must be addressed.

Remedial Plan: Students in restricted settings will have the same school day as students in the regular school program.

- Instructional programs for both regular and special education students in the restricted settings continue to be inadequate. Additional staff and instructional space must be identified and provided in order to ensure equal educational access to these students.

IV. Curriculum

Remedial Plan: Educational technology and distance education should be added at all sites to add a wide range of learning modalities and enhance the curriculum.

- Central Office staff, site-based administrators and teachers should continue to explore and expand the use of technology where possible to support the delivery of the school curriculum.
- Distance learning technology must be made available to students in the restricted units. Central office and site based administrators should pursue the use of technology to increase educational service hours without compromising security for students segregated from the general population.

Remedial Plan: Textbooks and library books are available to all students both in the classrooms and on the living units.

- Mini libraries on the units have not been implemented at all sites. This resource, with assigned staff, policy and operational procedures, must be established and fully implemented.

Remedial Plan: An automated library system will be installed at each high school by June 2006.

- The automated library system has not been fully implemented at all school sites. The DJJ must move forward with this initiative.

Remedial Plan: Teacher observations are an integral part in evaluation of the delivery and quality of the educational program.

- Quarterly teacher observations were not being consistently conducted at any of the sites. School administrators must consistently conduct quarterly teacher observations to document evidence of instructional planning, use of course syllabi and delivery of the state approved curriculum. Observations with documentation must be based on the rubric for classroom observation aligned with the California Standards for the Teacher Profession (CSTP).

V. Special Education

Remedial Plan: The Special Education Manual will meet all state and federal regulations.

- DJJ Central office staff have continued to update the current Special Education Manual to include changes mandated by IDEA revisions and No Child Left Behind legislation. This effort must continue as the California Department of Education adopts and implements the newest changes required by the reauthorization of IDEA.

Remedial Plan: Complete special education files are required to be transferred to the receiving DJJ facility and fully implemented within 4 school days of student's arrival.

- At most sites the system for requiring receipt of complete educational records for all students entering the DJJ system from the community or transferring from one facility to another has not

been fully implemented. Adherence to policies and procedures for records transfer needs to be monitored by Central Office and site administrators.

Remedial Plan: Each DJJ facility must provide a continuum of placement options, including the full range of time, frequency and duration within each option.

- All sites must improve the provision of general education classes in the frequency and duration indicated in IEPs. Central Office and site based administrators must address all of the issues of students' access and attendance in order to achieve compliance with both the consent decree and IDEA requirements.

Remedial Plan: The DJJ school sites are responsible for ensuring that a continuum of available special education services is provided to all eligible students including those assigned to restricted settings.

- A full continuum of services is not being offered to students on the special management units. Students are consistently denied access to a full educational day and compensatory services are less than adequate. All relevant parties must be involved in developing cooperative agreements for the provision of a full school schedule and required compensatory services. The integrity of the school day must be protected while providing for the safety and welfare of all individuals on these units.

Remedial Plan: Eligible students receive the required number of IEP segments and a full instructional day.

- IEPs written by DJJ staff must address how the student's disability affects involvement in the general curriculum. When the IEP requires access to the general curriculum, such access and a full school day must be provided. This item continues to be an issue at most sites. Supplemental aids and program modifications that support the student's involvement in the general curriculum must also be provided.

Remedial Plan: The CYA will assure completeness and accuracy of special education data collection system (including types of disability, number and type of segments, etc).

- Central Office and site-based administrators must not only monitor the completion of reports but also take responsibility for accuracy and timeline expectations to ensure quality control. The ongoing issues of errors in the WIN system and difficulties establishing an interface between the WIN system and the special education data must be resolved.

Remedial Plan: Written policy, procedures, and practice require that the CYA and clinic administrators will work collaboratively with Intake and Court Service units to ensure compliance with regulations regarding the provision of IEPs prior to the acceptance of the physical custody of the student.

- No progress in this area has been noted during the two monitoring cycles that have been completed. Central Office and site-based administrators must develop collaborative agreements between clinic administrators and intake and court service units regarding IEPs of incoming students and implement them immediately.

Remedial Plan: Special education students were provided services according to requirements of pre-existing valid IEPs.

- If specified in the student's pre-existing IEP, schools must provide students with access to a full instructional day. Any IEP change must be made by the IEP committee with adequate documentation or rationale. Efforts in this area were found to be substandard in many of the facilities.

Remedial Plan: When there is no IEP, special education eligibility will be determined and team meetings will be held in a timely manner. Required participants will be in attendance. IEP notices are sent as required and required participants are present. If regular education teachers are not there, ensure that they are made aware of IEP provisions.

- Special education eligibility documents must be kept current according to guidelines. Expired or off timeline IEPs cannot support continued eligibility and must be reviewed by the IEP team.
- IEP meetings must be held within the prescribed time frame and documentation must be maintained indicating that regular education teachers not present at the IEP meetings were made aware of the IEP provisions for students in their classes.

Remedial Plan: Special education files must include consideration of need for related services and/or transition planning.

- In the development of special education transition plans, there is a need to document the acquisition of functional skills and hands-on-knowledge that would enable the student to re-enter the community and continue education or training. IEPs reviewed at all sites contained transition goal outcomes that were vague and not measurable. Teachers are aware of transition plan limitations and express optimism that form revisions expected as a result of the new IDEA requirements would enable them to address this deficiency. Templates and checklists covering transition plan development requirements have been provided by the reviewers to Central Office and site-based administrators and are currently being reviewed for implementation.

Remedial Plan: The DJJ shall develop and implement a system to provide for the documentation of student progress related to his/her IEP goals and objectives based on the dates identified on the IEP. The system will ensure that progress reviews are routinely practiced by each special education provider.

- Teachers must document progress reviews of IEP henchmarks and, when necessary, make IEP changes based on progress or lack of progress. Non compliance with this requirement continues to be an issue at many sites.

Remedial Plan: Written policy, procedures, and practice require that compensatory special education services are provided to students if significant gaps of missed service occur or are projected to occur, and if such services cannot be made up during the course of the week or designated period of time.

- Almost all of sites were unable to document the consistent provision of compensatory services to eligible special education students. Student absences create needs for compensatory services that must be addressed. Students housed at the fire camps must have their compensatory needs met immediately.

Remedial Plan: Training on special education will be provided by the DJJ to all education staff and administrators, treatment and custody staff and administrators and other stakeholders starting July 2005. Training will use the approved Special Education Manual, approved forms and data collection systems. The frequency of the training scheduled will be dependent on each individual's role in the process and may vary from quarterly to annually.

- The sites were able to document extensive staff training in all required areas. There is a concern about the effectiveness of the training due to the many deficiencies in meeting consent decree requirements. Central Office and site-based administrators should carefully examine their special education training efforts and develop more focused formal methods of measuring implementation of training objectives.

Remedial Plan: The Regional Program Specialist shall conduct at least quarterly site reviews of each school's special education compliance efforts and status.

- The Regional Program Specialists are now conducting quarterly site reviews at each school. They appear to be monitoring the school's compliance in each special education area covered by the consent decree. Central Office and site-based administrators must develop a system for monthly follow-up on the monitoring recommendations.
- Each Assistant Principal responsible for special education programming should independently conduct monthly direct observations and monitoring of compliance efforts.

VI. California High School Exit Exam

Remedial Plan: Each eligible student in the DJJ shall have access to each mandated educational assessment.

- It is recommended that site-based administrators document the use of data from the statewide testing program to focus on specific goals in each individual school improvement plan.
- Several sites failed to provide a full range of alternatives for students to complete their education. Site-based administrators must provide documentation of efforts to provide all options to students unable to pass the CAHSEE.

Attachment A
California Education Services Remedial
Plan Summary Report

California Education Services Remedial Plan Summary Report

Reviewers: Dr. Tom O'Rourke, Dr. Robert Gordon

From September 2006 through April 2007

Item	#	Auditing Method	Findings
I. Overview, Philosophy & Program Policy			
All school sites meet WASC Accreditation Standards.	1.1	Verify WASC accreditation status at all school sites. Review WASC records at each site.	All schools are now accredited by the Western Association of Colleges and Schools.
The written policy, procedure and practice document that the CYA core curriculum meets the Content Standards for California Public Schools adopted by the State Board of Education (W&I Code 1120.2)	1.2	The CYA will provide written verification that their courses are California Education Standards driven and that they meet state curriculum standards.	It was documented and confirmed by Glenda Pressley, Acting Deputy Director of the Education Branch, that the courses were California Education Standards driven and met state curriculum standards. All sites continue to be in substantial compliance in this area.
The written policy, procedure and practice document that all non-high school graduates have a High School Graduation Plan. The plan is reviewed semi-annually by education staff for student progress in completing required courses. Students must earn 200 credits in a range of subject matter consistent with the California Education Code and pass the state required academic assessment in order to qualify for a high school diploma.	1.3	Review 10 or 10%, whichever is greater, of the student records at each site to determine the presence of a High Graduation Plan.	Six sites continue to be in substantial compliance with the requirement to develop High School Graduation Plans for all non-high school graduates.
	1.4	Verify whether semi-annual reviews have been conducted.	Documentation and interviews continue to indicate that the required reviews are not being consistently conducted. Only two sites were in substantial compliance with the requirement for semi-annual reviews of the High School Graduation Plans. Four sites were found to be in non-compliance and the remaining two sites were found to be partially compliant.
Written policy, procedure and practice document that screening and identification are provided to all English learner eligible students and services are provided to enable them to access the core education program. Students are prepared for successful transition to the community upon release.	1.5/6	Review 10 or 10%, whichever is greater, student records at each site to determine whether progress is being made in meeting high school diploma requirements.	File reviews indicated that students at five of the sites were not making satisfactory progress toward meeting graduation requirements.
	1.7	Review 10 or 10%, whichever is greater, student files of students with a primary language other than English to verify the provision of English Learner services.	Document and file reviews indicated that 6 sites were in substantial compliance with requirements to screen, identify and provide services to English Learner eligible students.
	1.8	Review all files of students within 90 days prior to release to verify that transition planning is being provided to students.	Five of the sites demonstrated that they were consistently providing transition planning to all students within 90 days of release to prepare them for return to the community. The remaining three sites were found to be non-compliant in this area.

II. Staffing				
Written policy, procedure, and practice require that all teaching personnel hold valid California credentials and work in the field of credential. Each high school has adequate credentialled staff to provide instruction in content areas needed for graduation.	2.1	Review all teaching certificates and teaching schedules of personnel.	Document review indicated that at 5 sites all teachers held valid in-field credentials.	Observations, interviews and records indicated that 4 of the sites failed to provide enough courses to prepare students for graduation in a reasonable amount of time. Three sites were found to be compliant and the fourth site was rated as partially compliant for their efforts.
A recruitment plan is in place to obtain a sufficient number of appropriately credentialled education staff to implement proposed staffing patterns.	2.2	Determine the length of time that positions are vacant and the length of time required to recruit and hire replacement teachers during the monitoring period.	Review and evaluate the written recruitment plan and the qualifications and use of the 2 recruiters.	Four of the sites were found to be compliant. Three sites were rated as partially compliant in this area and the remaining site was found to be non-compliant.
Written policy, procedure, and practice document that qualified substitute teachers are provided for teachers who are absent.	2.3	Determine whether there is a pool of trained substitute teachers and specialists at each site which represents 15% of the permanent teaching staff.	Determine the length of time that positions are vacant and the length of time required to recruit and hire replacement teachers during the monitoring period.	At 5 of the sites, the DJJ hiring process continues to be too lengthy, delaying the implementation of proposed staffing patterns. Two sites were able to identify and hire staff within reasonable time periods.
Written policy, procedure, and practice require programs and services to meet the guidance, counseling, testing, social services, psychological and career development needs of students.	2.4	Document class cancellations due to teacher absences that are not covered by substitute teachers.	Document the use of an in-field teacher for any teacher vacancy which exceeds 45 consecutive days.	At 6 sites the DJJ did not employ an adequate number of substitute teachers for both general and special education or failed to provide the substitute teachers when needed. It is noted that substitute lists were often found to be inaccurate and did not reflect the actual number of substitute teachers available on a consistent basis.
	2.5	Verify the use of an in-field teacher for any teacher vacancy which exceeds 45 consecutive days.	Verify that each facility has a psychologist and related service providers available to ensure psychologist participation in the development of IEPs, administration of psycho-social assessments, and consultation with teachers and staff.	Class cancellations due to teacher absences (not covered by substitute teachers) continue to be a major problem in the DJJ. Seven of the sites continue to be non or partially compliant in this area.
	2.6	Use a sample of 10 or 10%, whichever is greater, of special education students referred for related services during the monitoring period; determine how long it was from referral to testing and report.	Use a sample of 10 or 10%, whichever is greater, of special education students referred for related services during the monitoring period; determine how long it was from referral to provision of services.	The DJJ did not consistently provide in-field substitutes for teacher vacancies of more than 45 consecutive days at four of the facilities.
	2.7			Five sites were identified as being in substantial compliance, two in partial compliance and one site was found to be non-compliant in providing school psychological services. At some sites, psychological services continue to be supplemented by the use of interns.
	2.8			Seven of the programs have demonstrated the ability to complete special education assessments within DJJ allowable timelines.
	2.9			Four programs documented that students referred for speech/language or court-mandated counseling received those related services within the allowable 50 days from the initial referral date.
	2.10			Three schools reported that no students had been referred for related services within 30 days prior to the review and this item could not be rated. One program was found to be non-compliant with this requirement.

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Each high school having a restricted program shall have a minimum of 2 school psychologists.	2.11	Verify employment of 2 school psychologists at schools with restricted programs.	All of the four facilities housing restricted programs provided documentation that a minimum of two school psychologists were employed at the time of the reviews.
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<p>III. Student Access and Attendance Written policy, procedure, and practice document that the length of the school year, school day and instructional time are in accordance with the California law and the requirements of the California State Board of Education.</p>	<p>3.1</p>	<p>Verify the existence and implementation of a Standardized 220 day Academic Calendar which provides for at least 240 minutes of instruction each day for each eligible student.</p>	<p>The annual 220 day Standardized DJJ Academic Calendar had been approved by the Director and has been implemented at all sites.</p>
<p>Written policy, procedure, and practice document that educational services are provided to the eligible students based on the system wide Standardized Annual Academic Calendar.</p>	<p>3.2</p>	<p>Verify the existence and implementation of a Standardized 220 day Academic Calendar which provides for at least 240 minutes of instruction each day for each eligible student.</p>	<p>The annual calendar including a 240 minute average instructional day has been implemented at all sites.</p>
<p>Written policy, practice and procedure require that all students will be enrolled into appropriate educational programs within 4 school days of arrival.</p>	<p>3.3</p>	<p>Review 10 or 10% of student files, whichever is greater, to document enrollment in appropriate education programs within 4 school days of arrival for students entering during the monitoring period.</p>	<p>Efforts to enroll students in the educational program within 4 days of arrival remains problematic, with 2 sites in substantial compliance and 6 sites in non or partial compliance with this requirement.</p>
<p>Written policy, procedure, and practice, require that in all sites serving older students, the CYA will have in place a system designed to determine the most appropriate educational placement of students based on individual need.</p>	<p>3.4</p>	<p>Verify that high school registrars request transcripts from any prior school within 4 school days of the student's arrival at the facility for students entering during the monitoring period.</p>	<p>Observation and file reviews indicated that some programs were requesting transcripts within 4 days of the student's arrival, with 4 sites in substantial compliance. The remaining four sites were found to be non-compliant in this area.</p>
<p>Written policy, procedure, and practice require that in all sites serving older students, the CYA will have in place a system designed to determine the most appropriate educational placement of students based on individual need.</p>	<p>3.5</p>	<p>Review 10 or 10% of student files, whichever is greater, to verify that students meeting criteria for GED preparation are provided the opportunity for classes to prepare for GED testing.</p>	<p>Many students who are not making progress towards the High School diploma are not being provided opportunities to work towards attaining a GED. This area continues to be inconsistent at the DJJ sites, with 4 sites rated substantially compliant, 2 sites rated partially compliant and 2 sites rated non-compliant.</p>
<p>Written policy, procedures and practice require the use of Student Consultant Teams to develop instructional services for students experiencing problems of an academic, social, or behavioral nature.</p>	<p>3.6</p>	<p>Verify SCT committee make up and function. Interview SCT committee members. Interview 10 or 10% of students, whichever is greater, who have been the subject of SCT team meetings to verify the provision of SCT developed instructional services.</p>	<p>DJJ sites continue to lack uniformity in the implementation of the Student Consultation Teams. While improvement is noted with 4 sites receiving substantial compliance, three sites were found to be partially compliant and one site was found to be non compliant in this area.</p>
<p>Written policy, procedure, and practice require that students failing to earn an average of 5 high school credits each month are referred to SCT, Special Education and/or Case Conference Teams.</p>	<p>3.7</p>	<p>Review SCT minutes and records for planned interventions and referral to supplemental service providers.</p>	<p>Documentation at 5 sites indicated substantial compliance in providing interventions and referrals for students reviewed by SCT teams.</p>
<p>Written policy, procedure, and practice require that students failing to earn an average of 5 high school credits each month are referred to SCT, Special Education and/or Case Conference Teams.</p>	<p>3.8</p>	<p>Review 10 or 10%, whichever is greater, files of students not making minimal progress to determine if referrals have been made to SCT (general education students), the Special Education Team (special education students) and/or the Case Conference Team (all students) for evaluation and possible intervention plans.</p>	<p>At 7 sites, the Student Consultation Team (SCT) is not fully functioning according to DJJ policy and procedures. Students meeting criteria for referral were not consistently being served by SCT.</p>

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<p>Written policy, procedures, and practice require that the CYA shall establish a functional SCT tracking system that documents the effectiveness of recommended interventions and provides verification of on-going progress reviews.</p>	<p>3.9</p>	<p>At 4 of the sites there was documentation that the SCT tracking system had been developed and fully implemented.</p>
<p>The CYA shall insure that the SCT provides appropriate identification, referral and assessment of students not previously identified as eligible for special education services, including those students in restricted settings for extended periods of time.</p>	<p>3.10</p>	<p>At 5 of the sites, there continues to be a lack of or partial documentation of progress reviews of SCT plans.</p>
<p>The CYA shall provide in-service training on SCT policy and procedures, including the use of standardized SCT forms and staff roles and responsibilities.</p>	<p>3.11</p>	<p>Only 3 sites demonstrated substantial compliance in SCT follow-through on students referred for eligibility testing.</p>
<p>Written policy, procedure and practice document that all students who do not possess a high school diploma or GED will attend school each scheduled school day except for verified medical conditions or when the student is an immediate threat to the safety of self or others.</p>	<p>3.12</p>	<p>Two sites did not have any recent referrals for special education evaluation; all of the remaining 6 sites were found to be in substantial compliance.</p>
<p>Cooperative agreements exist between education, custody and treatment to ensure students' access to programs. Management teams will implement a program service schedule to allow service needs to be met during the work day/week without loss of mandatory instructional time.</p>	<p>3.13</p>	<p>Records reviews indicated that SCT training has taken place at 7 sites since the last review cycle.</p>
<p>Cooperative agreements exist between education, custody and treatment to ensure students' access to programs. Management teams will implement a program service schedule to allow service needs to be met during the work day/week without loss of mandatory instructional time.</p>	<p>3.14</p>	<p>Review and observation indicated that teachers were posting absences from their classes on the door for each class period. At 6 sites, there was sporadic or no daily feedback to teachers as to why students were absent from class.</p>
<p>Cooperative agreements exist between education, custody and treatment to ensure students' access to programs. Management teams will implement a program service schedule to allow service needs to be met during the work day/week without loss of mandatory instructional time.</p>	<p>3.15</p>	<p>Student absenteeism continues to occur at an unacceptable level; all sites received a non compliant rating in this area.</p>
<p>Written policy, procedure and practice document that the Director and Executive Team monitor attendance data quarterly to ensure compliance with laws, regulations and policies. Facility superintendents and principals will present their collaborative plans to remediate deficient attendance or access by April 2005. On a quarterly basis, schools with absence rates of 10% or more will continue to make corrective action plans until absence rate is below 10%.</p>	<p>3.16</p>	<p>The remediation plan stated that a cooperative agreement would be developed by representatives from education, custody and treatment in order to ensure student access to instructional programs. File review and interviews indicated that no written agreement existed at 6 sites.</p>
<p>Written policy, procedure and practice document that the Director and Executive Team monitor attendance data quarterly to ensure compliance with laws, regulations and policies. Facility superintendents and principals will present their collaborative plans to remediate deficient attendance or access by April 2005. On a quarterly basis, schools with absence rates of 10% or more will continue to make corrective action plans until absence rate is below 10%.</p>	<p>3.17</p>	<p>All of the sites were rated substantially compliant on this item.</p>
<p>Written policy, procedure and practice document that the Director and Executive Team monitor attendance data quarterly to ensure compliance with laws, regulations and policies. Facility superintendents and principals will present their collaborative plans to remediate deficient attendance or access by April 2005. On a quarterly basis, schools with absence rates of 10% or more will continue to make corrective action plans until absence rate is below 10%.</p>	<p>3.18</p>	<p>File reviews indicated that 3 sites had developed collaborative agreements to remediate deficient attendance.</p>
<p>Written policy, procedure and practice document that the Director and Executive Team monitor attendance data quarterly to ensure compliance with laws, regulations and policies. Facility superintendents and principals will present their collaborative plans to remediate deficient attendance or access by April 2005. On a quarterly basis, schools with absence rates of 10% or more will continue to make corrective action plans until absence rate is below 10%.</p>	<p>3.19</p>	<p>File reviews did not indicate the existence of quarterly corrective action plans. Seven sites were rated non compliant in this area. The remaining site provided partial documentation of its efforts and was rated as partially compliant.</p>

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<p>Written policy, procedure and practice document that class cancellations will be eliminated except for verified safety or security reasons.</p> <p>The CYA shall devise appropriate criteria for the exclusion of students from school and maintain a daily document that lists the number and names of all students who were excluded from school.</p> <p>The record includes the name of the youth excluded, the name of the person who authorized his or her exclusion, the reason for his or her exclusion, and the duration of the exclusion.</p>	<p>3.20</p>	<p>Review school schedules for the last 30 days. Review WIN Data and verify individual class cancellations at each site.</p> <p>Interview teachers, other staff and students.</p>	<p>Data review indicated that 7 of the sites remain non compliant and 1 site remains partially compliant in eliminating class cancellations except for verified safety and security reasons.</p>
<p>The CYA shall devise appropriate criteria for the exclusion of students from school and maintain a daily document that lists the number and names of all students who were excluded from school.</p>	<p>3.21</p>	<p>Review attendance records of a minimum of 5 teachers to verify that the location of missing students is identified.</p>	<p>At 2 sites, teachers were able to verify the location of missing students. The remaining sites were unable to fully document implementation of established criteria.</p>
<p>The record includes the name of the youth excluded, the name of the person who authorized his or her exclusion, the reason for his or her exclusion, and the duration of the exclusion.</p>	<p>3.22</p>	<p>Review exclusion from school forms at each site for 10 days out of the previous month for completeness of data recorded.</p>	<p>Seven sites are now substantially compliant in this area and are using Exclusion from School forms appropriately.</p>
<p>The attendance system will be integrated into the current WIN Data Base and will reflect accurate student attendance data.</p>	<p>3.23</p>	<p>Observe any students being pulled from class, held back on housing unit, or held over after meals to perform work details.</p>	<p>Improvements in this area were noted. Four sites were substantially compliant during this monitoring cycle. At some facilities, regular and special education students continue to be held back on the housing units for "programming" and for other reasons throughout the day. Three sites were non compliant and one site was partially compliant in this area.</p>
<p>A management team will review monthly data to remove barriers to the 240 minute minimum instructional day.</p>	<p>3.24</p>	<p>Verify existence and accuracy of WIN Data Base attendance information for the last 10 consecutive school days.</p>	<p>There were inconsistencies in the implementation of the WIN Data Base. Seven sites continue to receive partial or non compliance in this area.</p>
<p>Superintendent of Education and the Deputy Director, Institutions & Camps will review policies, data and practices related to education attendance and develop performance expectations by July 2005.</p>	<p>3.25</p>	<p>Review logs and minutes documenting the management team's monthly review of instructional time requirements.</p>	<p>Three of the sites documented substantial compliance with the requirement for management team review of the instructional time requirements. Additionally, three of the remaining sites had progressed to the point that partial compliance ratings were warranted.</p>
<p>Department wide staff training (including staff in restricted settings) will be provided by December 2005.</p>	<p>3.26</p>	<p>Review and evaluate performance expectations on attendance developed in July 2005.</p>	<p>File reviews indicated that performance expectations on attendance had not been developed at 5 of the sites.</p>
<p>Final implementation will take place in December 2005. Policy and procedures will be updated by July 2006.</p>	<p>3.27</p>	<p>Review and evaluate training plan, outline of topics and schedule. Verify staff attendance at the training.</p>	<p>File review indicated that training on attendance expectations had been provided at 4 of the sites. The remaining 4 sites failed to document or reported no training in this area, resulting in a finding of non compliance at those 4 sites.</p>
<p>Instructional teams will be required to develop incentives for increased school attendance.</p>	<p>3.28</p>	<p>Review and evaluate final implementation of attendance policies and procedures in December 2005.</p> <p>Review and evaluate revised policy and procedure in July 2006.</p> <p>Verify the development of incentives for increased school attendance.</p>	<p>There was documentation at 6 of the sites that attendance policies and procedures had been developed and implemented.</p>
<p>Instructional teams will be required to develop incentives for increased school attendance.</p>	<p>3.29</p>	<p>Verify the development of incentives for increased school attendance.</p>	<p>Four of the sites had implemented incentives for increased student attendance, receiving ratings of substantial compliance. Two sites were able to provide partial documentation of efforts, resulting in partial compliance ratings on this item.</p>

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<p>The Superintendent of Education will develop an Annual Academic Calendar each year by May 15. The Annual Academic Calendar will include 44 Student Advising/Case Conference days from the days that teachers and education specialists are scheduled to work. Adequate instructional space is provided at all facilities. A study on the adequacy of instructional space will be completed by May 2005. Written policy, procedure and practice provide a structured positive behavior management system in each CYA classroom statewide.</p>	<p>3.30</p>	<p>3.30 Review and evaluate annual school calendar.</p>	<p>The annual 220 day Standardized DJJ Academic Calendar had been approved by the Director and implemented at all sites.</p>
<p>The Annual Academic Calendar will include 44 Student Advising/Case Conference days from the days that teachers and education specialists are scheduled to work.</p>	<p>3.31</p>	<p>Review scheduling and utilization of the 44 student advising/case conference days per year.</p>	<p>All of the local school calendars indicated the inclusion of 44 student advising/case conference days per year. All sites were found to be in substantial compliance on this item.</p>
<p>Adequate instructional space is provided at all facilities. A study on the adequacy of instructional space will be completed by May 2005.</p>	<p>3.32</p>	<p>Review number and size of classrooms and CYA study of instructional space in May 2005. Monitor progress in meeting proposed classroom construction and renovation schedule. Verify the implementation of the behavior management system in the classrooms at each site.</p>	<p>Only 3 sites were determined to have adequate instructional space. The instructional space report has been completed and it identified where additional classroom space was needed. The consent decree indicated that a structured behavior management system would be developed and used in each classroom. Seven sites failed to document that a structured positive behavior management system was in use in classrooms. The remaining site has begun planning, but they have not implemented a management system, and they were rated as partially compliant.</p>
<p>An alternative behavior management classroom will be provided at each school.</p>	<p>3.34</p>	<p>Verify the use of the alternative behavior management classroom at each site.</p>	<p>None of the sites provided an alternative behavior management classroom.</p>
<p>Staff will be trained in the operation of the behavior management system.</p>	<p>3.35</p>	<p>Review and evaluate staff training outline, schedule and attendance.</p>	<p>Five of the sites failed to document the provision of training in the operation of a classroom behavior management system.</p>
<p>Staff are required to develop behavioral goals for special education students placed in restricted programs or review/revise existing goals.</p>	<p>3.36</p>	<p>Review behavioral goals in IEPs of all special education students placed in restricted programs. Interview IEP team members, psychologists and related service providers.</p>	<p>Three of the 4 sites with special management units (SMUs) failed to fully document or to adequately develop/revise behavioral goals of special education students placed in the restricted units.</p>
<p>All services in restricted placements will be delivered in small classroom settings whenever possible.</p>	<p>3.37</p>	<p>Verify existence of classrooms in restricted settings. Verify that all classrooms meet minimum CDOE size standards. Report the number of students in restricted settings served in small classrooms and the number not being served.</p>	<p>Only 1 of the 4 sites with special management units had adequate classroom space.</p>
<p>The CYA shall maintain a staffing ratio of 5:1 in all restricted programs. All staff assignments shall be aligned with specific course offerings as well as credential authorizations.</p>	<p>3.38</p>	<p>Review current and previous 30 school days' class rolls for all restricted school programs to determine staffing pattern. Verify teachers' credentials. Review high school graduation plans, IEPs and other documents to document assignment/instructional match.</p>	<p>One of the 4 sites with special management units provided an adequate number of fully credentialed teachers to meet these requirements.</p>

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<p>Written policy, procedures, and practice require high school administrators, together with their living unit counterparts, to be responsible for the following in supervising staff assigned to restricted placements:</p> <ol style="list-style-type: none"> 1) Use of a standardized format for reporting educational progress and data on students in restricted placements. 2) Use of a standardized checklist by school administrators to ensure students in restricted programs are receiving their full complement of mandated educational services. 3) In-service training for all education and living unit staff assigned to restricted programs regarding policy, guidelines, staff roles and responsibilities. 4) Technical assistance from the SB505 team process to assist in the development of guidelines and effective strategies for students frequently placed in restricted settings. 5) In-service training and assistance provided by special education teachers and specialists for living unit staff on effective strategies and interventions in working with students with disabilities. 	<p>3.39</p>	<p>Verify instructional program on restricted units by reviewing school schedule, education progress reports and school transcripts.</p> <p>Conduct direct observation of instructional program.</p> <p>Interview site administrators.</p> <p>Interview teachers, custodial staff and students.</p>	<p>None of the 4 sites with special management units met all of the criteria listed.</p>
<p>3.40</p>	<p>Verify that staff training and technical assistance are being provided.</p>	<p>All of the 4 sites with special management units were providing staff training and technical assistance.</p>	<p>All of the 4 sites with special management units were providing staff training and technical assistance.</p>

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IV. Curriculum			
Written policy, procedure and practice document that Curriculum Guides and instructional policies are aligned with the California Education Code for Public Schools related to curriculum, instruction and assessment.	4.1	Verify with written documentation that the CYA curriculum meets the Content Standards and Curriculum Frameworks for the California Public Schools.	All courses offered by the individual sites were California Education Standards driven and continue to meet state curriculum standards. All sites were in substantial compliance in this area.
	4.2	Verify with written documentation that there is a process in place to coordinate curriculum revisions and develop curriculum guides on a cyclical basis.	The process to coordinate curriculum revisions continues to be in place at all sites. This process satisfactorily satisfies this requirement, resulting in ratings of substantial compliance at all sites.
	4.3	Verify that Curriculum Guides with content, performance standards and process for instruction exist for all core area courses (English/Language Arts, Science, Mathematics, Social Studies) and vocational education courses taught in the CYA Schools.	Curriculum guides in all core courses and vocational areas were in place at all sites, resulting in ratings of substantial compliance for all of the 8 schools.
Core Curriculum Guides are made available to staff in electronic form by December 2005.	4.4	Verify that the core academic guides are available to all staff electronically in December 2005.	Core academic curriculum guides were available in electronic form as of 1/06. All sites reviewed after that date were in substantial compliance on this item.
Written policy, procedure, and practice require all school sites to meet California DOE and WASC standards for textbooks, library books, and educational supplies and materials.	4.5	Compare the number of textbooks and library books at each site with applicable standards.	All sites continue to meet the California standards for textbooks and library books and received ratings of substantial compliance.
Each site will conduct an annual inventory beginning in August 2005 and needs assessment to determine if additional materials and equipment are needed.	4.6	Verify in August 2005 that the annual inventory and needs assessment has been conducted.	The annual inventory and needs assessment continue to be conducted at all sites, resulting in ratings of substantial compliance.
Textbooks and library books are available to all students both in classrooms and on living units.	4.7	Observe whether adequate supplies and materials are available at each site to support the curriculum offerings. Verify the availability of textbooks and library materials to students in classrooms.	It was documented that 6 of 8 sites had an adequate supply of textbooks and library books to support the educational program.
The Education Services Branch will identify the core books that comprise the mini-libraries and the school librarian will maintain the inventory of the mini-library.	4.8	Verify availability of core books in the mini-libraries on the living units according to the inventory prepared by the school librarian.	Six of the sites continue to fail to provide mini-libraries on the living units; the mini-libraries continue to be in various states of completion.
Written policy, procedure, and practice require that opportunities are provided for school leadership personnel to continue professional development throughout their careers.	4.9	Verify the implementation of the Staff Development Plan for leadership personnel.	Seven sites were able to provide complete documentation to indicate that staff development was being provided to leadership personnel.

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<p>Annual training including compliance requirements, updated policies and procedures, examples of best practice, implementation issues and other related topics will be provided to site administrators, teaching and custody staff and other stakeholders. The frequency of the training scheduled will be dependent on each individual's role in the process and may vary from quarterly to annually.</p>	<p>4.10</p>	<p>Verify in-service schedule including dates and outline of topics.</p>	<p>Seven sites documented compliance with the training requirements.</p>
<p>Written policy, procedure, and practice require that Trade Advisory Committees are implemented to provide appropriate programming and liaison between the CYA, community and potential employers.</p>	<p>4.11</p>	<p>Verify staff attendance at training through inspection of in-service roll information and review of Principal's Monthly Report.</p>	<p>Six sites provided complete documentation verifying staff attendance at training.</p>
<p>Written policy, procedure, and practice require that Trade Advisory Committees are implemented to provide appropriate programming and liaison between the CYA, community and potential employers.</p>	<p>4.12</p>	<p>Verify the formation of advisory committees at each site by May 2005 and their quarterly meetings.</p>	<p>Advisory committees are functioning at the six of the sites. Two sites failed to fully document the implementation of Trade Advisory committees.</p>
<p>Written policy, procedure and practice require a distance delivery system to provide opportunities for instruction and interaction in different locations. Distance education courses for high school graduation meet Content Standards for California Public Schools.</p>	<p>4.13</p>	<p>Verify the use of annual surveys to provide vocational course planning by July 2005.</p>	<p>The Division of Juvenile Justice continues to conduct annual surveys to provide vocational course planning, resulting in a finding of substantial compliance at all sites.</p>
<p>Global Classrooms will be available at each site by June 2006.</p>	<p>4.14</p>	<p>Verify the use of annual Career Technical job studies to determine the effectiveness of CTE programs.</p>	<p>The Division of Juvenile Justice has conducted job studies to determine the effectiveness of the CTE program, resulting in a finding of substantial compliance at all sites.</p>
<p>In restricted settings, distance learning will be utilized as one of the methods used to accommodate student instructional needs. Distance learning will not exempt the restricted settings from the use of instructional staff to provide direct support service to students and will not result in a reduction of the required 240 instructional minute per school day requirement.</p>	<p>4.15</p>	<p>Verify the existence of the use of technology at each site by June 2005.</p>	<p>Teacher interviews and observation indicated the existence of technology hardware and software at all of the sites. Four sites demonstrated consistent use of the available technology resources.</p>
<p>An automated library system will be installed at each high school by June 2006.</p>	<p>4.16</p>	<p>Verify that distance learning course content meets Content Standards.</p>	<p>In five sites where distance learning was in use, the courses met content standards. The remaining 3 sites received non compliance ratings due to their failure to implement this standard.</p>
<p>Global Classrooms will be available at each site by June 2006.</p>	<p>4.17</p>	<p>Verify implementation and use of Global Classrooms distance learning.</p>	<p>Only 2 sites had fully implemented Global Classrooms distance learning.</p>
<p>In restricted settings, distance learning will be utilized as one of the methods used to accommodate student instructional needs. Distance learning will not exempt the restricted settings from the use of instructional staff to provide direct support service to students and will not result in a reduction of the required 240 instructional minute per school day requirement.</p>	<p>4.18</p>	<p>Verify use of distance learning in restricted settings by direct observation, lesson plan and transcript review.</p>	<p>None of the 4 sites having special management units had fully implemented distance learning at the time of the reviews.</p>
<p>An automated library system will be installed at each high school by June 2006.</p>	<p>4.19</p>	<p>Verify implementation and use of the automated library system.</p>	<p>Library automation has been fully implemented at 2 sites, partial implementation had occurred at 1 site and the remaining 5 sites failed to meet the criteria for compliance in this area.</p>

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<p>Written policy, procedures, and practice require the use of course syllabi, units of instruction and lesson plans by teachers.</p>	<p>4.20</p>	<p>Verify through teacher observation evidence of the use of course syllabi, units of instruction and lesson plans. Interview teachers, students and administrators for evidence of the use of lesson plans, course syllabi and units of instruction.</p>	<p>All sites monitored were either substantially compliant (5) or partially compliant (3) in the use of course syllabi and lesson plans by teachers.</p>
<p>Quarterly classroom observations will be conducted by school administrators based on a rubric aligned with the California Standards for the Teacher Profession (CSTP). Implement the 5 Year Strategic Plan and Comprehensive Reading Initiative to improve the quality of instruction in reading/language arts and mathematics.</p>	<p>4.21</p>	<p>Verify the practice of quarterly teacher observations by administrators using the revised rubric for Classroom Observation.</p>	<p>Quarterly teacher observations were not being consistently conducted at any of the 8 sites. Three (3) sites were rated partially compliant in this area.</p>
<p>Education policies will be revised and made available to staff electronically by June 2006.</p>	<p>4.22</p>	<p>Verify that the strategic plan and reading initiative are being implemented at each site.</p>	<p>The comprehensive reading initiative, the Holt and Highpoint Reading program, was fully implemented at 7 sites.</p>
<p>Education policies will be revised and made available to staff electronically by June 2006.</p>	<p>4.23</p>	<p>Verify that policies have been revised to reflect changes in operations.</p>	<p>Policies have been revised to reflect changes in operations at all sites.</p>
	<p>4.24</p>	<p>Verify that policies are made available to staff electronically by June 2006.</p>	<p>Policy revisions in electronic format were fully available at 7 sites.</p>

<p>V. Special Education The Special Education Policy Manual will be approved and available to staff by September 2005. The Special Education Manual will meet all state and federal regulations.</p>	<p>5.1 Verify that the manual is complete and made available to staff by September 2005.</p> <p>5.2 Verify that Special Education Manual meets all relevant state and federal rules and guidelines. Review 10 or 10%, whichever is greater, of newly transferred student files at each site to verify that completed special education files are transferred to the receiving CYA facility and fully implemented within 4 school days of student's arrival.</p> <p>5.3 Review 10 or 10%, whichever is greater, of newly transferred student files at each site to verify that CYA special education screening procedures are being followed and that students are being referred for psychological testing as needed for new identification.</p> <p>5.4 Interview teachers to review informal procedures used to identify special education students in classrooms.</p> <p>5.5 Review 10 or 10%, whichever is greater, of special education student files at each site to verify that students are being referred for psychological testing as needed to update expired eligibility reports. In the same sample, determine whether psychological testing and reports are done in a reasonable time period and if reports are complete and useful.</p> <p>5.6 During site visits and staff interviews, determine whether each CYA facility provides a continuum of placement options, including the full range of time, frequency and duration within each option.</p> <p>5.7 During site visits and through staff interviews, determine whether the continuum of available special education services is provided to all eligible students including those assigned to restricted settings.</p> <p>5.8 Review 10, or 10% whichever is greater, of special education student files at each site to verify that eligible students are receiving the required number of segments and full instructional day. Interview special education students to verify that services listed in IEPs are being provided.</p> <p>5.9 Determine completeness and accuracy of special education data collection system (includes type of disability, number and type of segments, etc.)</p>	<p>All sites were able to document that approved Special Education Policy manuals were available.</p> <p>The manual meets current CDOE requirements.</p> <p>Two sites were implementing IEPs within 4 days of the student's arrival. Complete special education files continue not to be consistently transferred to the receiving facilities in a timely manner.</p> <p>Five programs continue to document that DJJ special education screening procedures were being followed and that students were being referred for psychological testing as needed for new identification.</p> <p>Six facilities continue to document that instructional staff are aware of informal procedures used to identify special education students in the classroom.</p> <p>Six sites are now able to verify that students are being referred for psychological testing as needed to update expired eligibility reports. They continue to demonstrate that psychological testing and reports are consistently completed in a reasonable time period.</p> <p>One site provided the required continuum of placement options, including the provision of a full school day to all eligible special education students. The remaining 7 sites fail to fully provide educational services in the frequency or duration indicated in IEPs.</p> <p>One site provided a full continuum of special education services to all eligible students, including the students in their more restricted units such as the special management units (SMUs).</p> <p>Two sites documented that special education eligible students were consistently receiving the required number of segments and full instructional day.</p> <p>The special education data collection system was verified as accurate at 3 sites.</p>
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<p>Written policies, procedures and practice require that assessment procedures and products be updated and standardized by August 2005.</p>	<p>5.10</p>	<p>Verify that the revised standards are established and that the timelines are being met.</p>	<p>At 7 sites, timelines were being consistently met.</p>
<p>In-service training will be provided. Reports of assessment completion rates will be provided monthly as of October 2004.</p> <p>The process will be fully implemented, including the county intake process by December 2005.</p>	<p>5.11 5.12</p>	<p>Verify that in-service training on assessments is provided. Review monthly reports of assessment completions.</p> <p>Verify whether the revised assessment procedures, including county intake processes, have been implemented.</p>	<p>Six sites were able to document that staff training on assessments had been provided. All programs were able to document that reports of assessment completions were compiled monthly.</p> <p>Revision of assessment procedures, including county intake processes, was scheduled to be fully implemented in December, 2005. All of the 8 programs reviewed after the implementation due date failed to document implementation of revised assessment procedures, resulting in findings of non compliance for all sites.</p> <p>None of the 8 sites have documented that collaborative agreements had been completed between clinic administrators and intake and court service units regarding IEPs of incoming students.</p>
<p>Written policy, procedures, and practice require that the CYA and clinic administrators will work collaboratively with Intake and Court Service units to ensure compliance with regulations regarding the provision of IEPs prior to the acceptance of the physical custody of the student.</p>	<p>5.13</p>	<p>Verify existence of collaborative agreements.</p>	<p>None of the 8 sites have documented that collaborative agreements had been completed between clinic administrators and intake and court service units regarding IEPs of incoming students.</p>
<p>The CYA shall substantially implement pre-existing valid Individual Education Plans (IEPs).</p>	<p>5.14</p>	<p>Verify established procedures that enforce requirements.</p>	<p>No site documented the existence of procedures regarding responsibilities of intake and court service units for IEPs of incoming students.</p>
<p>If the previous school's IEP includes services that cannot be provided by CYA (e.g., community-based activities) or in the event that service hours or program offerings are reduced due to restricted placement, the cessation and rationale for the changes in these services must be noted on the interim/continued services information in the student's IEP.</p>	<p>5.15</p>	<p>Review 10 or 10%, whichever is greater, of special education files at each site to verify that students were provided services according to requirements of pre-existing valid IEPs.</p>	<p>Three of the sites demonstrated full compliance in providing services according to requirements of pre-existing valid IEPs. Additionally, 3 sites were identified as partially compliant in this area.</p>
<p>When there is no IEP, special education eligibility will be determined and team meetings will be held in a timely manner. Required participants will be in attendance.</p>	<p>5.16</p>	<p>Review 10 or 10%, whichever is greater, of special education files to verify that any changes in an IEP are documented with the rationale stated.</p>	<p>When service hours or program offerings were reduced, 5 sites failed to provide consistent justification in the form of minutes stating rationale or IEP team consensus.</p>
<p>When there is no IEP, special education eligibility will be determined and team meetings will be held in a timely manner. Required participants will be in attendance.</p>	<p>5.17 5.18</p>	<p>Review 10 or 10%, whichever is greater, of special education files to verify that eligibility determination is made prior to holding IEP meeting.</p> <p>In same files, verify that IEP meetings are held within prescribed time frame and if not, that proper documentation exists as to the reason.</p> <p>In same files, verify that IEP notices are sent as required and that required participants are present. If regular education teachers are not there, ensure that they are made aware of IEP provisions.</p>	<p>Five sites were found to be substantially compliant with the requirement to determine eligibility prior to holding IEP meetings.</p> <p>Four sites failed to hold or to properly document that IEP meetings were held within prescribed time frames or they failed to consistently maintain documentation that regular education teachers not present at the IEP meetings were made aware of the IEP provisions designed to be implemented in the regular education classes.</p>

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<p>Each IEP developed or modified at a CYA facility shall include documentation of the team's consideration of the student's need for related services and transition planning.</p>	<p>5.19</p>	<p>Review 10 or 10%, whichever is greater, of special education files at each site for consideration of need for related services and/or transition planning. Interview teachers regarding consideration of related services and transition planning.</p>	<p>At all sites, consideration of students' needs for related services was fully or partially documented in the IEP minutes. In the IEPs reviewed at all sites, transition goals continued to be viewed as not measurable.</p>
<p>In-service training shall be provided to special education teachers in the following areas:</p> <ol style="list-style-type: none"> 1) Alignment of goals and objectives 2) Periodic progress or benchmark reviews. 3) Use of the least restrictive environment 4) Transition services 5) Accommodations and modifications in the general education classroom 6) Compensatory services 	<p>5.20</p>	<p>Verify in-service training schedule including dates and outline of topics. Verify staff attendance through inspection of in-service roll information and review of Principal's Monthly Report</p>	<p>All programs continue to be able to provide extensive documentation and verification of ongoing special education training.</p>
<p>The CYA shall develop and implement a system to provide for the documentation of student progress related to his/her IEP goals and objectives based on the dates identified on the IEP. The system will ensure that progress reviews are routinely practiced by each special education provider.</p>	<p>5.21</p>	<p>Verify that special education staff are provided with standardized formats for documentation of review. Review 10 or 10%, whichever is greater, of special education files to verify that progress reviews meet the IEP schedule. Interview special education teachers regarding progress reviews.</p>	<p>All of the sites documented that special education staff had been provided training on and given standardized formats for documentation of IEP progress review. Four sites were able to consistently document review of IEP benchmarks.</p>
<p>Written policy, procedures, and practice require that compensatory special education services are provided to students if significant gaps of missed service occur or are projected to occur, and if such services cannot be made up during the course of the week or designated period of time.</p>	<p>5.22</p>	<p>Review Administrator's Compensatory Services Plan. Through teacher and student interviews, verify that compensatory services are provided to students when required.</p>	<p>The Request for Compensatory Services form and log were located at all sites. The formal Administrator's Compensatory Services Plan was available. Seven sites were unable to fully document the consistent provision of compensatory services to eligible special education students.</p>
<p>The CYA shall establish an Education Stakeholders' Committee by August 2005 consisting of departmental, other interagency participants and community members including parents of CYA students. This committee will meet quarterly and serve as an advisory body to the Superintendent of Education and the Executive Team.</p>	<p>5.23</p>	<p>Review formal minutes of Stakeholders' meetings including dates, agenda, membership and recommendations.</p>	<p>Seven sites provided full documentation of the establishment of an Education Stakeholders' Committee that met quarterly and included departmental staff, other interagency participants and community members, including parents of DJJ students.</p>

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<p>Training on special education will be provided by the CYA to all education staff and administrators, treatment and custody staff and administrators and other stakeholders starting July 2005. Training will use the approved Special Education Manual, approved forms and data collection systems. The frequency of the training scheduled will be dependent on each individual's role in the process and may vary from quarterly to annually.</p>	<p>5.24</p>	<p>Verify in-services schedule including date and topics. Verify staff attendance through inspection of in-service roll information and review of Principal's Monthly Report.</p> <p>Verify schedule using CYA Master Calendar</p>	<p>All sites documented efforts by DJJ staff to provide training on special education topics to all education staff and administrators, treatment and custody staff and other stakeholders beginning in July 2005.</p> <p>All sites have implemented the DJJ Master Calendar.</p>
<p>The Regional Program Specialist shall conduct at least quarterly site reviews of each school's special education compliance efforts and status.</p>	<p>5.25</p>	<p>Review quarterly site review reports</p>	<p>Central Office staff assigned to the sites had conducted quarterly site reviews at 7 of the schools to document special education compliance efforts and status. The remaining program had been reviewed once during the school year.</p>

VI. California High School Exit Exam			
<p>The state assessment program is conducted according to schedules and procedures established by the CYA and the California Department of Education. State mandated tests are administered according to the guidelines prescribed by the CYA and the DOE. Each eligible student in CYA shall have access to each mandated educational assessment.</p>	<p>6.1</p>	<p>Verify the use of the state mandated testing schedule through observation and interviews.</p> <p>Through student interviews and file reviews, verify access of eligible students to the state mandated exam.</p>	<p>All of the 8 sites were in substantial compliance. The statewide testing schedule continues to be followed.</p>
<p>Instruction provided to students is relevant to all areas tested on California Graduation Test.</p>	<p>6.2</p>	<p>The CYA will provide written verification that the content of its curriculum guides in English-language arts and mathematics is related to items on the California Graduation Test.</p>	<p>All of the 8 sites were in substantial compliance.</p>
<p>Students have multiple opportunities to pass the CAHSEE according to state regulations.</p>	<p>6.3</p>	<p>Through student interviews and file reviews, verify that eligible students have appropriate opportunities to pass the state mandated exam.</p>	<p>All sites were in substantial compliance. Students continue to be provided with appropriate opportunities to pass the state mandated exams.</p>
<p>All students who are eligible for accommodations in testing will be provided the accommodations specified by their IEPs or Section 504 plans. Test variations are also available to English learners who regularly use them in the classroom. Students who are eligible for test variations must adhere to the CDE guidelines for test variations.</p>	<p>6.4</p>	<p>Verify by records review of students taking state mandated exams that appropriate accommodations, modifications or variations were provided as a part of testing procedures (in accord with CDE guidelines.)</p>	<p>Seven sites demonstrated that they were fully compliant with the requirement that students receive appropriate accommodations and modifications as a part of their testing procedures in accord with CDE guidelines.</p>
<p>Students who take the CAHSEE with a modification and receive the equivalent of a passing score are eligible for the waiver request process. Students who are eligible will be granted waivers based on the SBE (State Board of Education) process and policy.</p>	<p>6.5</p>	<p>Verify by records review of students taking state mandated exams that waivers were requested for students with modifications who receive equivalent passing scores (in accord with CDE guidelines.)</p>	<p>Students who were eligible were granted waivers based on the SBE process. Seven sites were given ratings of substantial compliance in this area.</p>
<p>Schools are required to provide remediation to students at risk of not graduating from high school due to the test requirements. Each site principal has a plan to track student progress on the test and provide direct remediation to any student failing one or both test sections.</p>	<p>6.6</p>	<p>Verify by records review of students taking the test that students failing at least one part of the exam were provided specific remediation related to test items.</p>	<p>At 6 sites, students failing at least one part of the exam were being provided remediation through a test preparation class or enrollment in a course designed to review and specifically remediate areas where remediation was needed.</p>

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<p>Student achievement on the CAHSEE is monitored and evaluated. School improvement plans address efforts to improve student achievement in the areas tested.</p>	<p>6.7</p>	<p>Review and evaluate data on student achievement on the CAHSEE to determine whether school improvement plans are based on test achievement data.</p>	<p>At 7 sites, review of the School Improvement Plans indicated that achievement data was used to develop school wide goals.</p>
<p>Students who are unable to pass the CAHSEE have additional options to complete their education. Students may pass the GED or California Proficiency Exam. Students unable to achieve a high school diploma or pass an equivalency exam are awarded a Certificate of Course Completion.</p>	<p>6.8</p>	<p>Review and evaluate data on students to determine whether they are being provided the full range of alternatives available (diplomas, equivalency tests, certificates of completion).</p>	<p>Five of the sites failed to provide a full range of alternatives for students to complete their education when they are unable to obtain a high school diploma.</p>

Attachment B
California Remedial Plan Site Compliance
Report

California Remedial Plan Site Compliance Report							
Area : EDUCATION		Reviewers: Dr. Tom O'Rourke, Dr. Robert Gordon		From September 2006 through April 2007			
Ratings: SC = Substantial Compliance		PC = Partial Compliance		NC = Non-Compliance			
SC or N/A-no highlight		PC-yellow highlight		NC-red highlight			
Site	Romero	Boss	Chaderjian	Egan	Nelson	Wieden	Perry
Date of Review	9/20/06	10/17/06	10/20/06	1/10/07	2/15/07	2/13/07	4/24/07
Items Reviewed	Compliance Ratings						
I. Overview							
1.1 Schools meet WASC accreditation standards	SC	SC	SC	SC	SC	SC	SC
1.2 Curriculum meets CA state standards	SC	SC	SC	SC	SC	SC	SC
1.3 High School Graduation Plans in records	SC	SC	SC	NC	NC	SC	SC
1.4 Semi-annual reviews of High School Graduation Plans	PC	NC	NC	NC	NC	SC	PC
1.6 Progress being made toward high school diplomas	NC	NC	NC	NC	NC	SC	PC
1.7 English Language Learner screening & services	SC	SC	PC	NC	SC	SC	SC
1.8 Transition planning (90 days prior to release)	NC	SC	SC	NC	NC	SC	SC
II. Staffing							
2.1 Teachers hold valid CA credentials and teach in-field	SC	SC	NC	NC	NC	SC	SC
2.2 Adequate credentialed staff in content areas for graduation	NC	SC	NC	NC	NC	PC	SC
2.3 Recruitment plan for education staff and 2 recruiters	PC	SC	PC	SC	NC	SC	PC
2.4 Time between education vacancy and hiring	NA	PC	NC	NC	PC	SC	NC
2.5 Pool of substitute teachers = 15% of teaching staff	NC	SC	NC	NC	NC	PC	PC
2.6 Class not cancelled due to teacher absence/lack of substitutes	NC	PC	NC	NC	NC	NC	NC
2.7 In-field teacher used for teacher vacancy of 45 days	SC	PC	PC	NC	NC	SC	SC
2.8 Psychologist and related service providers available for input	SC	SC	NC	SC	PC	SC	PC
2.9 Time from referral for testing and report completed	SC	SC	SC	NC	SC	SC	SC
2.10 Time from referral for related services to service delivery	SC	SC	NC	NA	NA	NA	SC
2.11 2 school psychologists for each restricted program	SC	NA	SC	SC	NA	SC	NA

Site	Romero	Boss	Chaderjian	Egan	Nelson	Wieden	Perry
III. Student Access & Attendance							
3.1 Standardized Academic Calendar meets CA requirements	SC	SC	SC	SC	SC	SC	SC
3.2 Standardized Academic Calendar-basis of student services	SC	SC	SC	SC	SC	SC	SC
3.3 Policy & practice-all students enrolled within 4 days	NC	PC	PC	NC	NC	NC	SC
3.4 Registrars request records on new students within 4 days	SC	NC	NC	NC	NC	SC	SC
3.5 Students meeting GED criteria have GED opportunity	NC	SC	PC	NC	PC	SC	SC
3.6 SCT services for students with academic/ behavioral problems	PC	SC	PC	NC	SC	SC	PC
3.7 SCT records of interventions and referrals	SC	SC	NC	NC	SC	SC	NC
3.8 Students not making academic progress referred to SCT	NC	NC	PC	NC	PC	SC	NC
3.9 Development of SCT tracking system	SC	SC	PC	NC	SC	SC	PC
3.10 Documentation of progress reviews of SCT plans	SC	PC	NC	NC	SC	SC	NC
3.11 SCT logs show follow-through on eligibility testing	SC	PC	NC	NC	SC	SC	NC
3.12 Students referred from SCT receive special education testing	SC	SC	NA	NC	SC	SC	NC
3.13 SCT training (procedures, roles & responsibilities, forms)	SC	SC	SC	NC	SC	SC	SC
3.14 Teachers informed of missing student's whereabouts	PC	SC	PC	NC	NC	PC	SC
3.15 Document school attendance for previous 30 days	NC	NC	NC	NC	NC	NC	NC
3.16 Cooperative Agreements to ensure students' attendance	NC	NC	PC	NC	NC	NC	SC
3.17 Quarterly reviews of school attendance by Executive Team	SC	SC	SC	SC	SC	SC	SC
3.18 Plans (due 4/05) to remediate deficient attendance	NC	NC	SC	NC	NC	SC	NC
3.19 Quarterly corrective action plans for high absence rates	NC	NC	NC	NC	NC	NC	NC
3.20 Policy & procedure to eliminate class cancellations	NC	NC	NC	NC	NC	PC	NC
3.21 Teacher records indicate whereabouts of missing students	PC	SC	NC	NC	PC	PC	SC
3.22 Exclusion from school forms have complete data	SC	SC	SC	PC	SC	SC	SC
3.23 Observation of students not being sent to school	SC	NC	NC	NC	SC	PC	SC
3.24 Accurate attendance data in WIN database	PC	PC	SC	NC	PC	PC	NC
3.25 Mgmt team monthly review of attendance data	SC	PC	SC	NC	NC	PC	PC
3.26 Performance expectations on attendance (due 7/05)	NC	NC	NC	SC	NC	NC	SC
3.27 Training on attendance expectations	NC	NC	NC	SC	NC	SC	SC
3.28 Implementation of attendance policy & procedures (due 12/05)	SC	SC	SC	NC	NC	SC	SC
3.29 Incentives developed for increased school attendance	SC	PC	PC	NC	SC	SC	SC
3.30 Annual state school calendar implemented	SC	SC	SC	SC	SC	SC	SC
3.31 Yearly calendar w/44 student advising/case conference days	SC	SC	SC	SC	SC	SC	SC
3.32 Adequate instructional space	PC	SC	PC	NC	SC	NC	SC
3.33 Structured classroom behavior management system	NC	NC	PC	NC	NC	NC	NC
3.34 Alternative behavior management classroom at each site	NC	NC	NC	NC	NC	NC	NC
3.35 Staff training on behavior management system	NC	PC	SC	NC	NC	SC	NC
3.36 Behavioral goals for spec. ed. students-restricted programs	PC	NA	NC	NC	NA	SC	NA
3.37 Use of small classrooms (adequate size) in restricted settings	NC	NA	SC	NC	NA	NC	NA
3.38 Staff ratio & credentialled teachers in restricted settings	SC	NA	NC	NC	NA	NC	NA
3.39 Instructional program in restricted placements	NC	NA	NC	NC	NA	NC	NA
3.40 Training provided to staff in restricted settings	SC	NA	SC	SC	NA	SC	NA

Site	Romero	Boss	Chaderjian	Egan	Nelson	Wieden	Perry
IV. Curriculum							
4.1 Curriculum Guides & policies aligned with CA Education code	SC	SC	SC	SC	SC	SC	SC
4.2 Process to develop and revise curriculum on cyclical basis	SC	SC	SC	SC	SC	SC	SC
4.3 Curriculum guides for all core & vocational classes	SC	SC	SC	SC	SC	SC	SC
4.4 Core Curriculum Guides available in electronic form (due 12/05)	SC	SC	SC	SC	SC	SC	SC
4.5 Schools meet CA & WASC standards for books & materials	SC	SC	SC	SC	SC	SC	SC
4.6 Annual inventory & needs assessment of books & equipment	SC	SC	SC	SC	SC	SC	SC
4.7 Textbooks & library books available in classrooms	PC	SC	SC	NC	SC	SC	SC
4.8 Books available in mini-libraries on living units	NC	NC	NC	NC	SC	NC	SC
4.9 Professional development for school leadership personnel	SC	SC	SC	NC	SC	SC	SC
4.10 Training schedule on new procedures-educ & custody staff	SC	SC	SC	NC	SC	SC	SC
4.11 Training attendance-new procedures-educ & custody staff	PC	SC	SC	NC	SC	SC	SC
4.12 Formation of Trade Advisory Committees & quarterly meetings	SC	SC	SC	SC	NC	SC	PC
4.13 Annual surveys for vocational course planning (due 7/05)	SC	SC	SC	SC	SC	SC	SC
4.14 Annual Career Technical job studies to evaluate CTE programs	SC	SC	SC	SC	SC	SC	SC
4.15 Use of technology at each site (due 6/05)	PC	PC	PC	PC	SC	SC	SC
4.16 Distance learning courses meet CA Content Standards	SC	NC	NC	NC	SC	SC	SC
4.17 Use of Global Classrooms distance learning (due 6/06)	PC	NC	PC	NC	PC	PC	SC
4.18 Distance learning provided in restricted units	NC	NA	NC	NC	NA	PC	NA
4.19 Automated library system at each HS (due 6/06)	SC	NC	NC	SC	NC	NC	NC
4.20 Teachers use course syllabi & lesson plans	PC	SC	PC	PC	SC	SC	SC
4.21 Quarterly teacher observations using revised rubric	NC	NC	NC	NC	NC	PC	PC
4.22 5 year strategic plan & reading initiative implemented	SC	SC	SC	NC	SC	SC	SC
4.23 Policies revised to reflect operational changes	SC	SC	SC	SC	SC	SC	SC
4.24 Education policies available electronically (due 6/06)	SC	SC	SC	PC	SC	SC	SC

Site	Romero	Boss	Chaderjian	Egan	Nelson	Wieden	Perry
V. Special Education							
5.1 Special Education Policy Manual revised & available (due 9/05)	SC	SC	SC	SC	SC	SC	SC
5.2 Files transferred & services implemented in 4 days	NC	NC	NC	NC	NC	PC	SC
5.3 Screening provided and referrals for psychological testing	SC	PC	PC	NC	SC	SC	SC
5.4 Teachers identify special ed students in classrooms	SC	SC	PC	PC	SC	SC	SC
5.5 Referral for testing-update eligibility; reports complete & timely	SC	SC	NC	NC	SC	SC	SC
5.6 Site has full continuum of placement options	PC	NC	NC	NC	PC	NC	PC
5.7 Continuum of services available in restricted settings	NC	NA	NC	NC	NA	NC	NC
5.8 Segments & services listed in IEPs are provided	PC	NC	NC	NC	NC	NC	SC
5.9 Accuracy & completeness of special education data system	SC	NC	NC	NC	PC	NC	SC
5.10 Assessment procedures updated & standardized	SC	SC	SC	NC	SC	SC	SC
5.11 Training and reports of assessment completion rates	SC	SC	NC	SC	SC	SC	PC
5.12 Procedures standardized, including county intake (due 12/05)	NC	NC	NC	NC	NC	NC	NC
5.13 Clinics-agreements with Intake & CS on providing IEPs	NC	NC	NC	NC	NC	NC	NC
5.14 Procedures for Intake & CS on providing IEPs	NC	NC	NC	NC	NC	NC	NC
5.15 Pre-existing valid IEPs implemented	SC	SC	NC	NC	PC	PC	SC
5.16 Changes in IEPs documented w/rationale	SC	SC	NC	NC	PC	PC	SC
5.17 Eligibility determined prior to IEP meeting	SC	SC	NC	NA	PC	SC	SC
5.18 IEP eligibility meetings held timely & with notices, participation	SC	SC	NC	NC	PC	SC	SC
5.19 IEPs include consideration of related svc/transition planning	PC	PC	PC	PC	SC	PC	PC
5.20 Training on specific topics for special ed teachers	SC	SC	SC	SC	SC	SC	SC
5.21 System of IEP progress reviews implemented	NC	SC	NC	NC	SC	SC	SC
5.22 Compensatory special education svc provided when needed	NC	PC	NC	NC	NC	PC	NC
5.23 Education Stakeholders' Committee w/quarterly meetings	PC	SC	SC	SC	SC	SC	SC
5.24 Training to education and custody staff on Spec Educ Manual	SC	SC	SC	SC	SC	SC	SC
5.25 Regional Prog Specialist site reviews of spec ed compliance	PC	SC	SC	SC	SC	SC	SC
VI. California High School Exit Exam							
6.1 CA assessment program provided to eligible students	SC	SC	SC	SC	SC	SC	SC
6.2 CYA curriculum in LA & math related to Graduation Test	SC	SC	SC	SC	SC	SC	SC
6.3 Students have multiple opportunities to pass state exam	SC	SC	SC	SC	SC	SC	SC
6.4 Students have appropriate test accommodations /modifications	SC	SC	SC	NC	SC	SC	SC
6.5 Students with equivalent passing scores- waivers requested	NC	SC	SC	SC	SC	SC	SC
6.6 Students failing test receive remediation	NC	SC	SC	PC	SC	SC	SC
6.7 Test data is monitored & basis of school improvement plans	SC	SC	SC	NC	SC	SC	SC
6.8 Students have range of alternatives to complete education	NC	SC	NC	NC	PC	PC	SC

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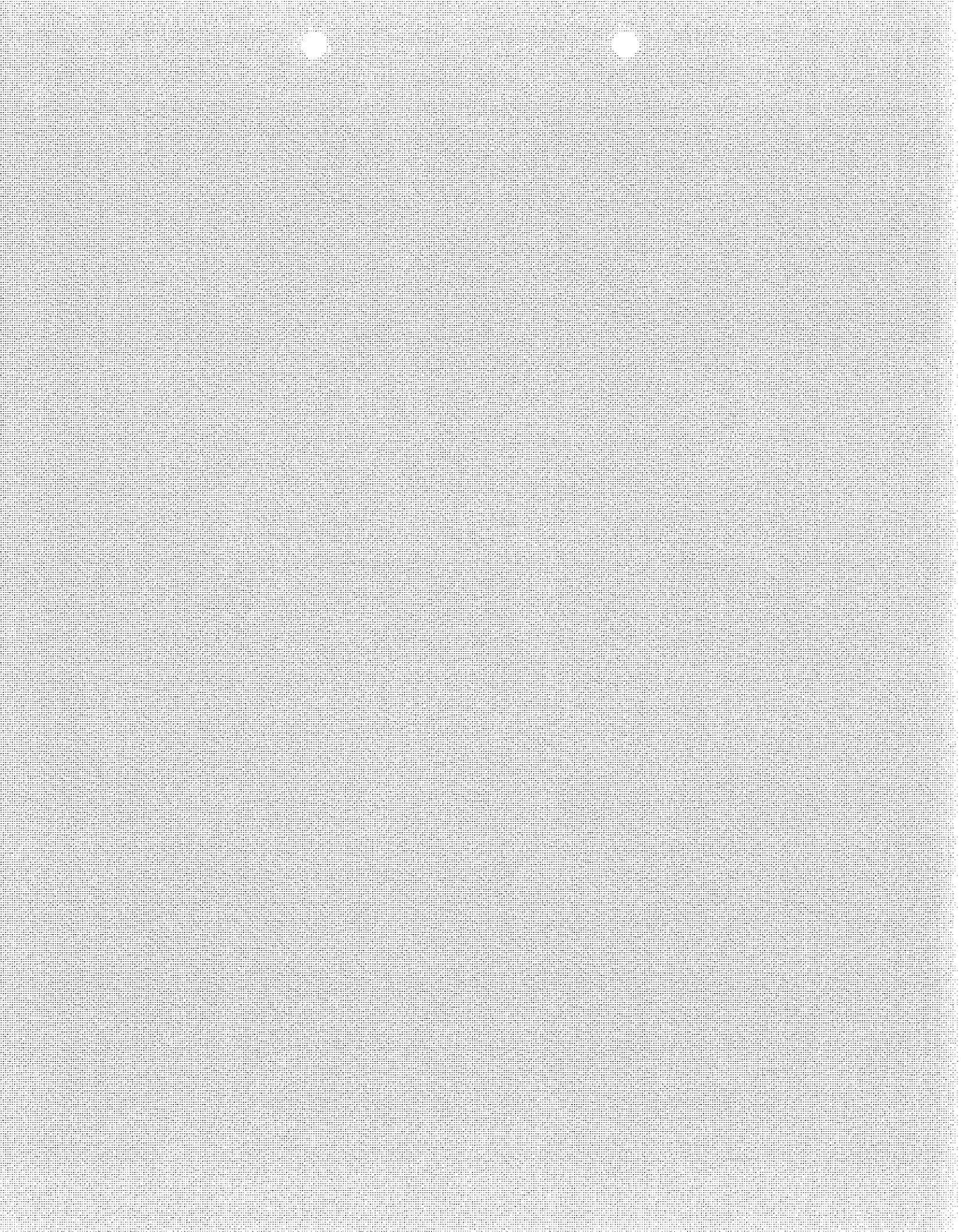
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Appendix E
DJJ Staffing Report

Headquarters Positions - 6/15/07						
Offices	Classification	Budgeted Positions	# of Filled	# in Progress	# of Vacancies	Comments
Education Services	AGPA/SSA	4.0	4.0			Commitment made 5/25/07
	Assistant Chief of Educ.	2.0		2.0		Advertisement will be scheduled
	CEA	2.0	1.0	1.0		Interviews scheduled 6/07
	Executive Assistant	1.0	1.0			
	MST	0.0	0.0			Reclassified to Sup. Of Acad. Instruction
	Office Assistant (T)	3.0	3.0			
	Office Services Sup. II	1.0	1.0			
	Office Technician (T)	3.0	3.0			
	Staff Services Manager III	1.0	1.0			Reclassified from YA Administrator
	Sup. Of Acad. Instruction	1.0	1.0			Reclassified from MST
	Sup. Of Corr. Education	7.0	6.0		1.0	Hold pending reclass
	Teachers	2.0			2.0	Hold pending reclass
	Teaching Assistant	2.0			2.0	Hold pending reclass
	YA Administrator	0.0	0.0			Reclassified to SSMIII
Executive Office	Chief Deputy Secretary	1.0	1.0			
	Dir. Div. of Juvenile Facilities (Exempt)	1.0	1.0			
	Executive Assistant	1.0	1.0			
	Executive Secretary I	1.0		1.0		Advertising 6/07
Facilities (DJJ)	AGPA/SSA	9.0	9.0			
	Administrative Assistant II	1.0	1.0			
	CEA	2.0	1.0	1.0		Advertising 7/07

Programs	Administrative Assistant II	1.0		1.0		Anticipated interviews 6/07 Mr. Warner recruiting for this position on a nationwide basis. Awaiting response. Anticipated Interviews 6/07
	Director, Division of Juvenile Programs (Exempt)	1.0		1.0		
	Executive Secretary	1.0		1.0		
Reform Team	AGPA/SSA	10.0	8.0	2.0		Interviews 6/07
	Casework Specialist	1.0		1.0		Advertised and Interviewed Candidate selection in progress.
	CEA	1.0		1.0		
	Chief, Classification, case Mgmt. and QA	1.0	1.0			
	Chief Psychologist	4.0	3.0	1.0		Interviews held
	Lieutenant, YA	1.0	1.0			
	Major, YA	2.0	1.0		1.0	1.0 Hold pending reclass Interviews held 6/07
	Office Technician (T)	7.0	6.0	1.0		
	Parole Agent II, Spec.	3.0	3.0			
	Parole Agent II, Sup.	2.0	1.0		1.0	1.0 Hold pending reclass
	Parole Agent III	2.0	1.0		1.0	1.0 Hold pending reclass
	Program Administrator, Mgr.	1.0	1.0			
	Program Administrator, Sup.	3.0		3.0		Interviews 06/07
	Sr. Psychologist	1.0		1.0		Readvertised 6/07
	Sergeant	2.0	2.0			Advertised and interviews 6/07; commitment made 6/11/07
	Staff Services Manager I	3.0	3.0			
	Standards Comp. Coord.	1.0			1.0	1.0 Hold pending reclass
	Sup. Casework Spec. I	3.0	3.0			
	Supervisor of Correctional Education Programs	3.0	2.0	1.0		Interviews 6/07
	Training Officer I	1.0	1.0			
	Treatment Team Sup.	3.0	2.0	1.0		Pending selection
	YA Administrator	3.0			3.0	Pending reclass
	Total Regular Positions	406.0	316.5	49.0	40.5	

	Temp Help	110.4	110.4						
	Total Authorized Positions	516.4	426.9	49.0	40.5				
	Percentages		82.7%	9.5%	7.8%				
	7A	479.3							
	New Positions	99.5							
	Total	578.8							

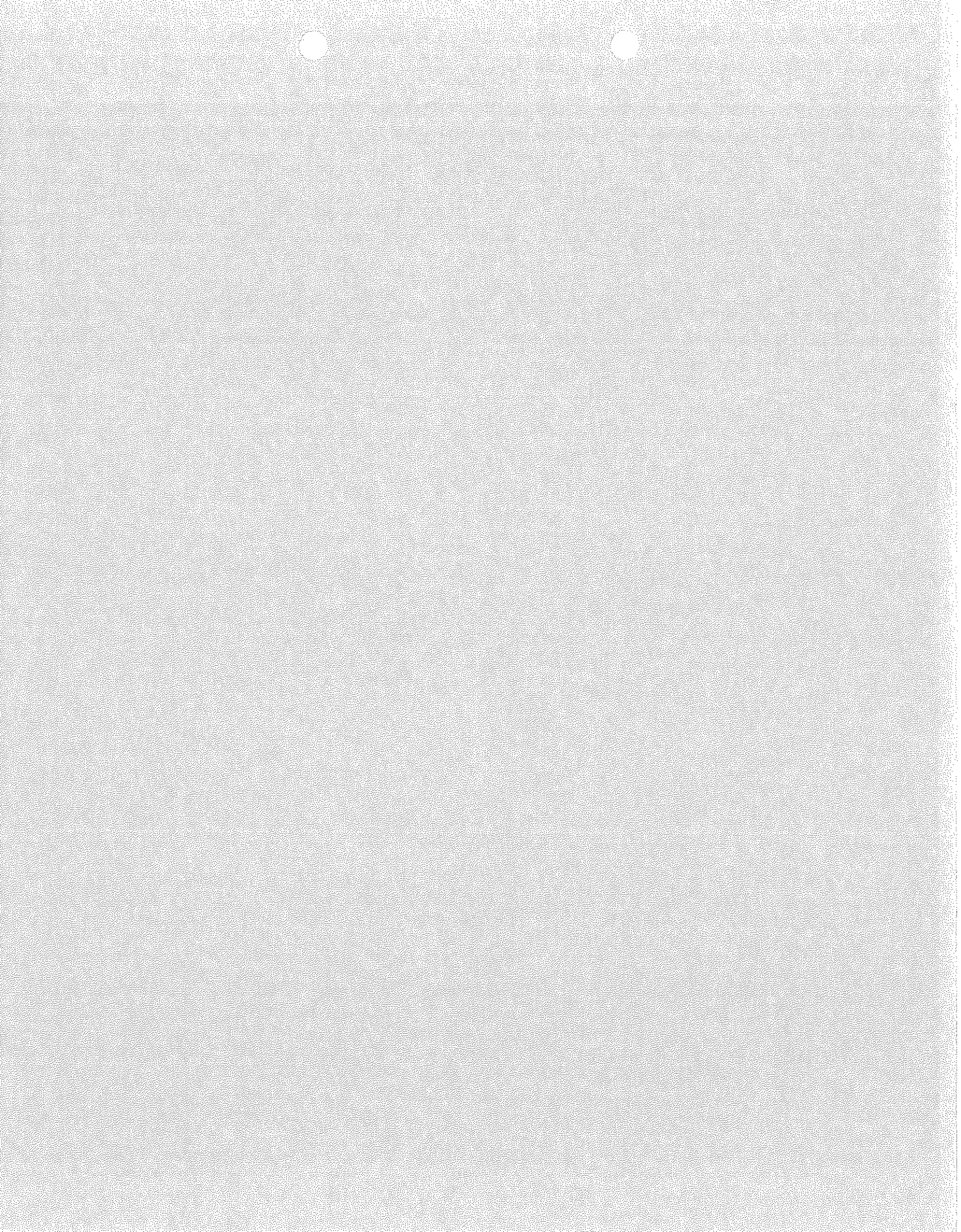


Southern Youth Correctional Reception Center-Clinic					
Classification	Budgeted Positions	# of Filled	# in Progress	# of Vacancies	Comment
Administrator - Rehab Svcs	1.0	1.0			
Associate Governmental Program Analyst	5.0	4.0	1.0		1.0 Pending reclass to interchangeable, and readvertise
Auto Equipment Operator I, CF	2.0	2.0			
Baker II, CF	1.0	1.0			
Building Maintenance Worker, CF	1.0	1.0			
Business Services Officer I - Specialist	1.0	1.0			
Carpenter II, CF	1.0	1.0			
Casework Specialist (YA)	18.0	10.1	7.9		7.9 Committed pending clearance
Catholic Chaplain	1.0	1.0			
CEA I	1.0	0.0	1.0		1.0 Pending clearance
Chief Dentist, CF	1.0	1.0			
Chief Medical Officer	1.0	1.0			
Chief of Plant Operations I, CF	1.0	1.0			
Clinical Psychology Intern	4.0	0.0	4.0		4.0 Gaining List Elig 8/07
Cook Specialist 1, CF	4.0	4.0			
Cook Specialist II, CF	4.0	4.0			
Correctional Health Services Administrator I, CF	1.0	1.0			
Custodian, CF	5.0	4.0	1.0		1.0 Committed, pending clearance
Dental Assistant, CF	5.0	5.0			
Dentist, CF	3.0	3.0			
Electrician II, CF	1.0	1.0			
Executive Secretary 1	1.0	1.0			
Food Manager, CF	1.0	1.0			
Food Services Technician I, CF	1.0	1.0			
Food Services Technician II, CF	1.0	1.0			
Health and Safety Officer	1.0	1.0			
Health Record Technician	2.0	0.0	2.0		2.0 Committed, pending clearance
Language, Speech & Hearing Specialist	1.0	1.0			
Lead Groundkeeper, CF	2.0	2.0			
Lieutenant	7.5	7.0		0.5	+ 46 enc from TH

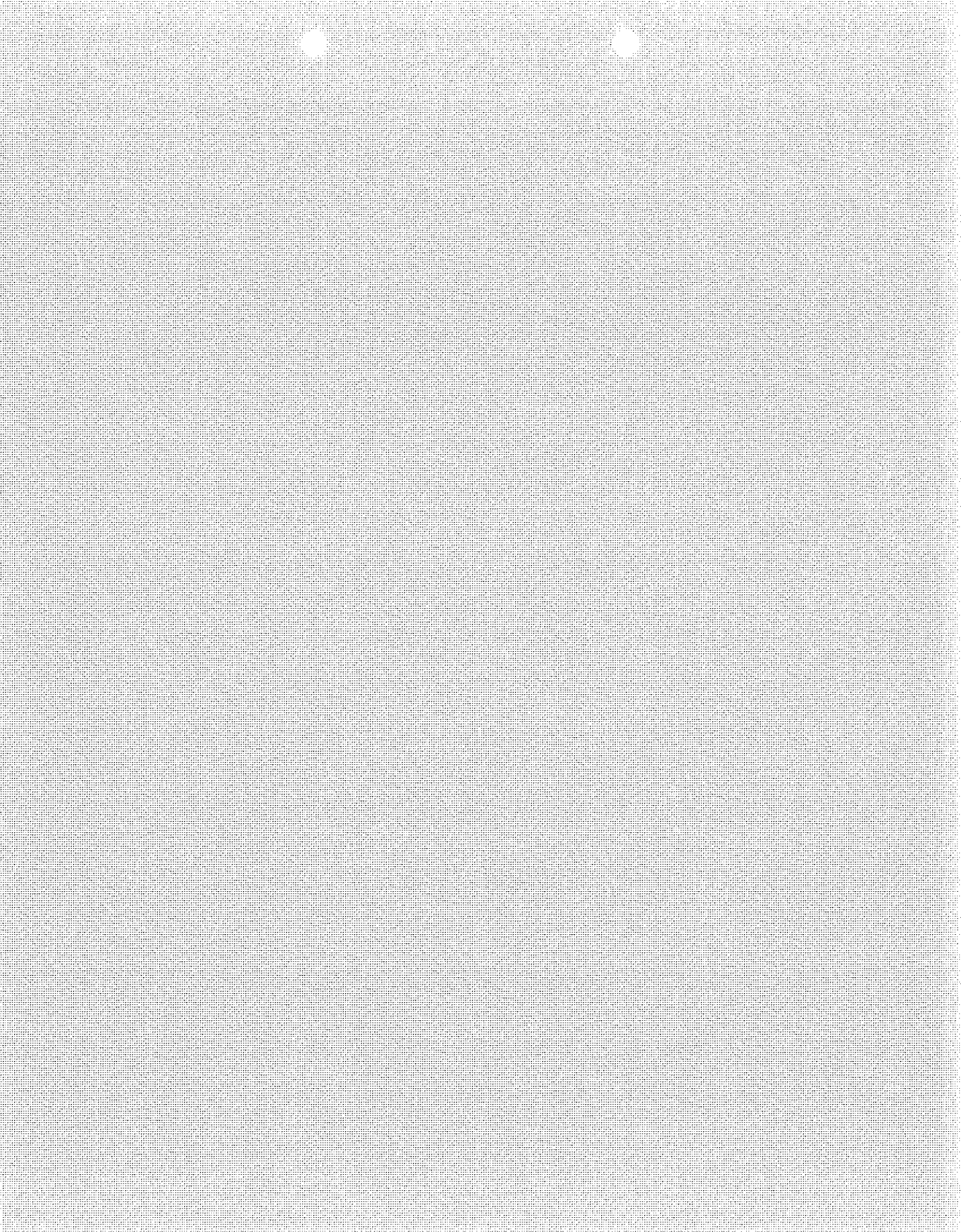
Classification	Budgeted Positions	# of Filled	# in Progress	# of Vacancies	Comment
Maintenance Mechanic, CF	1.0	0.0	1.0		Exam will be held
Major	1.0	1.0			
Management Services Technician	4.0	4.0			
Materials & Stores Supervisor I	1.0	1.0			
Muslim Chaplain	0.0	0.0		0.0	1.0 Pos transferred to HGS
Native American Spiritual Leader	1.0	1.0			
Nurse Instructor	1.0	0.0	1.0		1.0 Committed, pending clearance
Nurse Practitioner	1.0	0.0	1.0		1.0 Committed, pending clearance
Office Assistant - Typing	6.5	4.0	2.5		2.5 Advertising 6/7/07
Office Services Supervisor II - General	1.0	1.0			
Office Technician - Typing	22.5	17.6	4.9		1.0 607 in progress 1.0 Pend Back Clear 2.9 Advertising 1.0 reclass from WPT
Painter I, CF	1.0	1.0			
Parole Agent I	4.0	4.0			
Personnel Specialist	3.0	3.0			
Personnel Supervisor I	1.0	1.0			
Pharmacist 1	1.5	1.5			
Physician & Surgeon, CF	1.0	1.0			
Plumber II, CF	1.0	1.0			
Prision Canteen Manager I	1.0	1.0			
Program Administrator - Supervisory	3.0	2.0		1.0	1.0 1.0 Hold Pop Shift
Property Controller I	1.0	1.0			
Protestant Chaplain	1.0	1.0			
Psychologist - Clinical, CF	8.4	6.4	1.0		1.0 Lost Fall Pop 1.0 1.0 Committed pending clearance
Psychologist Technician	7.8	0.0	7.8		1.0 Adv & Interviews
Radiologic Technologist	0.5	0.5			
Registered Nurse - CF	16.1	11.5	4.6		2.8 Interviewing 1.8 Advertising
Resource Specialist - Special Education	4.0	3.0	1.0		1.0 Pending reclass
School Psychologist	2.0	2.0			
Seamer	1.0	1.0			
Seargent	11.8	11.0		0.8	+ 79 enc from TH
Senior Accounting Officer - Supervisor	1.0	1.0			

Classification	Budgeted Positions	# of Filled	# in Progress	# of Vacancies	Comment
Senior Librarian	1.0	1.0			
Senior Medical Transcriber	1.0	1.0			
Senior Personnel Specialist	1.0	0.0	1.0		1.0 Pending reclass & advertising
Senior Psychologist, CF - Clinical	0.5	0.5			
Senior Psychologist, CF - Supervisor	2.0	2.0			
Senior Psychologist, CF Specialist	1.0	1.0			
Senior Work Processing Technician	1.0	1.0			
Senior Youth Correctional Counselor	4.2	4.0		0.2	+21 enc from TH
Staff Information Systems Analyst - Specialist	2.0	1.0	1.0		1.0 Pending reclass & advertising
Staff Psychiatrist, CF	3.4	3.4			
Staff Psychologist, CF - Clinical	2.0	2.0			
Stationary Engineer, CF	3.0	3.0			
Supervising Casework Specialist I (YA)	4.0	3.8		0.2	.2 Hold Pop Shift
Supervising Casework Specialist II (YA)	1.0	1.0			
Supervising Cook I	3.0	3.0			
Supervising Cook II, CF	1.0	1.0			
Supervising Registered Nurse I, CF	1.0	1.0			
Supervisor of Academic Instruction	1.0	1.0			
Supervisor of Building Trades, CF	1.0	1.0			
Supervisor of Correctional Education Programs	1.0	1.0			
Teacher - Emotion/Learning Handicap	7.0	7.0			
Teacher - High School - Science, CF	1.0	1.0			
Teacher, Elementary Education, CF	1.0	1.0			
Teacher, English Language Development	1.0	1.0			
Teacher, High School - Social Science	3.0	3.0			
Teaching Assistant	9.0	7.0		2.0	2.0 Lost Fall Pop
Training Officer I	2.0	1.0		1.0	Exam Pending
Treatment Team Supervisor	2.0	2.0			
Vocational Instructor - Janitorial	1.0	1.0			
Vocational Instructor - Office Technologists	1.0	1.0			
Volunteer Services Program Manager (YA)	1.0	1.0			
Warehouse Worker, CF	2.0	2.0			
Word Processing Technician	3.0	2.0	1.0		1.0 Pending Reclass to OT 2.8 Issue #4- Hold Population
Youth Correctional Counselor	49.7	46.9		2.8	Shift

Classification	Budgeted Positions	# of Filled	# in Progress	# of Vacancies	Comment
Youth Correctional Officer	92.0	77.3		14.7	14.0 Issue 4- To be reclassified to YCC +27.96 enc from TH
Total Regular Positions	401.3	332.5	44.7	24.2	
Temporary Help	11.2	11.2			-29.42 enc
Fall Population Adjustments	-21.2			-21.2	
Total Authorized Positions	391.3	343.6	44.7	3.0	
		87.82%	11.42%	0.76%	
7A	397.5				
Issue #4	16.0				
Fall Pop	-21.2				
Pos transferred out of SYRCC	-1.0				
	391.3				



Pine Grove Youth Conservation Camp						
Classification	Budgeted Positions	# of Filled	# in Progress	# of Vacancies	Comment	
Casework Specialist	4.0	4.0				
Cook Specialist II	2.0	2.0				
Lieutenant	1.0	1.0				
Maintenance Mechanic	1.0	1.0				
Management Services Technician	1.0	1.0				
Office Technician, Typing	1.0	1.0				
Parole Agent	1.0	1.0				
Program Administrator	1.0	1.0				
Registered Nurse	1.0	1.0				
Sergeant	1.8	1.0		0.8	+ .78 enc from TH	
Senior Youth Correctional Counselor	1.0	1.0				
Supervising Cook I	1.0	1.0				
Treatment Team Supervisor	1.0	1.0				
Youth Correctional Counselor	7.6	7.0		0.6	+ .64 enc from TH	
Youth Correctional Officer	2.0	2.0				
Total Regular Positions	27.4	26.0	0.0	1.4		
Temp Help	5.5	5.5			-1.42 encumbered	
Total Authorized Positions	32.9	31.5	0.0	1.4		
		96%	0%	4%		
7A	32.9					
Issue #4	0.0					
Fall Pop	0.0					
	32.9					



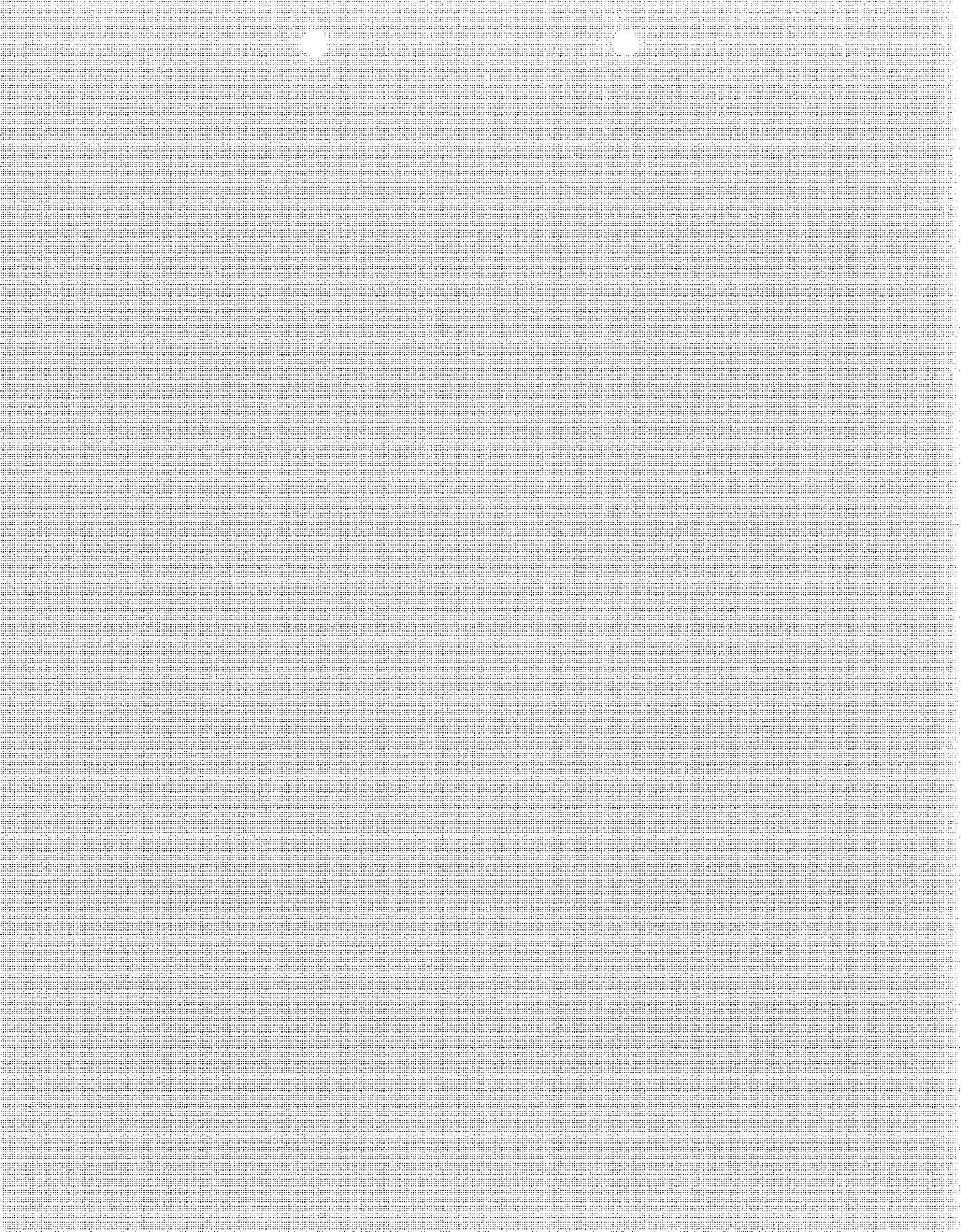
Northern California Youth Correctional Center

Classification	Budgeted Positions	# of Filled	# in Progress	# of Vacancies	Comment
Administrator-Rehab Services	1.0	1.0			
Associate Budget Analyst	2.0	2.0			
Auto Equipment Operator I, CF	4.0	4.0			
Auto Equipment Operator II, CF	1.0	1.0			
Baker I, CF	2.0	2.0			
Baker II, CF	1.0	1.0			
Building Maintenance Worker, CF	3.0	1.0	2.0		1.0 position transfer to HQ 1.0 Post & Bid 1.0 reclass to Electronics Tech & Readvertise
Business Services Assistant-Specialist	1.0	1.0			1.0-reclass to BSO
Business Services Officer (Sup)	1.0	0.0	1.0		1.0-reclass from BSA-Advertising
Carpenter III, CF	1.0	1.0			
Chief Engineer I, CF	1.0	1.0			
Chief Medical Officer	1.0	1.0			
Chief of Plant Operations II, CF	1.0	1.0			
Chief of Plant Operations III, CF	1.0	1.0			
Chief Psychologist	2.0	2.0			1.0 reclass from Sr. Psychologist 9.0 List eligibility to be gained by 8/07
Clinical Psychology Intern	9.0	0.0	9.0		1.0 Advertising Pending exam
Clinical Social Worker, CF	1.0	0.0	1.0		
Cook Specialist I, CF	35.5	30.0	5.5		
Cook Specialist II, CF	8.0	8.0			
Correctional Food Manager I, DOC	1.0	1.0			
Correctional Health Services Administrator II	1.0	1.0			
Custodian, CF	1.0	1.0			
Custodian, CF	1.0	1.0			
Dental Assistant, CF	3.0	3.0			
Dentist, CF	2.5	2.5			
Electrician II, CF	3.0	3.0			
Electronics Technician, CF	3.0	3.0			1.0 reclass from Build Main Wrker
Equipment Maintenance Supervisor, CF	1.0	1.0			
Health & Safety Officer	1.0	1.0			

Classification	Budgeted		# in Progress	# of Vacancies	Comment
	Positions	Filled			
Health Record Technician	3.0	3.0			
Heavy Equipment Mechanic, CF	5.0	5.0			
Heavy Truck Driver, CF	1.0	1.0			
Institutional Personnel Officer II	1.0	1.0			
Lead Groundskeeper, CF	4.0	3.0	1.0		1.0 Pending TAU clearance 1.0 Redirected from Chad
Lieutenant	1.0	1.0			
Locksmith I, CF	3.0	3.0			
Maintenance Mechanic, CF	4.0	3.0	1.0		1.0 Advertising
Materials & Stores Supervisor I	4.0	4.0			1.0 Reclass from Warehouse Worker
Medical Technical Assistant	11.0	4.0			7.0 7.0 Hold, to be reclassified 7/07 to RN
Mental Health Program					
Administrator	5.0	5.0			
Nurse Instructor	1.0	0.0	1.0		1.0 Committed start date 7/1/07
Nurse Practitioner	1.7	1.0	0.7		.7 Advertising
Office Assistant-Typing	2.0	1.0	1.0		1.0 Readvertise-original offer declined
Office Technician	25.6	23.6			
Painter II, CF	5.0	5.0			
Personnel Servisor I	2.0	2.0			1.0 Redirected from Chad 2.0 Redirected from DeWitt
Personnel Specialist	3.6	3.6			1.0 Redirected from DeWitt 2.0 Redirected from DeWitt
Pest Control Tech	1.0	1.0			1.0 enc from TH
Pharmacist I	1.0	1.0			
Pharmacist II	1.0	1.0			
Pharmacy Assistant	2.0	2.0			
Physician & Surgeon, CF	3.0	3.0			
Plumber I, CF	1.0	0.0			
Plumber II, CF	3.0	3.0			1.0 1.0 pending reclass to plumber II 1.0 reclass from Plumber I
Procurement & Services Officer I, CF	1.0	1.0			
Procurement & Services Officer II, CF	1.0	1.0			
Property Controller II	1.0	1.0			
Psychiatric Technician	15.2	2.2	13.0		12.0 pending clearance 1.0 advertising
Psychologist-Clinical	20.5	8.2	12.3		6.2 Redirected from Chad 1.9 Redirected from DeWitt 4.0 Redirected from Close 12.3 Advertising in progress

Classification	Budgeted Positions	# of Filled	# in Progress	# of Vacancies	Comment
Recreation Therapist	1.0	1.0			1.0 reclass from Rehab Therapist
Registered Nurse	21.3	14.0	7.3		Interviews Held
Rehab Therapist	0.0	0.0			1.0 reclass to Recreation Therapist
Seamer	1.0	1.0			
Senior Medical Transcriber	1.0	1.0			
Senior Personnel Specialist	0.9	0.9			
Senior Psychologist, CF	11.0	7.0	4.0		1.0 Redirected from Chad 1.0 reclassified to Staff Psychologist 1.0 redirected from Headquarters
Staff Information Systems Analyst-Specialist	1.0	1.0			
Staff Psychiatrist, Corr & Rehab	10.5	6.9	3.6		3.0 Redirected from Chad 3.6 Advertising-original candidates declined 4.0 Redirected from Chad 1.0 Redirected from Close 1.0 reclass from Sr. Psychologist 2.0 Advertising until filled
Staff Psychologist, Clinical, CF	5.0	3.0	2.0		
Staff Services Analyst-General	2.0	2.0			
Stationary Engineer, CF	8.0	8.0			
Supervising Cook I	8.0	8.0			
Supervising Cook II, CF	3.0	3.0			
Supervising Groundskeeper II, CF	1.0	1.0			
Supervising Registered Nurse	1.0	1.0			
Supervising Registered Nurse III	1.0	1.0			
Supervising Registered Nurse II	2.0	1.0	1.0		1.0 Advertising, reclassified from SRNI 1.0 reclassified to SRNII
Supervising Registered Nurse I	0.0				
Supervisor of Building Trades, CF	2.0	2.0			
Training Officer I	1.0	1.0			
Warehouse Manager I, CF	1.0	1.0			
Warehouse Worker, CF	2.0	1.0	1.0		1.0 reclass to M&SI and advertising
Youth Correctional Officer	2.0	1.0	1.0		1.0 Pending bid process
Total Regular Positions	314.3	235.9	68.4	10.0	
Temp Help	21.6	21.6			-1.0 enc for Pest Control Tech -1.0 enc for Building Maint Worker
Fall Population Adjustments	-2.7			-2.7	
Total Authorized Positions	333.2	257.5	68.4	7.3	

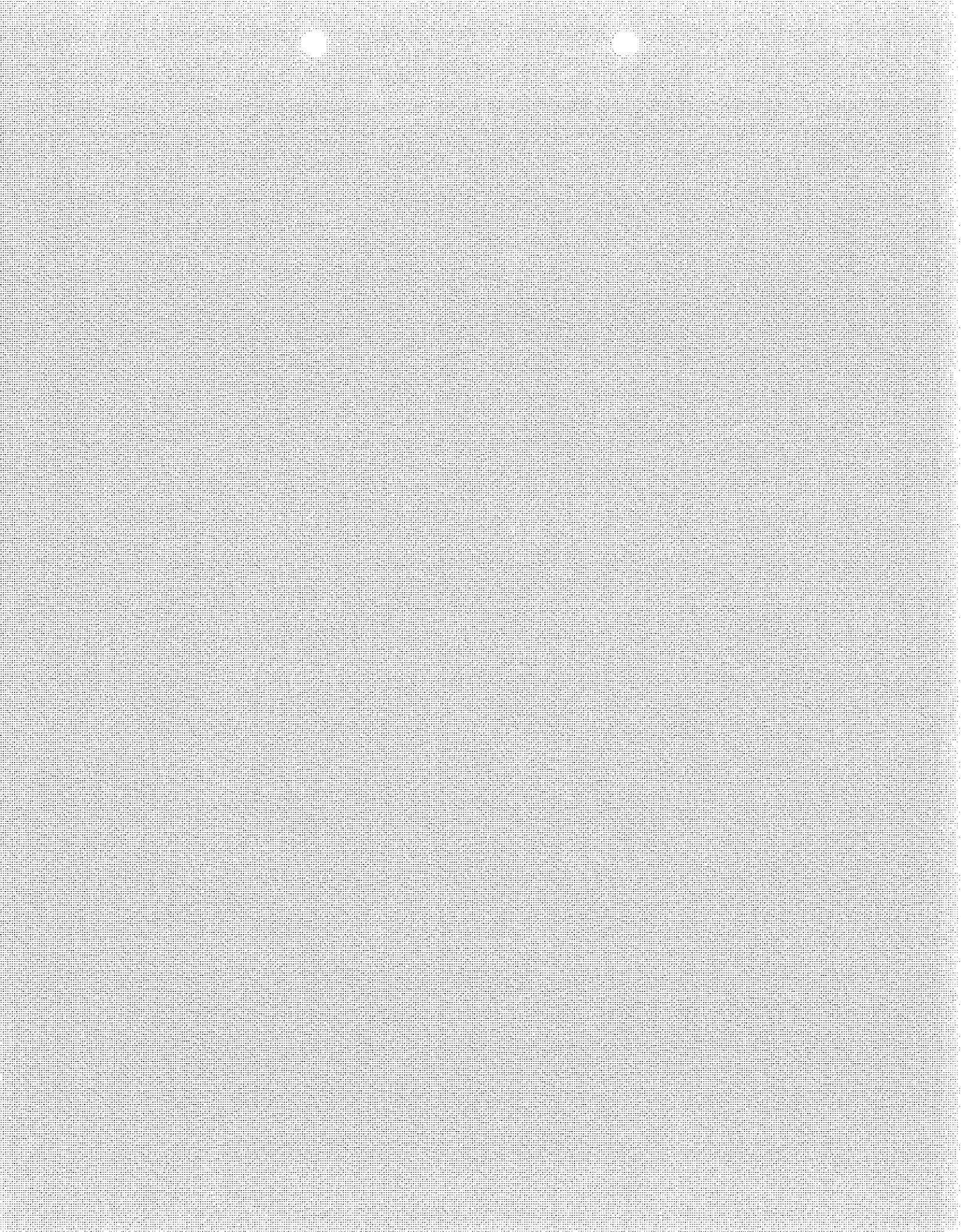
Classification	Budgeted Positions	# of		# of Vacancies	Comment
		Filled	in Progress		
Percentages		77.3%	20.5%	2.2%	
7A	297.4				
Issue #4	9.4				
Fall Pop	-2.7				
Positions transferred from NAC	16.2				
Positions transferred from OHC	6.0				
Positions transferred to DWN	6.9				
	333.2				



O.H. Close YCF

Classification	Budgeted Positions	# of Filled	# in Progress	# of Vacancies	Comment
Administrator-Rehab Services	1.0	1.0			
Associate Governmental Program Analyst	5.0	5.0			
Captain	1.0	1.0		0.0	1.0 Filled by H&SO doing T&D
Casework Specialist	3.4	0.0	2.0		1.4 Hold for labor negotiations
Catholic Chaplain	1.0	0.0	1.0		1.4 Commitment made, pending clearance
Executive Secretary	1.0	1.0			1.0 Commitment made, pending clearance
Health & Safety Officer	1.0	1.0			
Language, Speech, & Hearing Specialist	1.0	1.0			
Lieutenant	7.5	7.0		0.5	.45 enc from TH
Management Services Technician	2.0	1.0	1.0		1.0 Advertised
Office Assistant-Typing	2.0	2.0			
Office Services Supervisor I-Typing	1.0	1.0			
Office Technician-Typing	5.0	5.0			1.0 Transferred to NCYCC
Parole Agent, I	8.5	7.0	1.5		.5 Interview in progress
Parole Agent, III	1.0	1.0			1.0 Anticipated Hire 7/07
Personnel Specialist	2.0	2.0			
Personnel Supervisor I	1.0	1.0			
Prison Canteen Manager I	1.0	1.0			
Program Administrator-Supervisory	4.0	1.0		3.0	3.0 Hold Population Shift
Protestant Chaplain	1.0	1.0			
Psychologist-Clinical, CF	0.0	0.0		0.0	4.0 Transferred to NCYCC
Resource Specialist-Special Education	2.0	2.0			
School Psychologist	2.0	2.0			
Sergeant	5.3	3.0		2.3	2.0 Waiting for new list
Senior Youth Correctional Counselor					.5 Hold for pop shift
Staff Information Systems Analyst-Specialist	15.0	12.8	2.0		5.74 enc from TH
Staff Psychologist, CF-Clinical	2.0	0.0	2.0		2.0 Advertising
Supervising Casework Specialist	0.0	0.0			2.0 Pending reclass to AISA
	2.0	1.0	1.0		1.0 Transferred to NCYCC
					1.0 Readvertising

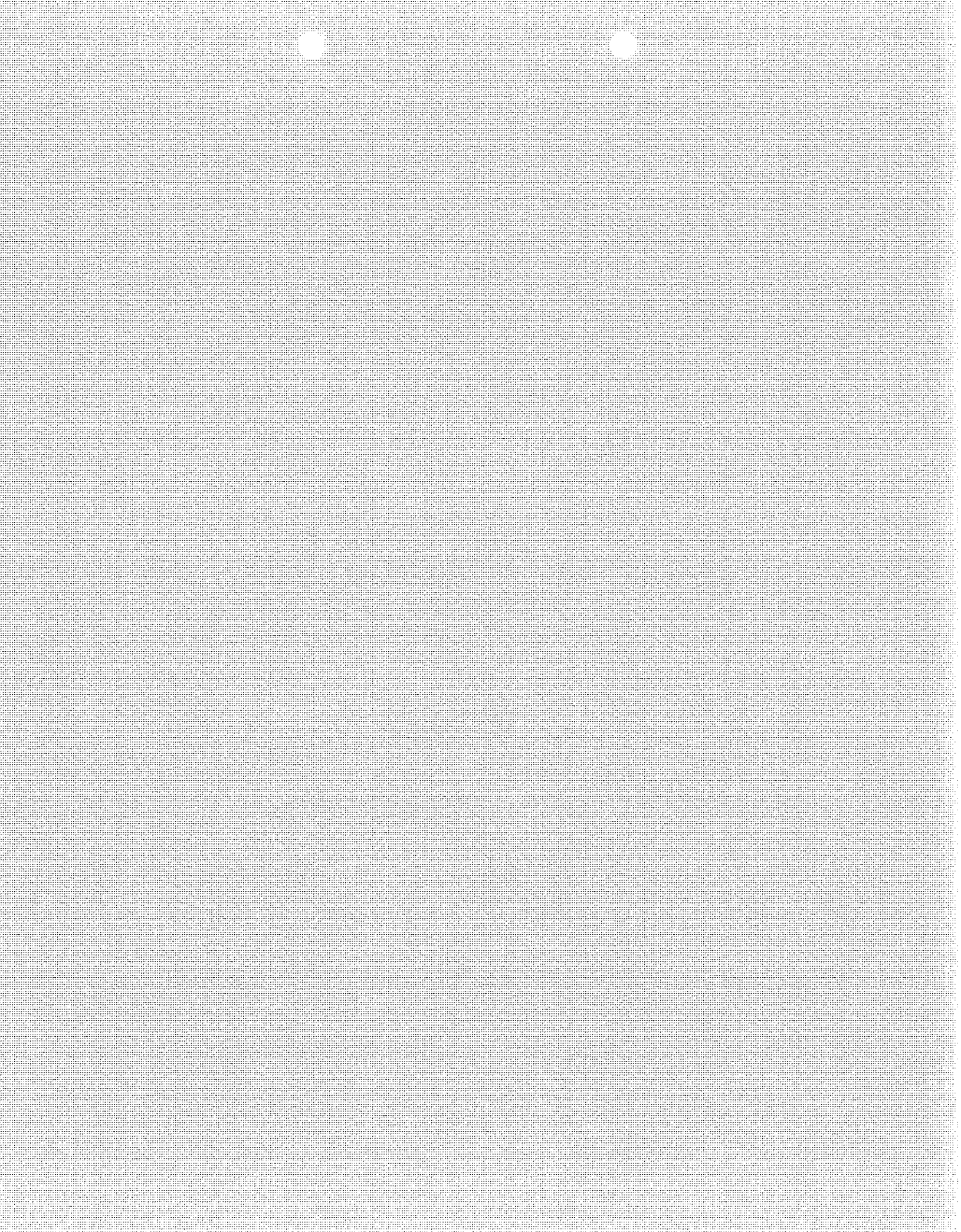
Classification	Budgeted Positions	# of Filled	# in Progress	# of Vacancies	Comment
Supervisor of Academy Instructor	1.0	1.0			
Supervisor of Correctional Education Programs	1.0	1.0			
Teacher, Elementary Education	3.0	1.0	1.0	1.0	1.0 reclassified to social science 1.0 Hold Pop Shift
Teacher, Emotion/Learning Handicap	1.0	1.0			
Teacher, English Language Development	2.0	2.0			
Teacher, HS-Arts & Crafts	1.0	1.0			
Teacher, HS-English/Language Arts	1.0	1.0			
Teacher, HS-Math	2.0	2.0			
Teacher, HS-Physical Education	2.0	2.0			
Teacher, HS-Science	2.0	2.0			
Teacher, HS-Social Science	2.0	1.0		1.0	1.0 Hold Pop Shift
Teacher, Librarian	1.0	1.0			
Teaching Assistant	22.0	14.0	7.0		3.0 LT commitments in process 4.0 recruitment effort made FFD-4/10/07
Treatment Team Supervisor	3.0	3.0			
Vocational Instructor-Building Maintenance	1.0	1.0			
Vocational Instructor-Carpentry	2.0	2.0			
Vocational Instructor-Electronics	1.0	1.0			
Vocational Instructor-Landscape Gardening	1.0	1.0			
Youth Correctional Counselor	76.1	66.0		10.1	5.5 held for Pop shift (MH) 4.4 held for Pop shift (SW) .2 Hold Pop Shift .5 Hold for pop shift (SW)
Youth Correctional Officer	32.0	31.0		1.0	8.46 enc from TH
Total Regular Positions	235.7	195.8	18.5	21.4	
Temp Help	23.4	38.3			-14.92 encumbered
Fall Pop Adjustments	-11.0	0.0	0.0	-11.0	
Total Authorized Positions	248.1	234.1	18.5	10.4	
Percentages		83.1%	7.8%	9.1%	



O.H. Close YCF

Classification	Budgeted Positions	# of Filled	# in Progress	# of Vacancies	Comment
Administrator-Rehab Services	1.0	1.0			
Associate Governmental Program Analyst	5.0	5.0			
Captain	1.0	1.0		0.0	1.0 Filled by H&SO doing T&D
Casework Specialist	3.4	0.0	2.0		1.4 Hold for labor negotiations
Catholic Chaplain	1.0	0.0	1.0		1.4 Commitment made, pending clearance
Executive Secretary	1.0	1.0			1.0 Commitment made, pending clearance
Health & Safety Officer	1.0	1.0			
Language, Speech, & Hearing Specialist	1.0	1.0			
Lieutenant	7.5	7.0		0.5	.45 enc from TH
Management Services Technician	2.0	1.0	1.0		1.0 Advertised
Office Assistant-Typing	2.0	2.0			
Office Services Supervisor I-Typing	1.0	1.0			
Office Technician-Typing	5.0	5.0			1.0 Transferred to NCYCC .5 Interview in progress 1.0 Anticipated Hire 7/07
Parole Agent, I	8.5	7.0	1.5		
Parole Agent, III	1.0	1.0			
Personnel Specialist	2.0	2.0			
Personnel Supervisor I	1.0	1.0			
Prison Canteen Manager I	1.0	1.0			
Program Administrator-Supervisory	4.0	1.0		3.0	3.0 Hold Population Shift
Protestant Chaplain	1.0	1.0			
Psychologist-Clinical, CF	0.0	0.0		0.0	4.0 Transferred to NCYCC
Resource Specialist-Special Education	2.0	2.0			
School Psychologist	2.0	2.0			
Sergeant	5.3	3.0		2.3	2.0 Waiting for new list .27 enc from TH
Senior Youth Correctional Counselor	15.0	12.8	2.0		.5 Hold for pop shift 5.74 enc from TH
Staff Information Systems Analyst-Specialist	2.0	0.0	2.0		2.0 Pending reclass to AISA
Staff Psychologist, CF-Clinical	0.0	0.0			1.0 Transferred to NCYCC
Supervising Casework Specialist	2.0	1.0	1.0		1.0 Readvertising

Classification	Budgeted Positions	# of Filled	# in Progress	# of Vacancies	Comment
Supervisor of Academy Instructor	1.0	1.0			
Supervisor of Correctional Education Programs	1.0	1.0			
Teacher, Elementary Education	3.0	1.0	1.0	1.0	1.0 reclassified to social science 1.0 Hold Pop Shift
Teacher, Emotion/Learning Handicap	1.0	1.0			
Teacher, English Language Development	2.0	2.0			
Teacher, HS-Arts & Crafts	1.0	1.0			
Teacher, HS-English/Language Arts	1.0	1.0			
Teacher, HS-Math	2.0	2.0			
Teacher, HS-Physical Education	2.0	2.0			
Teacher, HS-Science	2.0	2.0			
Teacher, HS-Social Science	2.0	1.0		1.0	1.0 Hold Pop Shift
Teacher, Librarian	1.0	1.0			
Teaching Assistant	22.0	14.0	7.0	1.0	3.0 LT commitments in process 4.0 recruitment effort made FFD-4/10/07 1.0 Hold Pop Shift
Treatment Team Supervisor	3.0	3.0			
Vocational Instructor-Building Maintenance	1.0	1.0			
Vocational Instructor-Carpentry	2.0	2.0			
Vocational Instructor-Electronics	1.0	1.0			
Vocational Instructor-Landscape Gardening	1.0	1.0			
Youth Correctional Counselor	76.1	66.0		10.1	5.5 held for Pop shift (MH) 4.4 held for Pop shift (SW) .2 Hold Pop Shift .5 Hold for pop shift (SW)
Youth Correctional Officer	32.0	31.0		1.0	8.46 enc from TH
Total Regular Positions	235.7	195.8	18.5	21.4	
Temp Help	23.4	38.3			-14.92 encumbered
Fall Pop Adjustments	-11.0	0.0	0.0	-11.0	
Total Authorized Positions	248.1	234.1	18.5	10.4	
Percentages		83.1%	7.8%	9.1%	

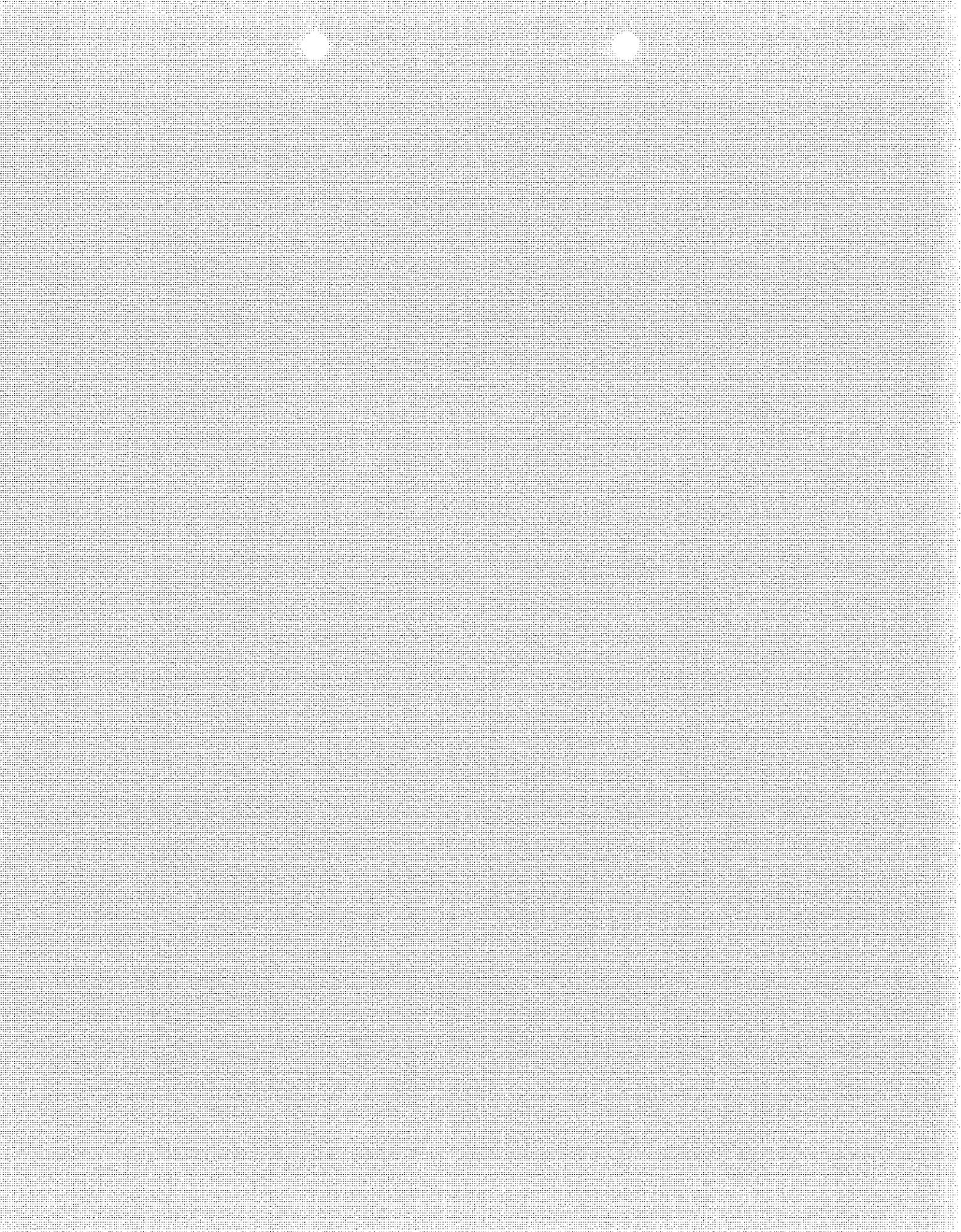


Dewitt Nelson YCF

Classification	Budgeted Positions	# of Filled	# in Progress	# of Vacancies	Comment
Adminstrator-Rehab Services	1.0	0.0	1.0		1.0 Pending clearance
Associate Governmental Program Analyst	5.0	5.0			1.0 from NAC
Captain	1.0	1.0			
Catholic Chaplain	1.0	1.0			
Executive Secretary	1.0	1.0			
Health & Safety Officer	1.0	1.0			
Lieutenant	7.5	7.0		0.5	45 enc from TH
Major	1.0	1.0			
Management Services Technician	2.0	2.0			
Muslim Chaplain	1.0	1.0			
Native American Spiritual Leader	1.0	1.0			
Office Assistant-Typing	2.6	2.0	0.6		.6 issue #4-advertising
Office Services Supervisor II-General	1.0	0.0	1.0		1.0 Interview in progress
Office Technician-Typing	5.5	5.5			2.0 trans to NCYCC
Parole Agent, I	7.1	6.0	1.1		1.1 Interviews Held, pending selection
Parole Agent, II	1.0	1.0			
Parole Agent, III	1.0	1.0			
Personnel Specialist	1.0	1.0			
Personnel Supervisor I	0.0	0.0			2.0 trans to NCYCC
Prison Canteen Manager	1.0	1.0			1.0 reclassified from SSA to accommodate T&D
Program Administrator, Rehab	2.0	0.0		2.0	2.0 Hold for Pop Shift
Program Technician II	2.0	2.0			
Protestant Chaplain	1.0	1.0			
Psychologist-Clinical	0.0	0.0			1.9 trans to NCYCC
Resource Specialist	1.0	1.0			
School Psychologist	1.0	1.0			
Seargent	10.5	8.0	1.0		1.0 Exam Pending
Senior Librarian	1.0	0.0	1.0		1.5 1.54 enc from TH
Senior Youth Correctional Counselor	12.7	12.0			1.0 Pending reclass & advertising 0.7 4.74 enc from TH

Classification	Budgeted Positions	# of Filled	# in Progress	# of Vacancies	Comment
Staff Information Systems Analyst-Specialist	2.0	2.0			
Supervisor of Academic Instruction	1.0	1.0			
Supervisor of Correctional Education Programs	1.0	1.0			
Teacher, Elem Multiple-Subject	4.0	4.0			1.0 Pending reclass to Eng/Lang/Arts. 1.0 pending reclass to PE
Teacher, HS Education	2.0	2.0			
Teacher, HS-Arts & Crafts	1.0	1.0			
Teacher, HS-Math	2.0	2.0			
Teacher, HS-Science	1.0	1.0			
Teacher, HS-Social Science	1.0	1.0			
Teaching Assistant	9.0	6.0	2.0	1.0	1.0 Lost Fall Pop
Treatment Team Supervisor	5.0	5.0			2.0 Interviews-pending selection
Voc Testing & Counseling Specialist	1.0	1.0			
Vocational Instructor-Computer Related	1.0	1.0			
Vocational Instructor-Electronics	2.0	1.0			1.0 1.0 Hold Pop Shift
Vocational Instructor-Janitorial	1.0	0.0			1.0 1.0 Hold Pop Shift
Vocational Instructor-Landscape Gardening	1.0	1.0			
Vocational Instructor-Mill & Cabinet Work	1.0	1.0			
Vocational Instructor-Welding	1.0	1.0			
Youth Correctional Counselor	70.9	62.3	2.0		2.0 advertising 6.6 Hold Pop Shift
Youth Correctional Officer	71.8	71.0			6.6 3.64 enc from TH 0.8 16.84 enc from TH
Total Regular Positions	253.7	228.8	9.7	15.2	
Temp Help	13.8	13.8			-27.21 encumbered
Fall Pop Adjustment	-2.7			-2.7	
Total Authorized Positions	264.8	242.6	9.7	12.5	
Percentages		90.2%	3.8%	6.0%	

Classification	Budgeted Positions	# of Filled	# in Progress	# of Vacancies	Comment
7A	254.3				
Issue #4	9.1				
Fall Pop	-2.7				
Positions transferred from NAC	7.0				
Positions transferred from Headquarters	4.0				
Positions transferred to NCYCC	-6.9				
	264.8				



N.A. Chaderjian YCF					
Classification	Budgeted Positions	# of Filled	# in Progress	# of Vacancies	Comment
Administrator-Rehab Services	1.0	1.0			
Associate Governmental Program Analyst	6.0	5.0	1.0		1.0 Commitment pending clearance 1.0 transferred to DWN
Casework Specialist	12.3	5.5	2.5	4.3	4.3 Hold pending labor negotiations. 2.5 Committed to pending clearance
CEA I	1.0	0.0	1.0		1.0 Pending Clearance
Executive Secretary I	1.0	1.0			
Language, Speech, & Hearing Specialist	1.0	0.0		1.0	1.0 Hold Pop Shift
Lieutenant	8.5	8.0		0.5	1.0 transferred to NCYCC .45 enc from TH
Major	1.0	1.0			
Management Services Technician	2.0	2.0			1.0 reclassified to Office Technician (T)
Muslim Chaplain	1.0	1.0			
Native American Spiritual Leader	1.0	1.0			
Office Assistant-General	2.3	2.0		0.3	.3 -Fraction hard to recruit
Office Services Supervisor II-General	1.0	1.0			
Office Services Supervisor I-Typing	1.0	1.0			
Office Technician-Typing	15.7	14.5	1.2		1.2 -Advertising 1 transferred to NCYCC 1.0 transferred from MST 1.0 transferred from Personnel Specialist 4.0 hold for population shift
Parole Agent I	14.5	9.5	1.0	4.0	1.0 ee returning 6/11/07
Parole Agent III	1.0	1.0			
Personnel Specialist	2.0	1.0	1.0		1.0 reclassified to OT
Personnel Supervisor I	1.0	1.0			
Prison Canteen Manager	1.0	1.0			

Classification	Budgeted Positions	# of Filled	# in Progress	# of Vacancies	Comment
Program Administrator-Supervisory	3.3	2.0		1.3	1.3 1.3 Issue #4, held pop shift
Program Technician II	1.0	1.0			
Psychologist-Clinical, CF	0.0	0.0			6.2 Transferred to NCYCC
Resource Specialist-Special Education	4.0	3.0		1.0	1.0 Hold Pop Shift
School Psychologist	2.0	2.0		0.3	1.27 enc from TH
Seargent	6.3	6.0			
Senior Librarian	1.0	1.0			
Senior Personnel Specialist	1.0	1.0			
Senior Psychologist, CF-Supervisor	0.0	0.0			1.0 transferred to NCYCC .5 Hold Pop Shift 1.0 ee returning 7/1/07 2.0 Hold Pop Shift
Senior Youth Correctional Counselor	22.3	18.0	1.0	3.3	4.84 enc from TH
Staff Information Systems Analyst-Specialist	2.0	2.0			
Staff Psychiatrist, CF	0.0	0.0			3.0 Transferred to NCYCC
Staff Psychologist, CF-Clinical	0.0	0.0			4.0 Transferred to NCYCC
Staff Services Analyst-General	1.0	1.0			
Supervising Casework Specialist	4.3	2.0		2.3	2.3 issue #4, hold labor negotiations
Supervisor of Academic Instruction	2.0	2.0			
Supervisor of Correctional Education Programs	1.0	0.0	1.0		1.0 Advertising
Supervisor of Vocational Instruction	1.0	1.0			
Teacher, Elementary Multiple Subject	15.0	9.0		6.0	6.0 Hold Pop Shift
Teacher, English Language Development	1.0	1.0			
Teacher, HS Education	16.0	0.0		16.0	16.0 lost due to fall POP
Teacher, HS-Arts & Crafts	1.0	1.0			
Teacher, HS-English/Language Arts	4.0	2.0		2.0	2.0 Hold Pop Shift
Teacher, HS-Math	5.0	2.0		3.0	3.0 Hold Pop Shift
Teacher, HS-Physical Education	1.0	1.0			
Teacher, HS-Science	4.0	4.0			
Teacher, HS-Social Science	4.0	4.0			

Classification	Budgeted Positions	# of Filled	# in Progress	# of Vacancies	Comment
Teacher-Emotion/Learning Handicap	2.0	1.0		1.0	1.0 Hold Pop Shift 4.0 lost due to Fall Pop 2.0 transferring to unit 899, 607 not processed by SCO 1.0 abolished 607 not process by SCO
Teaching Assistant	19.0	11.0	3.0	5.0	1.0 instructed to hold
Treatment Team Supervisor	7.0	6.0		1.0	1.0 Hold for population shift
Vocational Instructor-Auto Mechanics	1.0	1.0			
Vocational Instructor-Barbershop Practice	1.0	1.0			
Vocational Instructor-Building Maintenance	1.0	1.0			
Vocational Instructor-Culinary Arts	1.0	1.0			
Vocational Instructor-Graphic Arts	1.0	1.0			
Vocational Instructor-Janitorial	2.0	2.0			
Vocational Instructor-Landscape Gardening	1.0	0.0		1.0	1.0 Hold Pop Shift
Vocational Instructor-Office Technologists	3.0	2.0		1.0	1.0 Hold Pop Shift
Vocational Instructor-Refrigeration	1.0	1.0			
Vocational Instructor-Stockkeeping	1.0	1.0			
Youth Correctional Counselor	125.1	123.1		2.0	2.0 Hold Pop Shift 6.0 transferred to DWN (RSAT Pgm)
Youth Correctional Officer	67.5	66.7		0.8	8 Hold Pop Shift 5.84 enc from TH
Total Regular Positions	412.1	342.3	12.7	57.1	
Temp Help	25.0	25.0			-12.4 encumbered
Fall Population Adjustments	-11.1			-11.1	

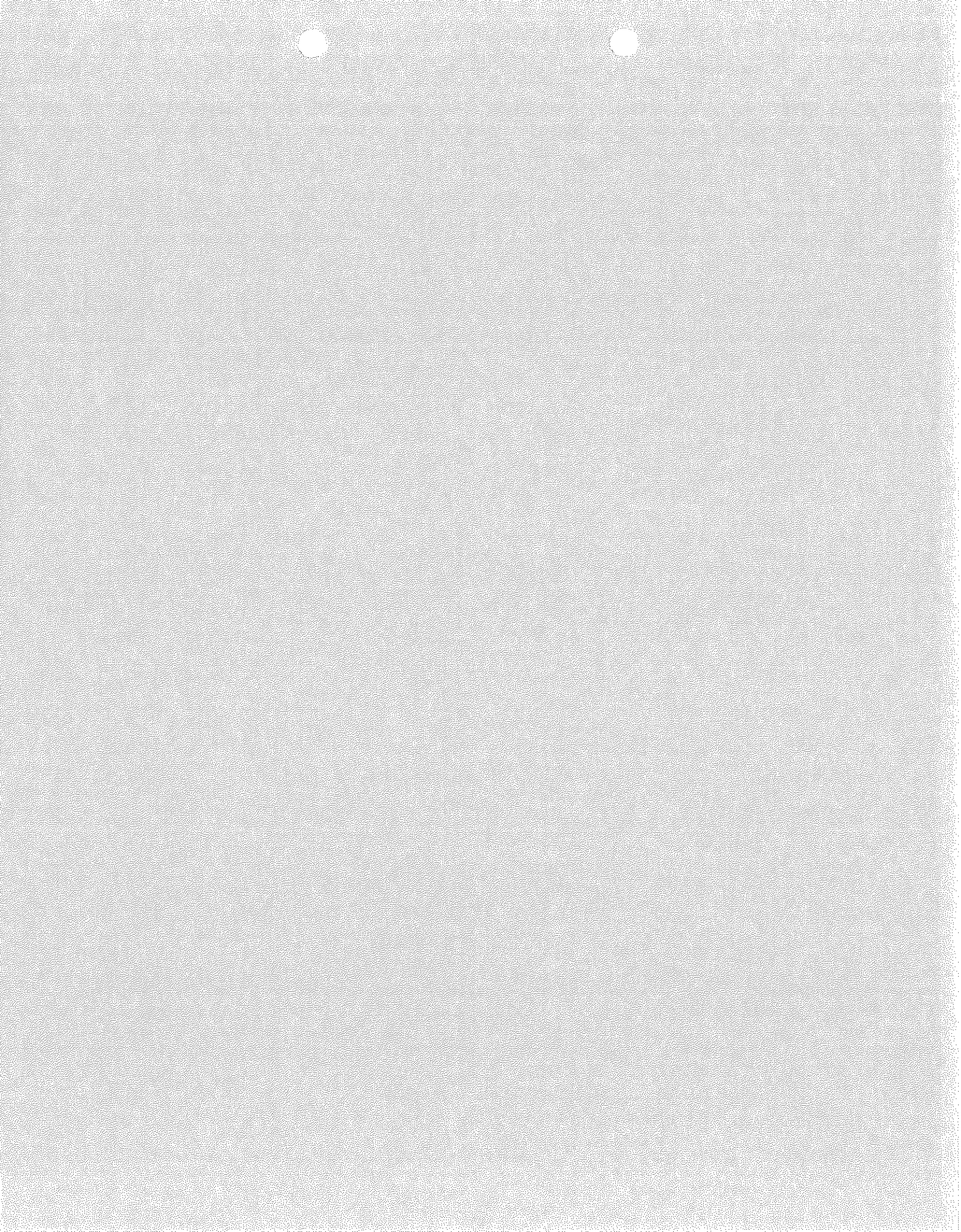
Classification	Budgeted Positions		# of Filled	# in Progress	# of Vacancies	Comment
	426.0	367.3				
Total Authorized Positions			367.3	12.7	46.0	
Percentages			83.1%	3.1%	13.9%	
7A	439.7					
Issue #4	20.6					
Fail Pop	-11.1					
Positions transferred to NCYCC	-23.2					
	426.0					

El Paso De Robles YCF						
Classification	Budgeted Positions	# of Filled	# in Progress	# of Vacancies	Comment	
Administrator-Rehab Services	1.0	1.0				
Associate Budget Analyst	1.0	0.0	1.0		Commitment-start date 7/2/07	
Associate Governmental Program Analyst	5.0	5.0				
Auto Equipment Operator I, CF	2.0	2.0				
Automobile Mechanic, CF	1.0	1.0			1.0 Reclass to Chief Eng	
Baker II, CF	1.0	1.0			1.0 Reclass to CBMI	
Business Manager II	0.0	0.0				
Business Services Assistant	1.0	1.0				
Carpenter I, CF	1.0	1.0				
Casework Specialist	6.3	1.0	5.3		2.3 Hold labor negotiations 1.0 interviews sch 6/14/07 2.0 advertising	
Catholic Chaplain	1.0	1.0			1.0 Pending clearance	
CEA	1.0	0.0	1.0		1.0 reclass from Auto Mechanic	
Chief Engineer	1.0	1.0				
Chief Medical Officer	1.0	1.0				
Chief of Plant Operation II, CF	1.0	1.0				
Clinical Psychology Intern	3.0	0.0	3.0		List eligibility to be gained 8/07	
Cook Specialist I, CF	2.7	2.7			.7 reclass from Cook II	
Cook Specialist II, CF	9.0	9.0			.7 reclass to Cook I	
Correctional Business Manager I	1.0	1.0			1.0 reclass from Bus Mgr	
Correctional Health Services Administrator I, CF	1.0	1.0				
Custodian, CF	1.0	0.0	1.0		FFD 6/16/07 & Interview	
Dental Assistant, CF	1.0	1.0				
Dentist, CF	1.0	1.0				
Electrician II, CF	2.0	2.0				
Electronics Technician, CF	1.0	1.0				
Executive Secretary I	1.0	1.0				
Food Manager, CF	1.0	1.0				

Classification	Budgeted Positions	# of Filled	# in Progress	# of Vacancies	Comment
Food Services Technician II, CF	1.0	1.0			
Fusion Welder, CF	1.0	1.0			
Health & Safety Officer	0.0	0.0			1.0 reclass to SSA
Health Records Technician I	2.0	1.0	1.0		Adv - FFD 6/6/07 & Interview
Language, Speech, & Hearing Specialist	2.0	2.0			
Laundry Supervisor II, CF	1.0	1.0			
Lead Groundskeeper	1.0	1.0			
Lieutenant	8.5	8.0		0.5	+ 45 enc from TH
Locksmith I, CF	1.0	1.0			
Major	1.0	0.0	1.0		Adv - FFD 6/21/07
Management Services Technician	2.0	2.0			
Materials & Stores Supervisor I	2.0	1.0	1.0		Commitment-Pending clearance
Materials & Stores Supervisor II	1.0	1.0			
Mental Health Program Administrator	3.0	3.0			
Muslim Chaplain	1.0	1.0			
Nurse Instructor	1.0	0.0	1.0		Adv - FFD 5/31/07 & Interview 6/07
Office Assistant-Typing	4.0	4.0			1.0 reclass to OT
Office Technician-Typing	18.7	15.1	3.6		1.0 Commitment-pending clearance 2.6 advertising 1.0 reclass from OA 5 reclass from PSS
Painter II, CF	1.0	1.0			
Parole Agent I	10.0	8.0	2.0		2.0 Interviewing
Parole Agent III	1.0	1.0			
Personnel Specialist	3.0	3.0			.5 Reclass to OT 1.0 reclass to Sr. Pers Spec
Personnel Supervisor I	1.0	1.0			
Pharmacist I	1.0	0.0	1.0		Adv 6/07
Physician & Surgeon, CF	1.0	0.0	1.0		1.0 Commitment-Start date 7/2/07
Plumber II, CF	1.0	1.0			
Procurement & Services Officer II, CF	1.0	1.0			
Program Administrator, Rehab	2.0	0.0		2.0	2.0 Hold Pop Shift
Property Controller I	1.0	1.0			
Protestant Chaplain	1.0	1.0			
Psychiatric Technician	8.8	2.6	6.2		Adv - FFD 6/6/07 & Interview

Classification	Budgeted Positions	# of Filled	# in Progress	# of Vacancies	Comment
Psychologist-Clinical, CF	5.8	2.0	3.8		3.8 Pending Interviews
Registered Nurse, CF	19.1	11.6	7.5		Interviews scheduled 6/26/07
Resource Specialist-Special Education	3.0	2.0	1.0		1.0 Advertising
School Psychologist	2.0	2.0			1.0 Advertising
Seargent	6.5	5.0	1.0	0.5	+1.53 enc from TH
Secretary	1.0	1.0			
Senior Personnel Specialist	1.0	1.0			1.0 Reclass from PSS
Senior Psychologist, CF-Supervisor	3.0	2.0	1.0		1.0 Interviews 6/15/07
Senior Youth Correctional Counselor	9.7	8.0	1.0	0.7	.7 Issue #4-Hold Pop Shift
Staff Information Systems Analyst	1.0	1.0			1.0 Advertising
Staff Programmer Analyst-Specialist	1.0	1.0			
Staff Psychiatrist, CF	3.3	1.3	2.0		2.0 Interviews
Staff Services Analyst-General	3.0	3.0			1.0 reclass from H&SO
Stationary Engineer, CF	6.0	6.0			
Supervising Casework Specialist	2.0	1.0	1.0		1.0 Interviews scheduled 6/14/07
Supervising Cook I	3.0	3.0			
Supervising Cook II, CF	1.0	1.0			
Supervising Registered Nurse	1.0	1.0			
Supervising Registered Nurse I, CF	1.0	1.0			
Supervisor of Academic Instruction	2.0	2.0			
Supervisor of Building Trades, CF	1.0	0.0	1.0		1.0 Advertised FFD 6/6/07
Supervisor of Correctional Education Programs	1.0	1.0			
Teacher, Elem Multiple Subject	4.0	3.0	1.0		1.0 Interviews Pending
Teacher, English Language Development	1.0	1.0			
Teacher, HS-English/Language Arts	1.0	0.0	1.0		1.0 Interviews Pending
Teacher, HS-Science	2.0	2.0			
Teacher-Emotion/Learning Handicap	2.0	0.0	1.0	1.0	1.0 Position lost
Teaching Assistant	17.0	10.0	7.0		1.0 Advertising
					7.0 Advertised-FFD 6/14/07
					1.0 Commitment made start date 7/1/07
Training Officer I	2.0	1.0	1.0		
Treatment Team Supervisor	3.7	3.0		0.7	.7 Hold pop shift
Vocational Instructor-Carpentry	1.0	0.0	1.0		1.0 Advertising
Vocational Instructor-Electronics	1.0	1.0			

Classification	Budgeted Positions	# of Filled	# in Progress	# of Vacancies	Comment
Vocational Instructor-Landscape Gardening	1.0	1.0			
Vocational Instructor-Masonry	1.0	1.0			
Vocational Instructor-Mill & Cabinet Work	1.0	1.0			
Water & Sewage Plant Supervisor, CF	1.0	1.0			
Youth Correctional Counselor	78.0	71.4		6.6	1.0 Hold-SBTP 5.6 Hold Pop Shift +3.48 enc from TH
Youth Correctional Officer	48.0	46.8		1.2	1.2 Hold Pop Shift +6.83 enc from TH
Total Regular Positions	375.1	301.5	60.4	13.2	
Temp Help	40.2	40.2			-12.29 encumbered
Fall Population Adjustments	-1.2			-1.2	
Total Authorized Positions	414.1	341.7	60.4	12.0	
Percentages		82.5%	14.6%	2.9%	
7A	396.9				
Issue #4	18.4				
Fall Pop	-1.2				
	414.1				



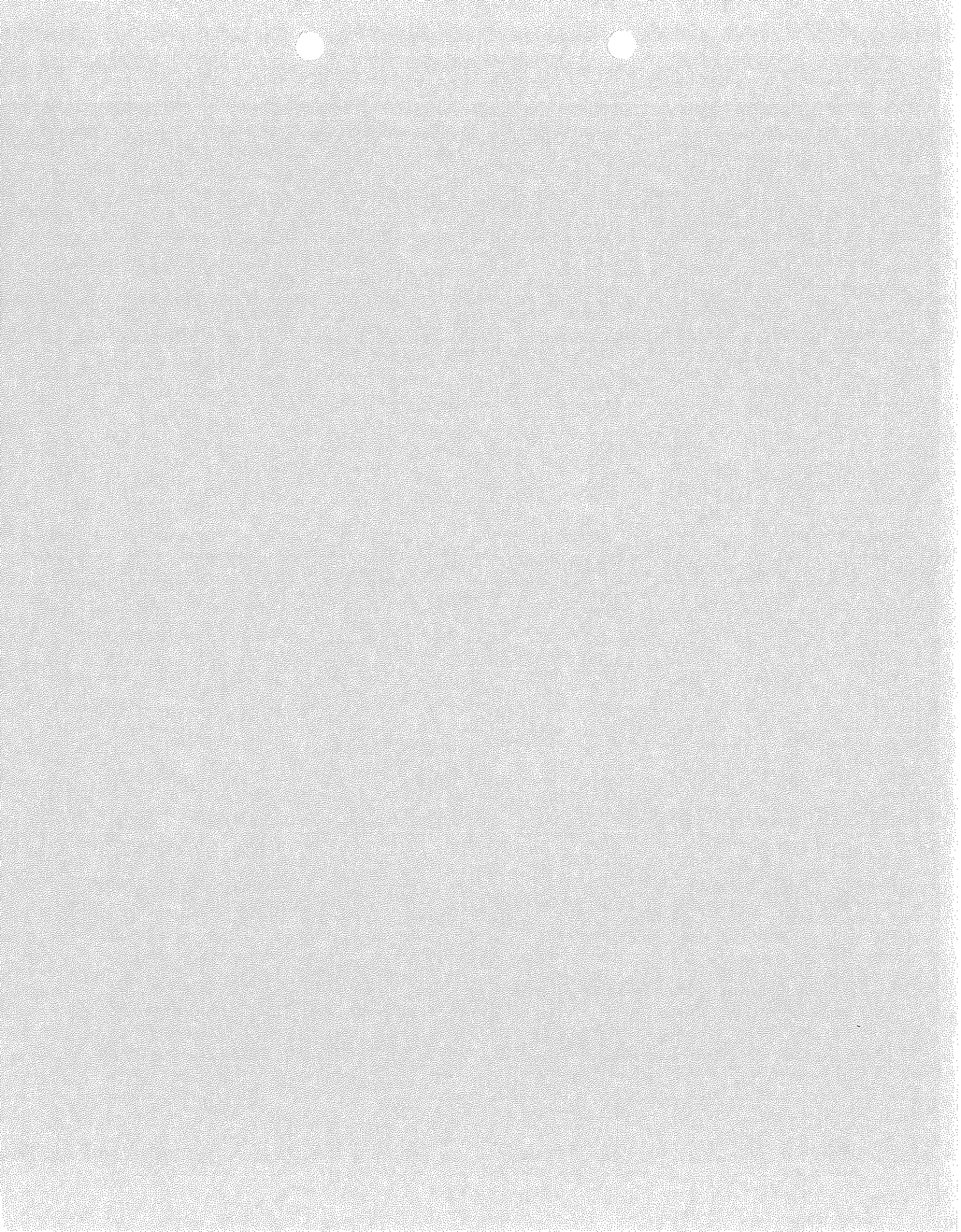
Preston YCF					
Classification	Budgeted Positions	# of Filled	# in Progress	# of Vacancies	Comment
CEA IV	1.0	1.0			
Administrator-Rehab Services	1.0	1.0			
Associate Governmental Program					
Analyst	6.5	6.5			
Auto Equipment Operator I, CF	3.0	3.0			
Automobile Mechanic, CF	1.0	1.0			
Baker II, CF	1.0	1.0			
Barber, CF	1.0	1.0			
Carpenter II, CF	2.0	0.0	2.0		2.0 Recruitment in process
Casework Specialist	17.0	10.0	6.0		4.0 Committed pending clearance 1.0 3.0 Hold Pop Shift
Catholic Chaplain	1.0	1.0			
Chief Dentist	1.0	1.0			
Chief Engineer I, CF	1.0	1.0			
Chief Medical Officer	1.0	1.0			
Chief of Plant Operation II, CF	1.0	1.0			
Clinical Psychology Intern	5.0	0.0	5.0		5.0 List eligibility to be gained by 8/07
Cook Specialist I, CF	7.0	7.0			
Cook Specialist II, CF	4.0	4.0			
Corr Records Manager	2.0	0.0	2.0		2.0 Pending Selections
Correctional Health Services					
Administrator I, CF	1.0	1.0			
Custodian, CF	1.0	1.0			
Dental Assistant	3.0	3.0			
Dentist	2.0	2.0			
Electrician II, CF	3.0	3.0			
Electronics Technician, CF	1.0	1.0			
Executive Secretary I	0.0	0.0			1.0 Reclass to OT
Food Manager, CF	1.0	1.0			
Health & Safety Officer	1.0	1.0			

Classification	Budgeted		# of		# of		Comment
	Positions	Filled	Progress	Vacancies	Progress	Vacancies	
Health Record Technician	2.0	0.0	2.0				2.0 Committed pending clearance
Heavy Equipment Mechanic, CF	1.0	1.0					
Institutional Personnel Officer	1.0	1.0					
Language, Speech, & Hearing Specialist	2.0	0.0	2.0				2.0 Pending exam
Lead Groundskeeper, CF	2.0	2.0					
Lieutenant	8.5	8.0				0.5	+45 enc from TH
Maintenance Mechanic, CF	3.0	3.0					
Major	1.0	1.0					
Management Services Technician	4.0	4.0					
Materials & Stores Supervisor I	2.0	2.0					1.0 Reclass OT
Materials & Stores Supervisor II	2.0	2.0					
Medical Technical Assistant	3.0	3.0					1.0 Reclassed from YCO
Mental Health Program Administrator	2.0	2.0					
Office Assistant-General	3.0	3.0					
Office Assistant-Typing	9.2	6.0	1.0				2.2 Hold pop Shift
Office Services Supervisor I	1.0	1.0				2.2	1.0 Recruitment in process
Office Services Supervisor II	1.0	1.0					
Office Technician-Typing	28.6	25.4			1.0		1.0 Recruitment in process
Painter II, CF	3.0	3.0					1.0 Reclassed from materials and stores Supervisor I, CF
Parole Agent I	15.0	9.0					1.0 Reclass from Exec Sec 1.2
Parole Agent III	1.0	1.0				2.2	Hold Pop Shift
Personnel Specialist	3.0	3.0					
Personnel Supervisor I	1.0	1.0					
Pharmacist I	2.0	2.0				6.0	6.0 Hold Pop Shift
Pharmacy Assistant	2.0	2.0					
Physician & Surgeon, CF	2.0	2.0					
Plumber II, CF	3.0	2.0			1.0		1.0 Recruitment in process
Prison Canteen Manager I	1.0	1.0					
Procurement & Services Officer I, CF	1.0	1.0					

Classification	Budgeted Positions	# of Filled	# in Progress	# of Vacancies	Comment
Program Administrator-Supervisory	3.0	2.0	1.0		1.0 Advertised, no candidates requesting T&D
Protestant Chaplain	1.0	1.0			
Psychiatric Technician	18.8	7.8		11.0	11.0 Hold Pop Shift 1.0 Reclassed to Staff Psychologist 3.0 Reclassed from Staff Psychologist, clinical, CF 1.3 Recruitment in process, interviews scheduled 1.8 1.8 Hold Pop Shift
Psychologist-Clinical, CF	6.0	6.0			
Registered Nurse	20.7	17.6	1.3		
Resource Specialist-Special Education	5.0	4.0		1.0	1.0 Hold Pop Shift
School Psychologist	3.0	3.0			
Seargent	9.0	9.0		0.0	+1.04 enc from TH
Senior Clinical Lab Technologist	0.5	0.5			
Senior Librarian	1.0	1.0			
Senior Medical Transcriber	2.0	2.0			
Senior Psychologist, CF	2.0	0.5	1.5		.5 Advertising 1.0 Recruitment in process interview to be scheduled
Senior Radiologic Technologist-Specialist	0.5	0.5			
Senior Youth Correctional Counselor	21.0	14.6	1.0		5.0 Hold Pop Shift 1.0 Recruiting interviews to be scheduled
Staff Information Systems Analyst-Specialist	2.0	1.0	1.0		
Staff Psychiatrist, CF	6.8	3.8	3.0		1.0 Recruitment in process, interviews scheduled 3.0 Recruitment in process, interviews scheduled 1.0 position reclassified from Psychologist - Clinical, CF 1.0 Ongoing recruitment 3.0 reclassified to psychologist - clinical, CF
Staff Psychologist, CF-Clinical	6.0	5.0	1.0		
Staff Services Analyst-General	1.0	1.0			
Stationary Engineer, CF	7.0	6.0	1.0		
Supervising Casework Specialist	4.0	3.5			1.0 Recruitment in process 0.5 .5 Hold pop shift
Supervising Cook I	4.0	4.0			

Classification	Budgeted Positions	# of Filled	# in Progress	# of Vacancies	Comment
Supervising Cook II, CF	2.0	2.0			
Supervising Groundskeeper II, CF	1.0	1.0			
Supervising Registered Nurse I, CF	1.0	1.0			
Supervising Registered Nurse II, CF	1.0	1.0			1.0 Reclassed from Supervisor Registered Nurse I, CF
Supervisor of Academic Instruction	2.0	2.0			
Supervisor of Building Trades, CF	1.0	1.0			
Supervisor of Correctional Education Programs	1.0	1.0			
Supervisor of Vocational Instruction	1.0	1.0			
Teacher, Elem Multiple Subject	6.0	6.0			
Teacher, Emotion/Learning Handicap	5.0	5.0			
Teacher, English Language Development	3.0	1.0			
Teacher, HS Education	2.0	2.0			2.0 2.0 Hold Pop Shift
Teacher, HS-Arts & Crafts	1.0	1.0			
Teacher, HS-English/Language Arts	2.0	2.0			
Teacher, HS-Math	3.0	3.0			
Teacher, HS-Physical Education	4.0	3.0			
Teacher, HS-Science	1.0	1.0			1.0 1.0 Lost per May revised 607/047
Teacher, HS-Social Science	3.0	3.0			
Teaching Assistant	26.5	23.5	3.0		3.0 Advertising
Training Officer I	2.0	1.0	1.0		-5 disenc 1.0 Advertising as T&D
Treatment Team Supervisor	6.0	6.0			
Vocational Instructor-Auto Mechanics	3.0	3.0			1.0 Reclass from voc-welding
Vocational Instructor-Culinary Arts	1.0	0.0			1.0 1.0 Hold Pop Shift
Vocational Instructor-Graphic Arts	1.0	1.0			
Vocational Instructor-Janitorial	1.0	1.0			
Vocational Instructor-Landscape Gardening	1.0	1.0			
Vocational Instructor-Masonry	1.0	1.0			
Vocational Instructor-Painting	1.0	1.0			
Vocational Instructor-Welding	0.0	0.0			1.0 Reclass to voc-auto body

Classification	Budgeted Positions	# of Filled	# in Progress	# of Vacancies	Comment
					15.4 Hold Pop Shift -2.0 into blanket 607/031 1.0 post and bid 5/1/07 +1.93 enc from TH +2.0 enc for YCC's
Youth Correctional Counselor	102.3	83.9	3.0	15.4	-1.0 YCC disenc .5 Hold pop shift 1.0 reclassified to MTA +4.88 enc from TH
Youth Correctional Officer	75.9	75.4		0.5	
Total Regular Positions	565.8	474.6	39.8	51.5	
					-8.3 encumbered -2.0 enc for YCC +2.0 disenc +1.0 YCC disencu + .9 Teacher, ELH disenc + .5 Teaching Asst disenc
Temp Help	58.1	58.1			
Fall Population Adjustments	-19.1			-19.1	
Total Authorized Positions	604.8	532.7	39.8	32.4	
Percentages		83.9%	7.0%	9.1%	
7A	604.9				
Issue #4	19.0				
Fall Pop	-19.1				
	604.8				



Heman G. Stark YCF

Classification	Budgeted Positions	# of Filled	# in Progress	# of Vacancies	Comment
Administrator - Rehabilitation Services	1.0	1.0			
Associate Budget Analyst	1.0	1.0			1.0 Interviews held 6/6/07, pending clearance
Associate Governmental Program Analyst	7.5	6.5	1.0		
Associate Information Systems Analyst - Specialist	1.0	1.0			
Automobile Equipment Operator I, CF	2.0	2.0			1.0 Pending reclass & readvertising
Automobile Equipment Operator II, CF	1.0	0.0	1.0		
Automobile Mechanic, CF	1.0	1.0			
Business Services Officer I - Specialist	1.0	1.0			
Business Services Officer II - Supervisor	1.0	1.0			1.0 Advertised, FFD 6/17/07
Captain	1.0	0.0	1.0		
Carpenter III, CF	1.0	1.0			
Casework Specialist (YA)	26.0	5.0	3.0	18.0	3.0 Interviews held 5/30, waiting on panel selection 18.0 Hold-Pending Labor Negotiations
Catholic Chaplain	1.0	1.0			
CEA I	1.0	0.0		1.0	1.0 Hold Pop Shift
CEA III	1.0	0.0	1.0		1.0 Pending clearance
Chief Dentist, CF	1.0	1.0			
Chief Medical Officer	1.0	1.0			
Chief of Plant Operation II, CF	1.0	1.0			
Chief of Plant Operation III, CF	1.0	1.0			
Chief of Plant Operations I, CF	1.0	1.0			5.0 List eligibility to be gained by 8/07
Clinical Psychology Intern	5.0	0.0	5.0		
Clinical Social Worker, CF, Safety	1.0	1.0			8.0 New test given 5/22/07, waiting for new list
Cook Specialist II, CF	22.0	14.0	8.0		
Correctional Case Records Manager	1.0	1.0	1.0		1.0 Advertising

Classification	Budgeted Positions	# of Filled	# in Progress	# of Vacancies	Comment
Correctional Health Services Administrator II, CF	1.0	1.0			
Correctional Plant Supervisor	1.0	1.0			
Custodian, CF	2.0	1.0	1.0		1.0 Pending exam
Dental Assistant, CF	3.0	3.0			
Dentist, CF	2.0	2.0			
Electrician I, CF	1.0	1.0			
Electrician II, CF	1.0	1.0			
Electrician III, CF	1.0	1.0			1.0 Reclassified to Supervisor of Building Trades
Equipment Maintenance Supervisor, CF	0.0	0.0			
Executive Secretary I	1.0	1.0			
Food Administrator I, CF	1.0	0.0	1.0		1.0 Committed pending clearance
Food Manager, CF	1.0	1.0			
Health & Safety Officer	2.0	1.0	1.0		1.0 Interviews held, reference being checked
Health Record Technician I	3.0	3.0			
Information Systems Technician	0.0	0.0			1.0 Reclassified to Personnel Supervisor II
Janitorial Services	1.0	0.0	1.0		1.0 Pending exam
Language, Speech & Hearing Specialist	1.0	1.0			
Lead Automobile Mechanic, CF	1.0	0.0	1.0		1.0 Pending exam
Leads Groundskeeper, CF	4.0	2.0	2.0		1.0 Committed pending clearance 1.0 Pending exam
Lieutenant	10.5	10.0		0.5	1.45 Encumbered from temp help
Locksmith I, CF	1.0	1.0			
Maintenance Mechanic, CF	2.0	2.0			
Major	1.0	1.0			
Management Services Technician	3.0	2.0	1.0		1.0 6/5/07 interviews held, pending selection
Materials and Stores Supervisor I	4.0	3.0	1.0		1.0 Pending exam
Medical Technician Assistant, CF	5.0	4.0		1.0	1.0 To be reclassified to RN 7/07
Mental Health Program Administrator	2.0	2.0			
Muslim Chaplain	1.7	1.7			1.0 Redirected from SYRCC
Nurse Practitioner	1.0	1.0			

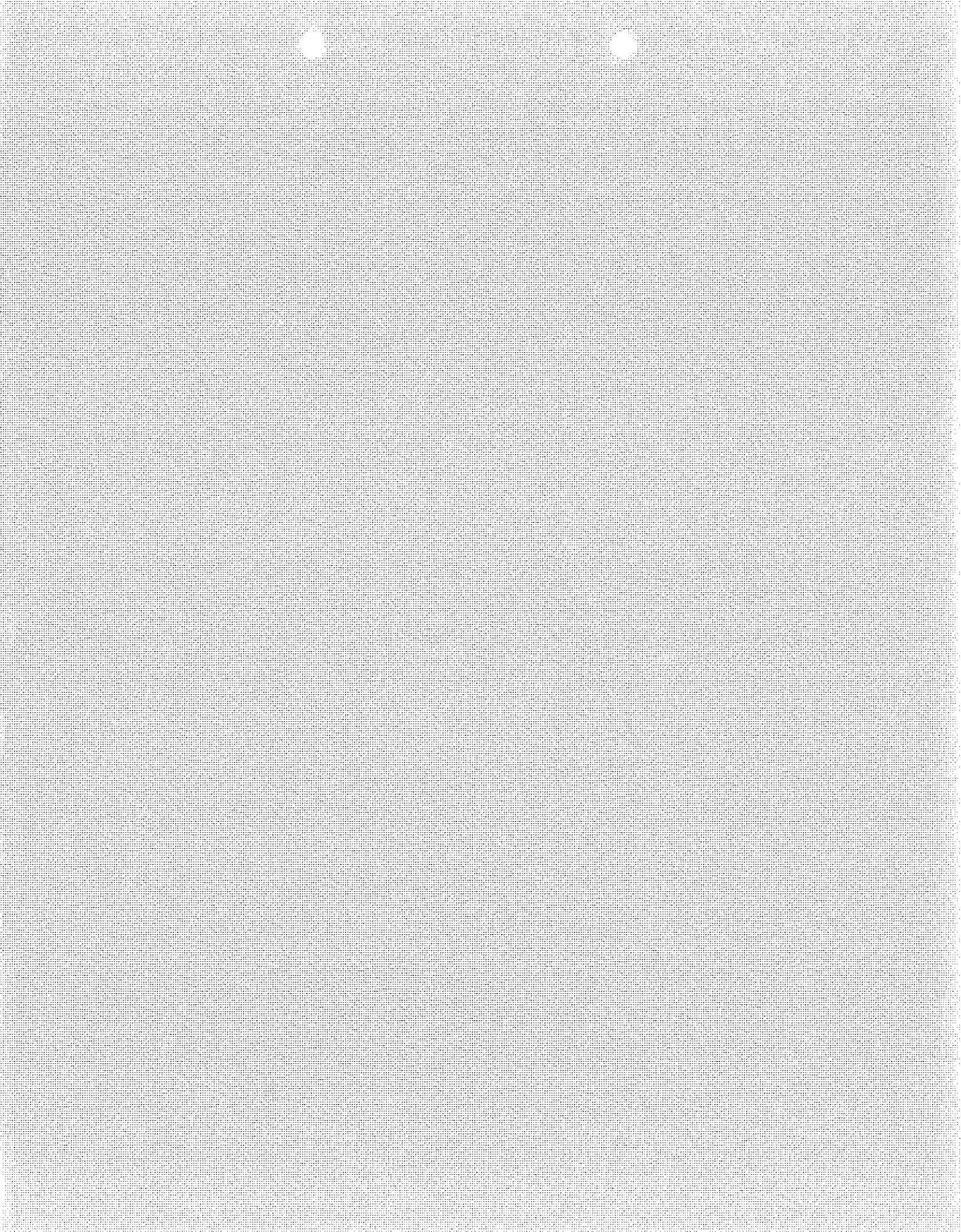
Classification	Budgeted Positions	# of Filled	# in Progress	# of Vacancies	Comment
Office Assistant - Typing	7.7	0.0	7.7		1.0 Advertised FFD 6/17/07
Office Services Supervisor I - Typing	1.0	1.0			6.7 Interviews held, pending selection
Office Services Supervisor II - Typing	1.0	0.0	1.0		1.0 Advertising
Office Technician - Typing	36.1	29.6	6.5		1.0 Interviews held
Painter I, CF	2.0	2.0			5.5 Advertised, FFD 06/17/07
Painter III, CF	1.0	1.0			
Parole Agent I	19.1	11.0	7.1	1.0	1.0 Waiting for new list/Old list is exhausted
Parole Agent II (YA) - Supervisory	1.0	1.0			7.1 Interviews pending
Parole Agent III (YA)	1.0	1.0			
Personnel Specialist	7.0	6.0	1.0		1.0 Advertised, FFD 6/17/07
Personnel Supervisor I	1.0	1.0			
Personnel Supervisor II	1.0	1.0			
Pest Control Technician, CF	1.0	1.0			
Pharmacist I	1.0	1.0			
Pharmacist II	1.0	1.0			
Pharmacy Assistant	1.0	1.0			
Physician & Surgeon, CF	3.0	3.0			
Plumber I, CF	2.0	2.0			
Plumber III, CF	1.0	1.0			
Prision Canteen Manager I	1.0	1.0			
Program Administrator - Supervisory	4.3	1.0		3.3	3.3 Hold-Population Shift
Protestant Chaplain	1.0	1.0			
Psychiatric Technician (Safety)	25.6	3.3	18.0	4.3	9.0 Committed pending clearance 13.0 Advertised

Classification	Budgeted Positions	# of Filled	# in Progress	# of Vacancies	Comment
Psychologist - Clinical, CF	27.6	7.0	19.6	1.0	1.0 Position reclassified from Staff Psychologist Clinical CF 4.0 Committed pending clearance 16.6 Advertised
Registered Nurse, CF	28.6	24.3	4.3		4.3 Advertised 1.0 Committed pending clearance
Rehabilitation Therapist	1.0	0.0	1.0		
Resource Specialist - Special Education	25.3	25.3			
School Psychologist	2.0	2.0			
Seargent	16.8	13.0	3.0	0.8	3.0 Pending exam .82 Encumbered temp help
Secretary	1.0	1.0			
Senior Librarian	1.0	0.0	1.0		1.0 Pending exam
Senior Medical Transcriber	1.0	1.0			
Senior Psychologist, CF Specialist	1.0	1.0			
Senior Psychologist, CF Supervisor	6.6	5.0	1.6		1.0 6/28/07 - interviews schedule .6 Advertising
Senior Youth Correctional Counselor	36.5	31.9			
Staff Information Systems Specialist	1.0	1.0		4.6	4.0 Exhausted new list date 3/07 .58 Encumbered temp help
Staff Psychiatrist, CF	5.0	3.4	1.6		3.0 reclassified to Staff Psychiatrist Correctional & Rehabilitative Services (Safety) 1.6 Advertised 1.0 Position to be reclassified to Psychologist, Clinical 1.0 Reclassed from Staff Psychiatrist, CF 1.0 Pending exam
Staff Psychologist, CF - Clinical	0.0	0.0			
Staff Psychiatrist, Correctional & Rehabilitative Services (Safety)	3.0	3.0			
Staff Services Analyst - General	1.0	1.0			
Standards Compliance Coordinator	1.0	0.0	1.0		
Stationary Engineer, CF	10.0	10.0			

Classification	Budgeted Positions	# of Filled	# in Progress	# of Vacancies	Comment
Stock Clerk	1.0	1.0			
Supervising Casework Specialist I (YA)	6.8	4.0	2.8		2.8 Advertised, FFD 06/17/07
Supervising Cook I	5.0	3.0	2.0		2.0 Pending exam 2.0 new test given 5/22/07, waiting for new list
Supervising Cook II, CF	2.0	0.0	2.0		2.0 Reclassified to Supervising Registered Nurse II, CF
Supervising Registered Nurse I, CF	0.0	0.0			
Supervising Registered Nurse II, CF	2.0	2.0			1.0 Redirected from Supervising Registered Nurse I, CF 1.0 reclassified to Supervising Registered Nurse III, CF
Supervising Registered Nurse III, CF	1.0	1.0			1.0 Redirected from Supervising Registered Nurse II, CF
Supervisor of Academic Education	3.0	2.0	1.0		1.0 Advertised, FFD 6/17/07
Supervisor of Building Trades	1.0	0.0	1.0		1.0 Pending exam
Supervisor of Correctional Education Programs	1.0	1.0			
Supervisor of Vocational Institutions	2.0	2.0			
Teacher - Emotion/Learning Handicap	6.0	6.0			
Teacher High School Education, CF	10.4	9.4			1.0 1.0 Hold Pop Shift
Teacher, Elementary Education, CF	8.0	6.0			2.0 2.0 Hold Pop Shift
Teacher, High School - English/Language	8.0	3.0			5.0 5.0 Hold Pop Shift
Teacher, High School - Math, CF	7.0	6.0			1.0 1.0 Hold Pop Shift
Teacher, High School - Music, CF	1.0	1.0			
Teacher, High School - Physical Education	2.0	2.0			
Teacher, High School - Science, CF	5.0	3.0			2.0 2.0 Hold Pop Shift
Teacher, High School - Social Science	11.0	8.0			3.0 3.0 Hold Pop Shift
Teaching Assistant	20.9	8.9			12.0 12.0 Hold Pop Shift
Training Officer I	1.0	1.0			
Training Officer II	1.0	1.0			Position filled as T&D assignment
Treatment Team Supervisor	11.2	11.0			0.2 2 Hold- Population Shift 1.0 Position being reclassified to Janitorial Services
Vocational Instructor - Auto Mechanics	0.0	0.0			

Classification	Budgeted Positions	# of Filled	# in Progress	# of Vacancies	Comment
Vocational Instructor - Barbershop Practice	2.0	2.0			
Vocational Instructor - Building Maintenance	2.0	2.0			
Vocational Instructor - Carpentry	1.0	0.0		1.0	1.0 Hold Pop Shift
Vocational Instructor - Culinary Arts	3.0	2.0		1.0	1.0 Hold Pop Shift
Vocational Instructor - Electronics	2.0	2.0			
Vocational Instructor - Graphic Arts	1.0	1.0			
Vocational Instructor - Janitorial	3.0	3.0			1.0 Reclassified from Auto Mechanics
Vocational Instructor - Landscaping Gardening	1.0	1.0			
Vocational Instructor - Machine Shop	1.0	1.0			
Vocational Instructor - Masonry	1.0	1.0			
Vocational Instructor - Mill & Cabinet Work	2.0	2.0			
Vocational Instructor - Office Technologists	3.0	3.0			
Vocational Instructor - Stockkeeping	1.0	1.0			
Vocational Instructor - Upholstering	1.0	1.0			
Vocational Instructor - Welding	1.0	1.0			
Warehouse Manager I, CF	1.0	1.0			
Warehouse Worker, CF	1.0	1.0			
Word Processing Technician		0.0			1.0 Position reclassified OSS II
Youth Correctional Counselor	227.1	163.7	1.2	62.2	59.7 Hold - Population Shift 1.2 Advertising in progress 1.2 Hold, population shift .33 Encumbered Temp help
Youth Correctional Officer	126.9	119.0		7.9	7.5 Hold, population shift 18.39 enc from TH
Total Regular Positions	928.2	680.0	114.4	133.8	
Temp Help	107.4	107.4			- 29.57 encumbered temp help

Classification	Budgeted Positions	# of Filled	# in Progress	# of Vacancies	Comment
Fall Population Adjustments	-8.0			-8.0	
Total Authorized Positions	1027.6	787.4	114.4	125.8	
Percentages		76.6%	11.1%	12.2%	
7A	898.7				
Issue #4	135.9				
Fall Pop	-8.0				
Position transferred from SYRCC	1.0				
	1027.6				



Ventura Youth Correctional Facility							
Classification	Budgeted Positions	# of Filled	# in Progress	# of Vacancies	Comment		
Administrator-Rehab Services	1.0	1.0					
Associate Governmental Program Analyst	5.0	5.0					
Auto Equipment Operator I, CF	3.0	3.0					
Automobile Mechanic, CF	1.0	1.0					
Baker II, CF	1.0	1.0					
Building Maintenance Worker, CF	1.0	1.0					
Business Manager I	1.0	1.0					
Business Services Assistant	1.0	1.0					
Carpentry I, CF	1.0	1.0					
Casework Specialist	11.0	4.0	7.0		7.0 Advertising		
Catholic Chaplain	1.0	1.0					
CEA I	1.0	0.0	1.0		1.0 Commitment pending clearance		
Chief Engineer I, CF	1.0	1.0					
Chief Medical Officer	1.0	1.0					
Chief of Plant Operation II, CF	1.0	1.0					
Chief Psychologist	1.0	1.0					
Clinical Psychology Intern	5.0	5.0					
Cook Specialist I, CF	16.0	16.0					
Cook Specialist II, CF	6.0	6.0					
Correctional Health Services Administrator I	1.0	1.0					
Custodian, CF	2.0	1.0	1.0		1.0 FFD 06/21/07		
Dental Assistant	1.0	1.0					
Dentist, CF	1.0	1.0					
Electrician II, CF	2.0	0.0	2.0		2.0 Possible TAU appointments		
Executive Secretary I	1.0	1.0					
Food Manager, CF	1.0	1.0					
Groundskeeper, CF	2.0	2.0					
Health & Safety Officer	1.0	1.0					
Health Record Technician I	2.0	2.0					
Hospital Aid, CF	2.0	2.0					
Language, Speech, & Hearing Specialist	1.0	1.0					

Classification	Budgeted Positions	# of Filled	# in Progress	# of Vacancies	Comment
Lead Groundskeeper, CF	1.0	1.0			
Lieutenant	8.5	8.0		0.5	.45 enc from TH
Locksmith I, CF	1.0	1.0			
Maintenance Mechanic, CF	2.0	2.0			
Major	1.0	1.0			
Management Services Technician	3.0	3.0			
Materials & Stores Supervisor I	3.0	3.0			
Materials & Stores Supervisor II	1.0	1.0			
Mental Health Program Administrator	2.0	2.0			
Nurse Practitioner	1.0	1.0			
Office Assistant-Typing	7.3	6.0		1.3	1.3 -Hold Pop Shift
Office Services Supervisor II-General	1.0	1.0			
Office Technician-Typing	15.8	11.8	4.0		4.0 advertising
Painter II, CF	1.0	0.0	1.0		1.0 Possible TAU appointments
Parole Agent I	10.3	9.0	1.3		1.3 Advertising
Parole Agent III	1.0	1.0			
Personnel Specialist	3.5	3.5			
Personnel Supervisor I	1.0	1.0			
Pharmacist I	2.0	2.0			
Pharmacy Assistant	1.0	1.0			
Physician & Surgeon, CF	1.0	1.0			
Plumber I, CF	1.0	1.0			
Prison Canteen Manager	1.0	1.0			
Program Administrator-Supervisory	1.0	1.0			
Property Controller I	1.0	1.0			
Protestant Chaplain	1.0	1.0			
Psychiatric Social Worker	1.0	1.0			
Psychiatric Technician	8.5	8.5			
Psychologist-Clinical, CF	7.0	5.0	1.0		1.0 reclassified from Staff Psychologist, CF-Clinical
Registered Nurse, CF	21.6	15.6	6.0		1.0 1.0 Hold Pop Shift
Rehab Therapist	1.0	1.0			6.0 Advertising & Interviews
Resource Specialist-Special Education	0.0	-1.0			1.0 delete over-est pos, 607#06/07-
School Psychologist	1.0	1.0		1.0	94
Sergeant	6.3	5.0	1.0		1.0 Advertising
Secretary	1.0	1.0		0.3	.27 enc from TH

Classification	Budgeted Positions	# of Filled	# in Progress	# of Vacancies	Comment
Senior Accounting Officer-Supervisor	1.0	1.0			
Senior Librarian	2.0	1.0	1.0		1.0 Exam pending
Senior Medical Transcriber	0.0	0.0			1.0 reclass to Staff Services Analyst 1.0 reclassified to Chief Psychologist, filled
Senior Psychologist, CF-Supervisor	2.0	2.0		4.5	4.5 Hold Pop Shift
Senior Youth Correctional Counselor	8.5	4.0			
Staff Information Systems Analyst-Specialist	1.0	1.0			
Staff Psychiatrist, CF	3.8	2.1	1.8		1.0 Pending clearance 75 Interviews 7/07 1.0 reclassified to Psychologist- Clinical, CF
Staff Psychologist, CF-Clinical	1.0	0.0			
Staff Psychologist, CF - Specialist	1.0	1.0			
Staff Services Analyst-General	2.0	2.0			
Stationary Engineer, CF	6.0	5.0	1.0		1.0 Advertising
Supervising Casework Specialist	2.0	2.0			
Supervising Cook I	3.0	3.0			
Supervising Cook II, CF	2.0	2.0			
Supervising of Building Trades, CF	1.0	1.0			
Supervising Registered Nurse I, CF	1.0	1.0			
Supervising Registered Nurse II, CF	1.0	1.0			
Supervisor of Academic Instruction	1.0	1.0			
Supervisor of Correctional Education Programs	1.0	1.0			
Teacher, Elem Multiple Education	2.0	2.0			
Teacher, HS Education	4.0	0.0	4.0		4.0 Interviews 7/07
Teacher, HS-Arts & Crafts	1.0	0.0	1.0		1.0 Readvertise
Teacher, HS-Math	1.0	1.0			
Teacher, HS-Music	1.0	1.0			
Teacher, HS-Physical Education	2.0	2.0			
Teacher, HS-Social Science	3.0	0.0	3.0		3.0 Interviews 7/07
Teacher-Emotion/Learning Handicap	3.0	3.0			
Teaching Assistant	8.0	5.0	3.0		3.0 Interviews 7/07
Training Officer I	1.0	1.0			
Treatment Team Supervisor	5.3	5.0		0.3	0.3 Hold Pop Shift
Vocational Instructor-Culinary Arts	2.0	1.0	1.0		1.0 Est 6/07-advertise

Classification	Budgeted Positions	# of Filled	# in Progress	# of Vacancies	Comment
Vocational Instructor-Dog Grooming	1.0	1.0			
Vocational Instructor-Janitorial	1.0	1.0			
Vocational Instructor-Office Technologists	1.0	1.0			
Youth Correctional Counselor	50.2	46.2		4.0	2.8 Hold Pop Shift 1.42 enc from TH 13.0 Established from Blanket, PAS Reconciliation
Youth Correctional Officer	68.6	50.7	13.0	4.9	.7 Issue #4 Recap 44 enc from TH
Total Regular Positions	392.2	319.4	54.1	18.8	
Temporary Help	36.8	36.8			-14.58 encumbered
Fall Population Adjustment	-1.3			-1.3	
Total Ventura Positions	427.7	356.2	54.1	17.5	
Percentages		83.3%	12.6%	4.1%	
7A	420.1				
Issue #4	8.9				
Fall Pop	-1.3				
	427.7				

Appendix F
OSM Staff Vacancy Calculations

CALCULATIONS CERTAIN VACANCIES, FROM DJJ 6-15-07 VACANCY REPORT (PROVIDED TO OSM IN EARLY JULY 2007)

	Close	Nelson	Chad	NYCCC	Preston	Paso	Ventura	Stark	SYRCC	Pine Grove	Central Off.	Totals
YCC auth	76.1	70.9	125.1	0	102.3	78	50.2	227.1	49.7	7.6		787
YCC filled	66	62.3	123.1	na	83.9	71.4	46.2	163.7	46.9	7		670.5
% vacant	13.27	12.13	1.60	na	17.99	8.46	7.97	27.92	5.63	7.89		14.80
Psychol auth	2	0	0	0	27	19	11.8	40.2	25.7	0	11	153.7
Psychol filled	1	0	0	0	12	11.5	4	13	11.9	0	3	70.4
% vacant	50.00			55.56	39.47	66.10	17.65	67.66	53.70	0.00	72.73	
Total auth	248.1	264.8	426	333.2	604.8	414.1	427.7	1027.6	391.3	32.9	516.4	4686.9
Total filled	234.1	242.6	367.3	257.5	532.7	341.7	356.2	787.4	343.6	31.5	426.9	3921.5
% vacant	5.64	8.38	13.78	22.72	11.92	17.48	16.72	23.37	12.19	4.26	17.33	16.33

SOURCE: DJJ "vacancy reconciliation", Angus e-mail to plaintiff's counsel July 3, 2007, copied to OSM July 5, 2007 (HQ sheet dated June 15, 2007)

NOTE: These calculations count all authorized positions on DJJ's report, without regard to the comments about redirection and reclassification of positions (they assume that DJJ's "Budgeted Positions" column has no duplication)