



A QUARTERLY REPORT FOR:

***FARRELL VS. TILTON***

AS REQUIRED BY THE  
CONSENT DECREE

FOR PERIOD:

**FIRST QUARTER  
OF 2008**

DATE SUBMITTED:

**APRIL 30, 2008**

**California Department of  
Corrections and Rehabilitation**

**Division of  
Juvenile Justice**

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## EXECUTIVE INTRODUCTION TO THIS QUARTERLY REPORT

The California Department of Corrections, Division of Juvenile Justice (DJJ) is proud to submit this Quarterly Report in compliance with the Consent Decree associated with the *Farrell* court case. In response to various requests and notations found in many of the Expert audit reports and Special Master reports which also have been filed, this report has been revised to provide what we believe is better, more structured information which accurately reflects progress and compliance with the action items identified in the six Remedial Plans associated with the Consent Decree. DJJ wants to make sure that this report is providing accurate, traceable information in a repeatable manner so that all of our activities in response to the work effort to implement the *Farrell* Remedial Plans remain transparent to all stakeholders.

This newly structured Quarterly Report contains four key sections, each described below:

1. Progress;
2. Compliance with Dates;
3. Actions Taken this Quarter; and
4. Report Improvements

### **Section I: Progress**

The purpose of this section is to report progress made in completing the action items in a statistical fashion. The statistical information is drawn from the audit reports which have been completed and submitted, each based on the audit tool which was submitted for each of the six Remedial Plans. Providing this kind of reporting allows DJJ to demonstrate to all stakeholders objective data-based results of the information provided by the Experts after completing their audits.

In this first version of this restructured Quarterly Report, a significant amount of background and explanatory text has been added. DJJ feels that it is critically important to set the baseline for the kind of statistical information upon which this section is created. In future quarterly reports, this background information will be significantly reduced.

### **Section II: Compliance with Dates**

The purpose of this section is to report on DJJ's commitments to complete action items on specific dates. This information is also based entirely on the data extracted from the audit tools created from the six Remedial Plans. It should be noted that there is quite a mixture of items, both with and without dates, identified within the audit tools. Therefore, this section can and will only report on those items where dates have been identified. In the future, dates may be set with the court in relation to action items which

currently have no date set, or existing dates may be adjusted; in those cases, this reporting will include those items as well.

In this first version of this restructured Quarterly Report, there is a significant discussion describing the process which was used on an interim basis to reset dates for a selected set of action items. Future reports may contain similar descriptions of the project management processes used to revise action item dates.

### **Section III: Actions Taken This Quarter**

The purpose of this section is to report on significant accomplishments completed during the quarter and to add descriptions of significant effort being made on action items for each of the six Remedial Plans. These are listed in bullet point fashion, and generally refer to the action item(s) that the work effort is related to.

In future versions of this restructured Quarterly Report, we expect that this section will not significantly change, though it may be reported in terms of new projects which combine multiple action items into related groups.

### **Section IV: Report Improvements**

The purpose of this section is to describe the revisions made to the Quarterly Report, the reasoning and explanation of why the changes were made, and to describe potential future changes together with a description of processes to manage those changes. Each Quarterly Report in the future will contain information describing changes made and/or planned for future Quarterly Reports.

# 1 PROGRESS

## 1.1 Education Services Remedial Plan Compliance Status

### 1.1.1 Historical Audit Perspective

#### Court Filings

The Education Services Remedial Plan was filed with the court on March 1, 2005 and was the first of the six *Farrell* Remedial Plans to be filed. The Standards and Criteria (audit tool) component of the plan was included with the plan at the time of the filing.

#### Audit Tool

The Education Services audit tool consists of a total of 115 different “action items.” Associated with those 115 action items are approximately 928 “audit items.” These 928 audit items are generally the total number of compliance ratings that DJJ will have to come into compliance with for a given cycle/round of auditing. In effect, DJJ will have to receive 928 “substantial compliance” ratings for two consecutive years to be in full compliance with the mandates of the Education Services Remedial Plan.

A unique feature of the Education Services audit tool, unlike the other five *Farrell* audit tools, is that there are no action items that are unique to headquarters.

Of the 115 action items incorporated within the Education Services Remedial Plan audit tool, 12 action items have a deadline for implementation.

#### Audit History

Because the Education Services Remedial Plan is one of the more mature plans in regards to when it was filed, DJJ has received three years or “rounds” of compliance ratings from the experts. Generally, a “round” refers to a cycle of monitoring by an expert(s) in which all appropriate DJJ facilities are audited at least once for that cycle within an approximate 12 month time span. The Education Experts’ first facility audit was conducted at the DeWitt Nelson Youth Correctional Facility in September 2005. The time spans for each of the three rounds of education monitoring, conducted at the facility level, include:

Round 1: September 2005 to April 2006.

Round 2: September 2006 to April 2007.

Round 3: October 2007 to March 2008.

The chart below provides a more detailed listing of all of the education audits to date:

Facility	ROUND 1	ROUND 2		ROUND 3	
	Date Audited	Date Audited	Time between Audits	Date Audited	Time between Audits
DeWitt Nelson	Sept. 2005	Feb. 2007	17 months	Oct. 2007	8 months
El Paso de Robles	Oct. 2005	Sept. 2006	11 months	N/A*	N/A
Ventura	Nov. 2005	April 2007	17 months	Jan. 2008	9 months
SYCRCC	Dec. 2005	April 2007	16 months	Jan. 2008	9 months
Heman G. Stark	Dec. 2005	Jan. 2007	13 months	Mar. 2008	10 months
N.A. Chaderjian	Feb. 2006	Oct. 2006	8 months	Dec. 2007	14 months
O.H. Close	Mar. 2006	Oct. 2006	7 months	Oct. 2007	12 months
Preston	April 2006	Feb. 2007	10 months	Feb. 2008	12 months

\* Not audited due to impending closure.

### 1.1.2 Most Recent Audit Findings

The Education Experts have recently completed their third round of monitoring. The graph on the next page identifies the compliance percentage for each facility during this last round of monitoring.

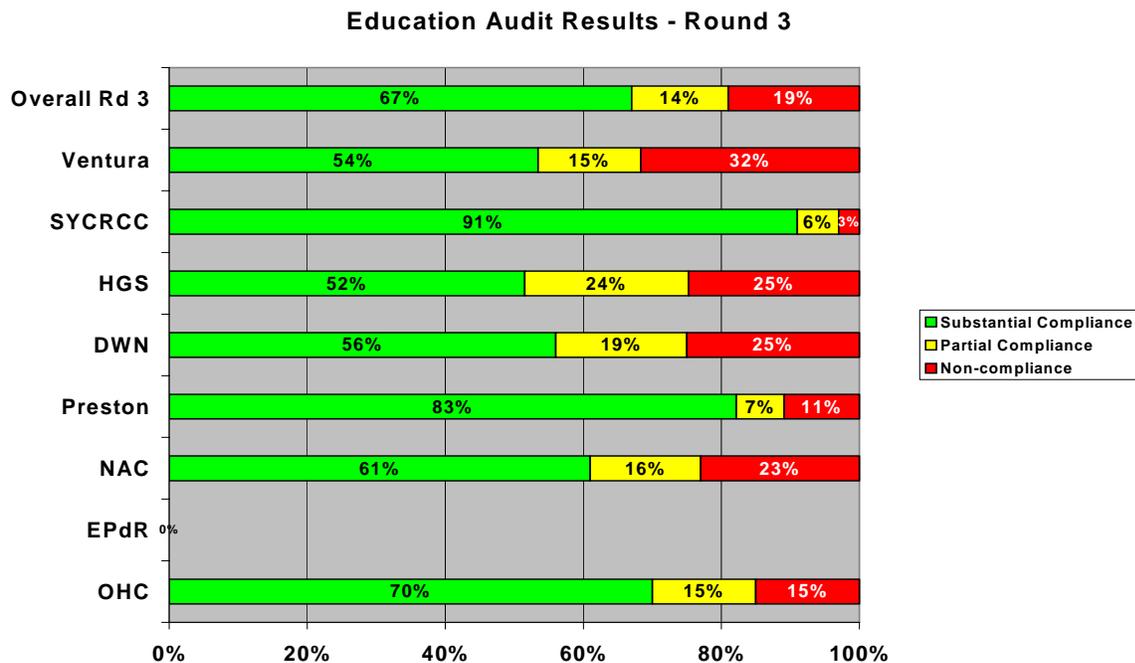


Figure 1: Most Recent Audit Results

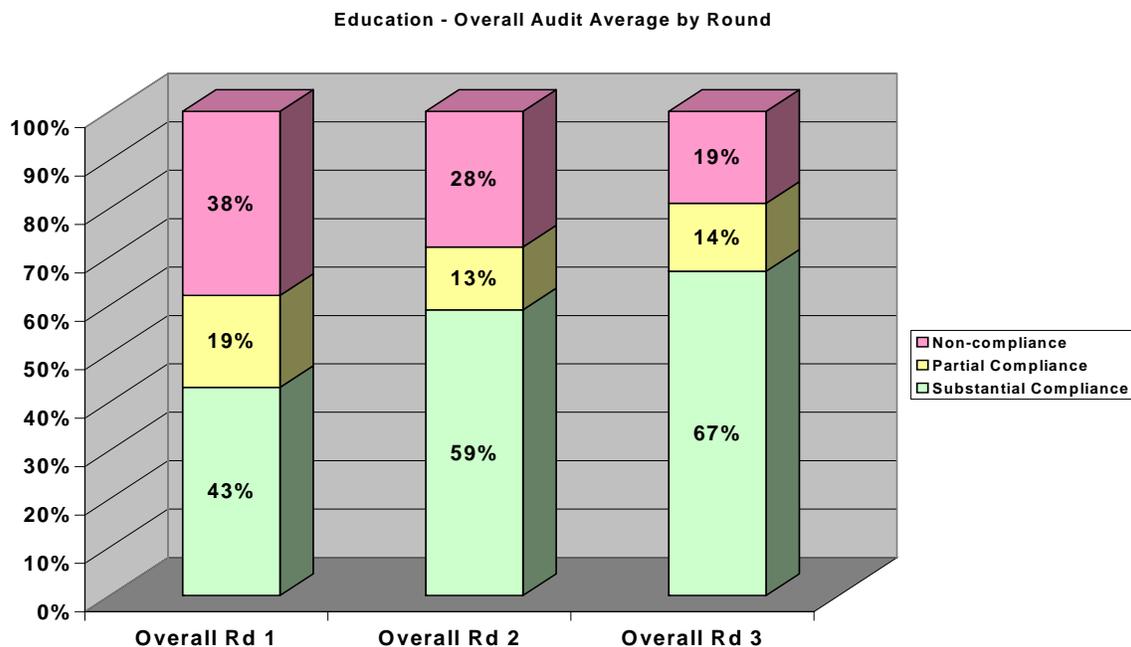
## Highlights

The Education Experts found the Southern Youth Correctional Reception Center-Clinic to be in 91% of substantial compliance. Only three out of 111 rated action items were found to be in non-compliance. To date this is the highest rated audit of any facility for any plan.

The Preston Youth Correctional Facility also had a very positive audit with an 83% Substantial compliance rate. This is the second highest compliance percentage of any facility for any plan to date.

### 1.1.3 Cumulative Audit Findings

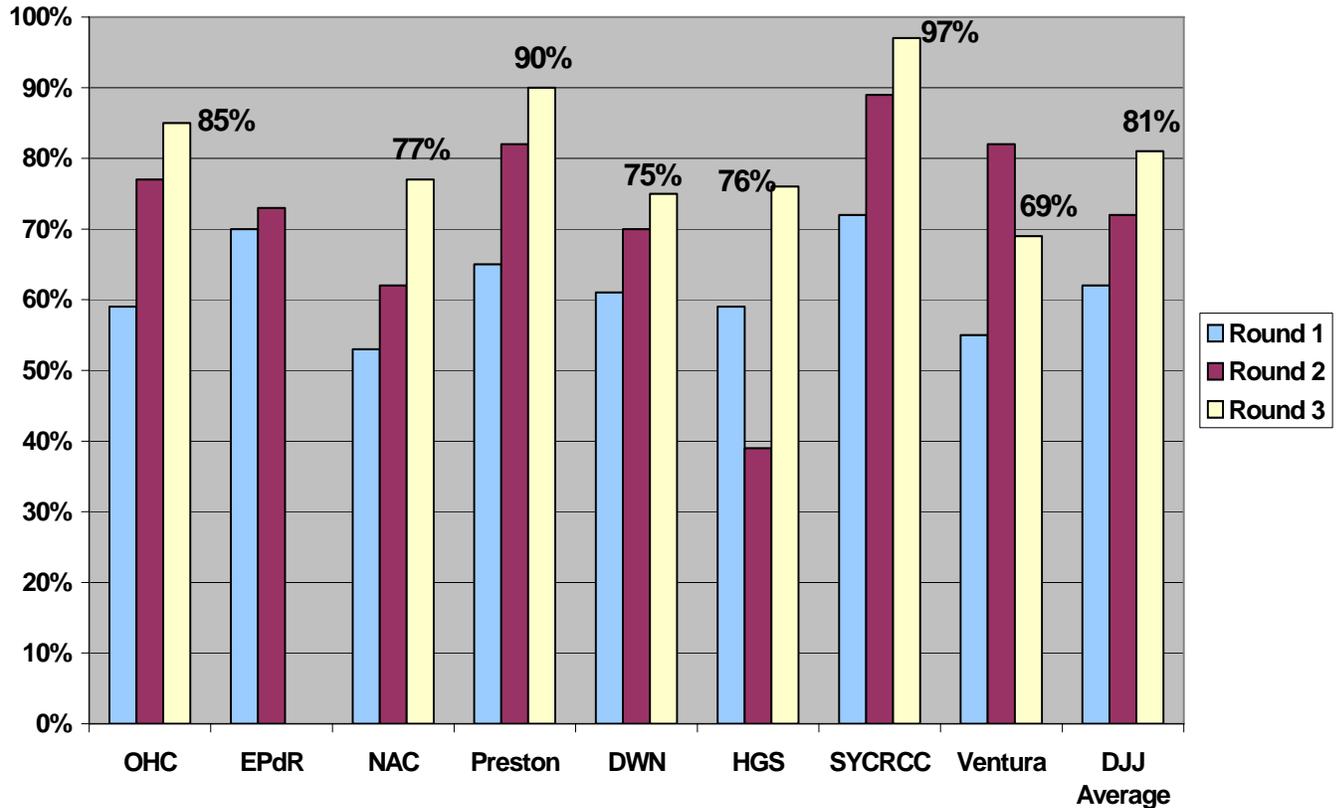
By conducting a cumulative analysis of all the facilities audited within a given “round”, DJJ believes that an *objective* pattern of progress has been established in implementing the Educational Services Remedial Plan. The chart on the next page identifies the overall average of compliance for the three rounds of education audits to date.



**Figure 2: Cumulative Audit Results – Education**

A partial compliance rating, while not the same as substantial compliance, demonstrates progress and work effort that has been completed to bring a given action item toward substantial compliance. The chart below combines the substantial and partial compliance percentages for each facility to demonstrate the overall progress DJJ has made to date in the implementation of the Education Services Remedial Plan.

### Education Audit Results Substantial + Partial Compliance by Round by Facility

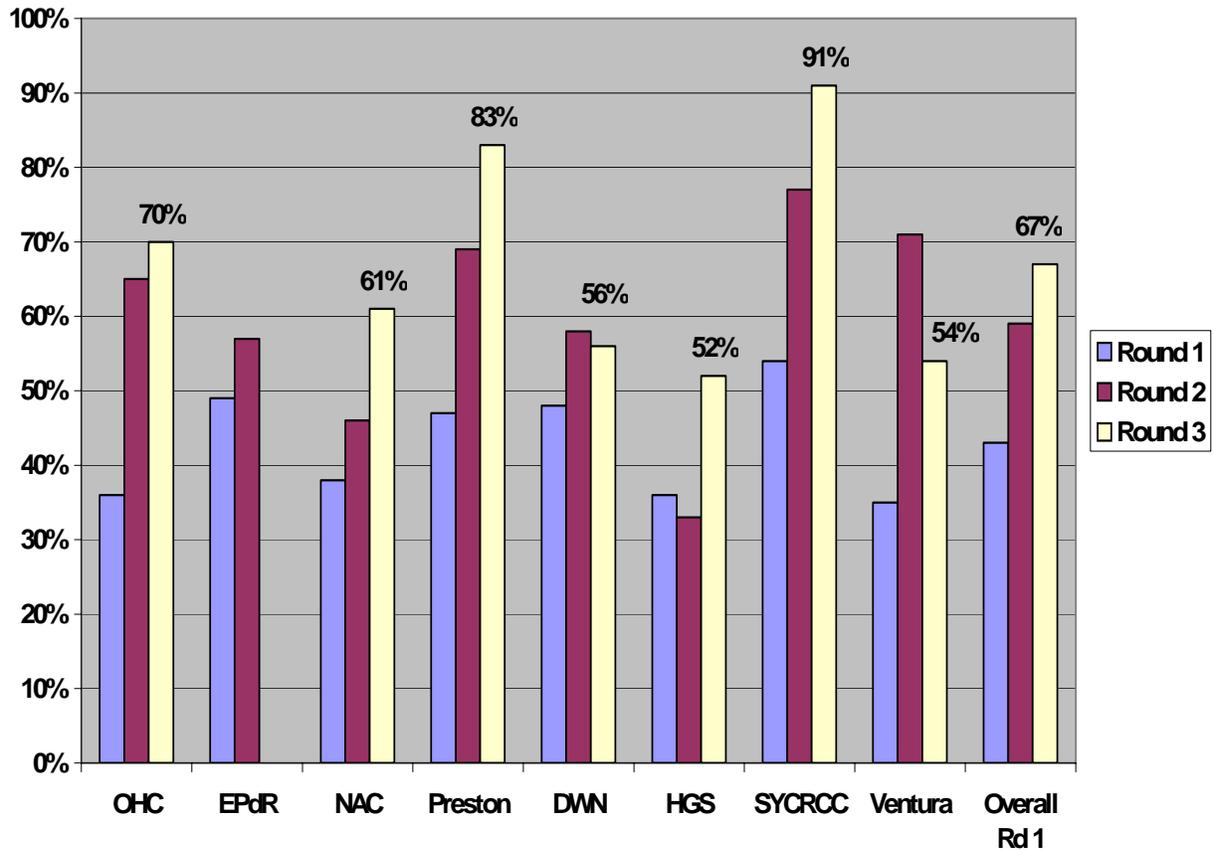


**Figure 3: Progress in Combined Compliance – Education**

As the graph above demonstrates, DJJ’s overall average of partial plus substantial compliance percentage is 81%, with all of the facilities except the Ventura Youth Correctional Facility (69%) at 75% or above in compliance percentage. Two facilities, Preston Youth Correctional Facility and Southern Youth Correctional Reception Center-Clinic, are at 90% or greater with Southern Youth Correctional Reception Center-Clinic being the highest at 97%.

The graph below shows that the majority of DJJ high schools are making consistent improvement from one round of auditing to the next. The exceptions to this are the DeWitt Nelson Youth Correctional Facility and the Ventura Youth Correctional Facility.

### Education Audit Results Substantial Compliance by Round by Facility



**Figure 4: Progress in Substantial Compliance - Education**

DJJ has steadily improved its overall substantial compliance percentage for the first three rounds of monitoring from 43% in Round 1 to 59% in Round 2 to 67% in Round 3.

Two facilities, DeWitt Nelson Youth Correctional Facility and Ventura Youth Correctional facility decreased in their substantial compliance ratings from their previous audits.

DeWitt Nelson Youth Correctional Facility went from 58% of substantial compliance in Round 2 to 56% in Round 3, a 2% decrease. However, when adding the partial compliance ratings to that of the substantial compliance ratings for these two rounds, DeWitt Nelson Youth Correctional Facility actually improved their overall progress from 70% for Round 2 to 75% for Round 3.

The decrease in substantial compliance for Ventura Youth Correctional Facility was more significant. In Round 2, Ventura Youth Correctional Facility had a substantial

compliance rating of 71%. For Round 3, that went down to 54%, a decrease of 17%. According to the Education Experts' comments in their audit report, this decrease can be attributed in large part to a lack of documentation available to them at the time of their audit. The Experts' rated 13 action items as non-complaint due to a lack of documentation. In the prior year's audit, 11 of the 13 action items were rated as being in substantial compliance and the other two items were rated as being in partial compliance. The primary reason for the lack of collected documentation was that Ventura had recently experienced a significant change to their educational leadership and the new administrators were not fully aware of the level of preparation needed to display the documentation that was necessary in advance of an audit.

Even though Ventura Youth Correctional Facility went backwards in its substantial compliance rating in Round 3, DJJ believes that the Round 2 results are more indicative of Ventura's true level of compliance. DJJ expects that by the Round 4 auditing cycle, Ventura will once again be one of the higher rated facilities.

### 1.1.4 Status of Specific Action Items

The manner in which the Education Experts have used the audit tool demonstrates how useful this information can be to DJJ. Not only does it show where progress is being made, it also provides DJJ with guidance in the areas that continue to need attention. The chart below identifies 11 audit items that the Experts have deemed "relieved" from future independent monitoring as a result of continued substantial compliance over a two year period.

Education Services Actions Items "Relieved" from Future Independent Monitoring				Tally of Compliance Ratings for Given Action Item			
DJJ #	Item #	Action Item	Deadline	SC*	PC	NC	N/A
2	1.2	The CYA will Provide written verification that their courses are California Education Standards driven and that they meet state curriculum standards.	N/A	8	-	-	-
59	4.1	Verify with written documentation that the CYA curriculum meets the Content Standards and Curriculum Frameworks for the California Public Schools.	N/A	8	-	-	-
60	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.	N/A	8	-	-	-
61	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.	N/A	8	-	-	-
62	4.4	Verify that the core academic guides are available to all staff electronically in December 2005.	12/1/05	8	-	-	-
63	4.5	Compare the number of textbooks and library books at each site with applicable standards.	N/A	8	-	-	-

64	4.6	Verify in August 2005 that the annual inventory and needs assessment has been conducted.	N/A	8	-	-	-
81	4.23	Verify that policies have been revised to reflect changes in operations.	N/A	8	-	-	-
108	6.1	Verify the use of the state mandated testing schedule through observation and interviews. Through student interviews and file reviews, verify access of eligible students to the state mandated exam.	N/A	8	-	-	-
109	6.2	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.	N/A	8	-	-	-
110	6.3	Through student interviews and file reviews, verify that eligible students have appropriate opportunities to pass the state mandated exam.	N/A	8	-	-	-

Even though the Experts have removed these 11 items from their future audits, DJJ is still responsible and committed to ensuring that these 11 items are maintained at their current level of compliance.

In addition to the 11 “relieved” action items, there are an additional 17 action items where the Experts have provided substantial compliance ratings to every facility for that given action item. See the chart below for a listing of these 17 action items.

<b>Education Services Action Items “Full” Substantial Compliance - Round 3 ("Relieved" Items not Included)</b>				<b>Tally of Compliance Ratings for Given Action Item</b>			
DJJ #	Item #	Action Item	Deadline	SC	PC	NC	N/A
1	1.1	Verify WASC accreditation status at all school sites. Review WASC records at each site.	N/A	7	-	-	-
10	2.3	Review and evaluate the written recruitment plan and the qualifications and use of the 2 recruiters.	N/A	7	-	-	-
17	2.10	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.	N/A	3	-	-	4
18	2.11	Verify employment of 2 school psychologists at schools with restricted programs.	N/A	3	-	-	4
19	3.1	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.	N/A	7	-	-	-
20	3.2	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.	N/A	7	-	-	-

22	3.4	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.	N/A	7	-	-	-
48	3.30	Review and evaluate annual school calendar.	N/A	7	-	-	-
49	3.31	Review scheduling and utilization of the 44 student advising/case conference days per year.	N/A	7	-	-	-
71	4.13	Verify the use of annual surveys to provide vocational course planning by July 2005.	7/1/05	7	-	-	-
72	4.14	Verify the use of annual Career Technical job studies to determine the effectiveness of CTE programs.	N/A	7	-	-	-
80	4.22	Verify that the strategic plan and reading initiative are being implemented at each site.	N/A	7	-	-	-
82	4.24	Verify that policies are made available to staff electronically by June 2006.	6/1/06	7	-	-	-
83	5.1	Verify that the manual is complete and made available to staff by September 2005. Verify that Special Education Manual meets all relevant state and federal rules and guidelines.	9/1/05	7	-	-	-
92	5.10	Verify that the revised standards are established and that the timelines are being met.	N/A	7	-	-	-
102	5.20	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.	N/A	11	-	-	-
106	5.24	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. Verify schedule using CYA Master Calendar.	N/A	13	-	-	-
107	5.25	Review quarterly site review reports.	N/A	7	-	-	-
111	6.4	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).	N/A	7	-	-	-
113	6.6	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.	N/A	7	-	-	-

DJJ believes that with continued diligence, the next group of “relieved” action items will come from this list.

The Expert audit reports also provide valuable information on the action items that require more attention and work before they can satisfy the mandates of the Education Services Remedial Plan. Generally, these types of items require a higher level of inter-departmental coordination and often have dependencies with action items from other remedial plans, thus making them more challenging to implement in a timely manner.

The chart below identifies 17 action items where the majority of compliance ratings given to that specific action item were for non-compliance.

<b>Education Services Action Items</b>				<b>Tally of Compliance Ratings for Given Action Item</b>			
<b>Majority of Compliance Ratings were for "Non-compliance"</b>							
<b>DJJ #</b>	<b>Item #</b>	<b>Action Item</b>	<b>Deadline</b>	<b>SC</b>	<b>PC</b>	<b>NC</b>	<b>N/A</b>
13	2.6	Document class cancellations due to teacher absences that are not covered by substitute teachers.	N/A	2	1	5	0
33	3.15	Review 10 or 10%, whichever is greater, student files to document school attendance for the last 30 school days.	N/A	0	2	6	0
34	3.16	Review the cooperative agreements to ensure students' access and attendance in the school program. Interview staff and students to verify implementation of the agreements.	N/A	3	2	5	0
37	3.19	Review and evaluate quarterly corrective action plans for sites that have an absence rate of more than 7%.	N/A	2	1	5	0
38	3.20	Review school schedules for the last 30 days. Review WIN Data and verify individual class cancellations at each site. Interview teachers, other staff and students.	N/A	2	1	5	0
52	3.34	Verify the use of the alternative behavior management classroom at each site.	N/A	3	0	5	0
55	3.37	Verify existence of classrooms in restricted settings. Verify that all classrooms meet minimum CDOE size standards. Report the number of students in restricted settings served in small classrooms and the number not being served.	N/A	0	1	3	4
56	3.38	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.	N/A	3	0	3	4
57	3.39	Verify instructional program on restricted units by reviewing school schedule, education progress reports and school transcripts. Conduct direct observation of instructional program. Interview site administrators. Interview teachers, custodial staff and students.	N/A	0	0	4	4
75	4.17	Verify implementation and use of Global Classrooms distance learning.	6/1/2006	2	1	5	0
76	4.18	Verify use of distance learning in restricted settings by direct observation, lesson plan and transcript review.	N/A	1	0	3	4
79	4.21	Verify the practice of quarterly teacher observations by administrators using the revised rubric for Classroom Observation.	N/A	3	0	5	0
88	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.	N/A	1	2	5	0
89	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.	N/A	0	1	5	2

90	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.	N/A	1	2	5	0
95	5.13	Verify existence of collaborative agreements.	N/A	0	1	7	0
96	5.14	Verify established procedures that enforce requirements.	N/A	1	1	7	1

These 17 action items require greater effort to achieve substantial compliance for a variety of reasons. Significant strides have already been made in some of these items and should be reflected as such in the next round of auditing. Also encouraging is that all but five of these 17 items have at least one facility in substantial compliance. As a popular project management mantra states, “if you can get it right at one place, then you should be able to get it right at others.”

Because the Education Services Remedial Plan was the first to be filed, and because the Education Experts have been consistent in their auditing practices, DJJ has received the most abundant and useful data to date from this plan. As such, DJJ is able to use this data to identify and quantify the *objective* progress that is being made as well as identifying the areas needing more attention and work. Unfortunately, because some of the other remedial plans are not as far along in implementation as the Education Services Remedial Plan, DJJ does not have the depth of data for which to demonstrate an *objective* pattern of progress in the other plans as well as it can be shown in the Education Services Remedial Plan.

### **1.1.5 Summary and Application of Audit Findings**

The level of detail provided in the Education Services audit reports allows DJJ to evaluate issues and determine root causes to problems which can be corrected. In the case of Ventura, the decrease in substantial compliance rating was evaluated and the primary problem turned out to be a failure to gather the appropriate documentation that followed a local change in leadership. In order to prevent future instances of this nature, DJJ is actively pursuing two avenues to assist staff in implementing the necessary reforms and to help prepare them for future audits. The first avenue is to send a team of staff to a facility prior to an audit to help the facility prepare for and ensure that the necessary documentation is readily available upon the expert’s arrival. DJJ’s Director of Programs is exploring options to best develop this team and will work with other DJJ units and administrators to standardize the department’s approach in preparing for upcoming *Farrell* audits.

The second avenue involves working collaboratively with the Education Experts and benefiting from their expertise, observations and suggestions. A two day meeting has been coordinated with the Experts for June 2 - 3, 2008, at DJJ headquarters and will involve the principals and assistant principals from all DJJ high schools. The first day of

this meeting will focus on the Experts providing DJJ's educational administrators a refresher on the mandates of the Consent Decree and the Education Services Remedial Plan. The Experts will share their expectations on what documentation they expect to have available upon their arrival and discuss other ways the school administrators can position their facility with the desired characteristics and level of quality. There will also be brainstorming on some of the more difficult issues facing DJJ as it implements the education reforms. DJJ will seek the assistance of the Experts to identify possible solutions and suggestions to overcoming these more difficult issues. The second day of the meeting will involve specific educational staff who the Experts have identified as "local experts" in their respective facilities to brief the other school administrators on their success in implementing certain elements of the Education Services Remedial Plan at their home facility. This will allow the facilities to benefit from one another's successes and develop a set of best practices while also building an internal "expert" base.

DJJ is very grateful for the Education Experts' continued willingness to conduct these types of annual meetings. These meetings are extremely beneficial to DJJ as it helps to clarify and confirm the mandates of the Educational Remedial Plan. These meetings also assists staff in preparing for future audits by having a greater understanding of what the Experts' expectations and needs are during an audit. DJJ would greatly benefit if this type of meeting process was repeated with the Experts from the other plans.

## 1.2 Sex Behavior Treatment Remedial Plan Compliance Status

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### 1.2.1 Historical Audit Perspective

#### **Court Filings**

The Sexual Behavior Treatment Program (SBTP) Remedial Plan was filed with the court on May 16, 2005. The SBTP audit tool was included with the filing of the SBTP Remedial Plan.

#### **Audit Tool**

The SBTP audit tool has approximately 52 action items. It is difficult to ascertain the exact number of action items and audit items as the audit tool is not clear or consistent in identifying both the “audit criteria” and its corresponding “compliance rate.” Associated with those 52 action items are 208 audit items. An audit item refers to the number of compliance ratings that DJJ will receive within a given audit cycle, or in other words, the number of things that DJJ has to “get right” to come into full compliance for a given round of auditing. Because there is some confusion in identifying all the action items within the SBTP audit tool, DJJ had a conference call with the SBTP Expert for clarification and guidance on April 2, 2008.

None of the approximately 52 action items within the audit tool have a specific deadline for implementation.

#### **Audit History**

The SBTP Expert conducted her first round of audits in October 2005 at the four facilities with a residential Sexual Behavior Treatment Program: O.H. Close Youth Correctional Facility, N.A. Chaderjian Youth Correctional Facility, Heman G. Stark Youth Correctional Facility and Southern Youth Correctional Reception Center-Clinic. The SBTP Expert provided DJJ with her first audit report, a comprehensive report addressing all four programs in January 2006. This report was narrative in nature and did not use the matrix/spreadsheet audit model that was filed with the court. Even though the Expert did supply approximately 26 compliance ratings in this report, it was difficult due to the narrative nature of the report for DJJ to align many of the compliance ratings to a specific action item. Also, this report provided one compliance rating for all four facilities. Of the 26 compliance ratings provided in this report, approximately 9 were for partial compliance (35%) and 17 were for non-compliance (65%).

The chart below provides a more detailed listing of all of the SBTP audits to date:

Facility	ROUND 1	ROUND 2		ROUND 3	
	Date Audited	Date Audited	Time between Audits	Date Audited	Time between Audits
SYCRCC	Oct. 25, 2005	July 26, 2007	21 months	TBD	N/A
Heman G. Stark	Oct. 24, 2005	July 27, 2007	21 months	TBD	N/A
N.A. Chaderjian	Oct. 21, 2005	May 25, 2007	19 months	April 29, 2008	11 months
O.H. Close	Oct. 20, 2005	May 24, 2007	19 months	Feb. 21, 2008	9 months

For the SBTP Expert’s second round of audits, she used the matrix/spreadsheet format and provided DJJ with specific compliance ratings for the specific action items. This was extremely helpful for DJJ in its ability to input this data into a compliance tracking tool to objectively quantify the data. However, the SBTP Expert maintained the process of providing just one compliance rating for all four residential Sexual Behavior Treatment Programs. DJJ has respectfully requested the SBTP Expert provide individual site audit reports using the filed audit tool so that DJJ can ascertain the strengths and weaknesses of each individual program and measure progress in implementing the SBTP reforms at each facility. The effect of this homogeneous compliance rating process, from that of a site specific compliance rating process, creates a situation where the impact of the Expert’s ratings and feedback gets diluted to that of the lowest compliant facility. Because the priority of services is to meet the needs of the youth, DJJ believes it is vital that the evaluations must be at the facility level where the youth are located.

The SBTP Expert is currently conducting her third round of audits and has been very helpful in working with the Departmental SBTP Coordinator to best prepare for this current round of audits.

### ***1.2.2 Most Recent Audit Findings***

The graph on the next page identifies the compliance ratings for all four residential Sexual Behavior Treatment Programs for Round 2, conducted in May and July 2007. The SBTP Expert provided an identical compliance rating for every action item for each of the four residential Sexual Behavior Treatment Programs. Therefore, the facilities identified in the graph have identical compliance percentages.

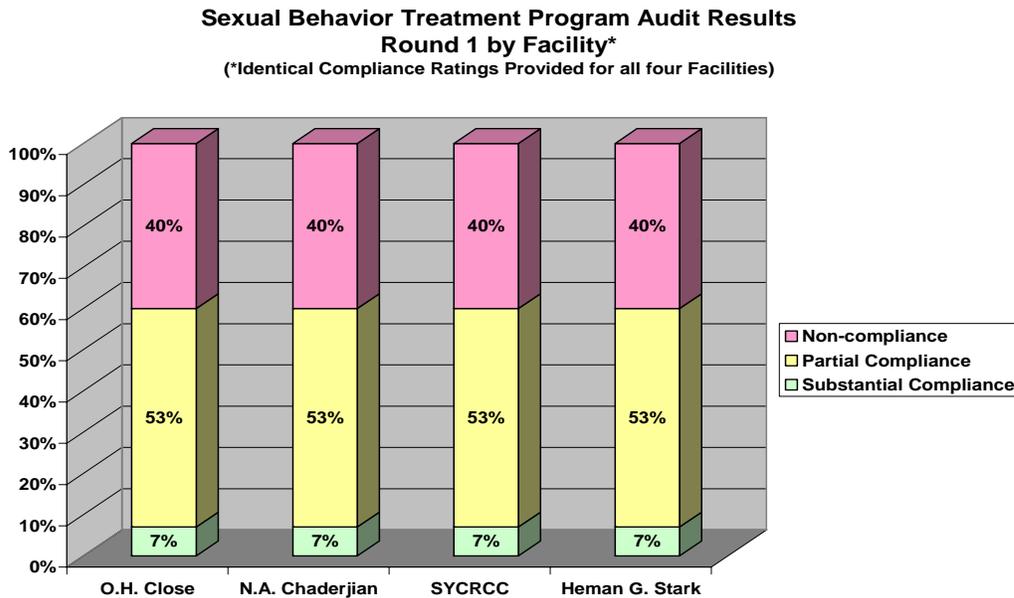


Figure 5: Most Recent Audit Results – Sexual Behavior

### 1.2.3 Cumulative Audit Findings

Because the Round 1 findings could not be applied to specific action items, DJJ does not have a comparison of progress from Round 1 to Round 2.

Below is a chart identifying the Round 2 compliance ratings.

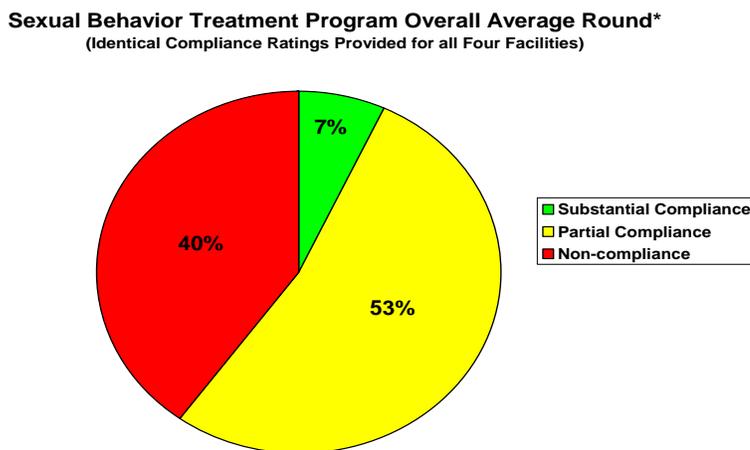


Figure 6: Cumulative Audit Results – Sexual Behavior

### 1.2.4 Status of Specific Action Items

The SBTP Expert has not “relieved” any of the approximate 52 action items from further independent monitoring.

SBTP Actions Items “Relieved” from Future Independent Monitoring				Tally of Compliance Ratings for Given Action Item			
DJJ #	Item #	Action Item	Deadline	SC*	PC	NC	N/A
		No SBTP action items have been relieved from further independent monitoring		-	-	-	-

In Round 2, the SBTP Expert identified two action items being in “full” or substantial compliance. “Full,” meaning that every applicable audit site for that specific action item received a rating of substantial compliance. Since an identical compliance rating was provided for every facility for each specific action item, the items in the following charts will have the identical level of compliance.

SBTP Action Items “Full” Substantial Compliance - Round 2 ("Relieved" Items not Included)				Tally of Compliance Ratings for Given Action Item			
DJJ #	Standard #	Action Item	Deadline	SC	PC	NC	N/A
TBD	13a	The program uses multidisciplinary teams which conduct quarterly treatment reviews regarding client information.	N/A	4	-	-	-
TBD	21	CYA will retain a full time program coordinator of the SBTP who will orchestrate the establishment and ongoing operation of all facets of the SBTP.	N/A	4	-	-	-

In Round 2, the SBTP Expert identified 12 items where the majority of the ratings provided for that action item were for non-compliance. As stated above, the action items will have an identical level of compliance.

SBTP Action Items Majority of Compliance Ratings were for "Non-compliance"				Tally of Compliance Ratings for Given Action Item			
DJJ #	Standard #	Action Item	Deadline	SC	PC	NC	N/A
TBD	1a	The expert will review the Program Manual and all policies and procedures to insure adequacy.	N/A	-	-	4	-
TBD	3a	Expert will review the instruments and protocol for the development and/or selection and administration of appropriate screening and assessment tools.	N/A	-	-	4	-

TBD	4g	The expert will review 10% of records for presence and appropriate-ness of group notes on maintenance groups for all program participants having completed Stage 10 documenting at least one hour of treatment a week following completion of residential treatment.	N/A	-	-	4	-
TBD	5a	The expert will review 10% of records for presence and adequacy of group notes documenting individual progress in at least two hours of group therapy per week.	N/A	-	-	4	-
TBD	6a	The expert will review for presence and adequacy the notes of residential large group minutes documenting that such two groups are held per week for a total of four hours per week.	N/A	-	-	4	-
TBD	6b	The expert will review committee and large group notes to ascertain whether program participants are participating in a variety of committees related to the operation of the residential treatment program.	N/A	-	-	4	-
TBD	9b	The expert will review documentation of outreach to victims' agencies.	N/A	-	-	4	-
TBD	14a	The expert will review written procedures regarding confidentiality and informed consent.	N/A	-	-	4	-
TBD	14b	Audit will review 10% of randomly selected files for documents signed by program participants informing them of these policies.	N/A	-	-	4	-
TBD	15a	The expert will review 10% of clinical files of program completers for evidence that program completion was based on the completion of competency-based goals.	N/A	-	-	4	-
TBD	16a	The expert will review 10% of clinical records for documents reflecting program participants' understanding of program rules related to suspension and termination.	N/A	-	-	4	-
TBD	26b	The expert will review the content of training materials to insure that quality training is being provided is suitable.	N/A	-	-	4	-

### ***1.2.5 Summary and Application of Audit Findings***

DJJ expects that the SBTP audits will remain low in their substantial compliance percentage until the Healthy Living Curriculum is completely developed and implemented. This curriculum is near completion and is currently being test piloted in the facilities with a SBTP program. DJJ will work on improving the documentation of SBTP related services currently provided as pointed out in the Expert's Round 2 audits. The SBTP Expert has been helpful and enthusiastic in her efforts to assist DJJ with developing a quality program for youth with sexual behavior issues. DJJ is looking forward to receiving site specific audits from the Expert so that DJJ can more clearly assess the strengths and weaknesses of each of its SBTP programs.

## 1.3 Wards with Disabilities Remedial Plan Compliance Status

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### 1.3.1 Historical Audit Perspective

#### **Court Filings**

The Wards with Disabilities Program (WDP) Remedial Plan was the third *Farrell* Remedial Plan to be filed with the Court and was filed on May 31, 2005. The Standards and Criteria (audit tool) component of this plan was filed with the court at the same time the Plan was filed.

#### **Audit Tool**

The WDP audit tool consists of a total of 122 different action items. Connected to those 122 action items are approximately 729 audit items. These 729 audit items are the total number of compliance ratings that DJJ will have to come into compliance with at both the facility and headquarters level for a given round of monitoring.

Of the 122 action items incorporated within the WDP audit tool, 25 action items have a deadline for implementation.

#### **Audit History**

The WDP Expert is in the midst of conducting his third round of monitoring and DJJ is not expecting to receive any audit reports that contain compliance ratings until the Expert's annual report that is expected to be released sometime around the end of this fiscal year. However, DJJ does have the audit data from the previous two rounds of monitoring and will be using that data in the compliance analysis for this section.

The first audit conducted by the WDP expert was performed at DeWitt Nelson Youth Correctional Facility in September 2005.

The time spans for each of the three rounds of WDP monitoring, conducted at the facility level, include:

Round 1: September 2005 to April 2006.

Round 2: October 2006 to April 2007.

Round 3: September 2007 to May 2008.

The chart below provides a more detailed listing of all the WDP audits to date:

	ROUND 1	ROUND 2		ROUND 3	
Facility	Date Audited	Date Audited	Time between Audits	Date Audited	Time between Audits
DeWitt Nelson	Sep. 2005	Feb. 2007	17 months	Oct. 2007	8 months
El Paso de Robles	Oct. 2005	Dec. 2006	14 months	Apr. 2008	16 months
Ventura	Nov. 2005	Mar. 2007	16 months	Nov. 2007 & Mar. 2008	8 & 4 months
SYCRCC	Feb. 2006	April 2007	14 months	Jan. 2008 & May 2008	8 & 5 months
Heman G. Stark	Dec. 2005	Jan. 2007	13 months	Dec. 2007 & Mar. 2008	11 & 3 months
N.A. Chaderjian	Feb. 2006	Oct. 2006	8 months	Jan. 2008 & Apr. 2008	14 & 4 months
O.H. Close	Mar. 2006	Oct. 2006	7 months	Jan. 2008 & Apr. 2008	14 & 4 months
Preston	April 2006	Feb. 2007	10 months	Sept. 2007 & Apr. 2008	7 & 7 months

### 1.3.2 Most Recent Audit Findings

As stated earlier, the last round of compliance ratings received by DJJ from the WDP Expert was for Round 2, which was conducted from October 2006 through April 2007. The WDP Expert submits his annual comprehensive report at the end of each completed round and his final report for Round 2 was received by DJJ on July 27, 2007. The WDP Expert's comprehensive annual report and its compliance ratings can differ from the compliance ratings received from the earlier on-site audit reports. Generally, substantial compliance decreases approximately 3-5% from the on-site audit reports to the annual reports. Therefore, DJJ has used the Expert's annual reports (the lower of the two) from Round 1 and Round 2 for all of its compliance analysis. The graph below identifies the compliance ratings for each facility from Round 2.

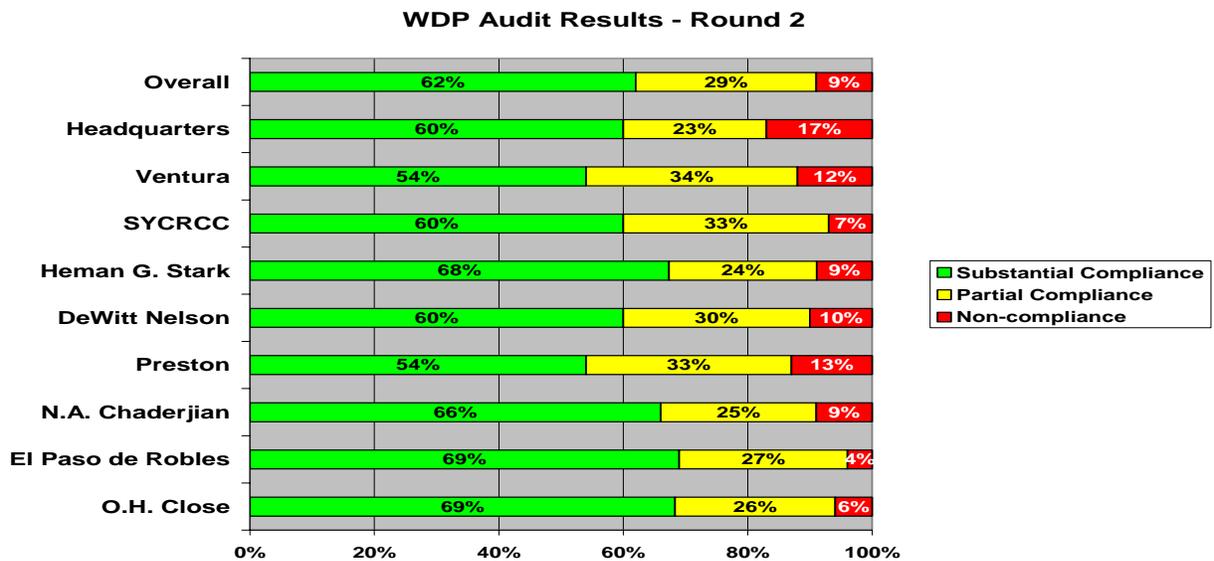


Figure 7: Most Recent Audit Results – Wards w/ Disabilities

As the graph on the preceding page identifies, all the facilities were within a range of 54-69% of substantial compliance and the overall DJJ average for substantial compliance was 62% for Round 2.

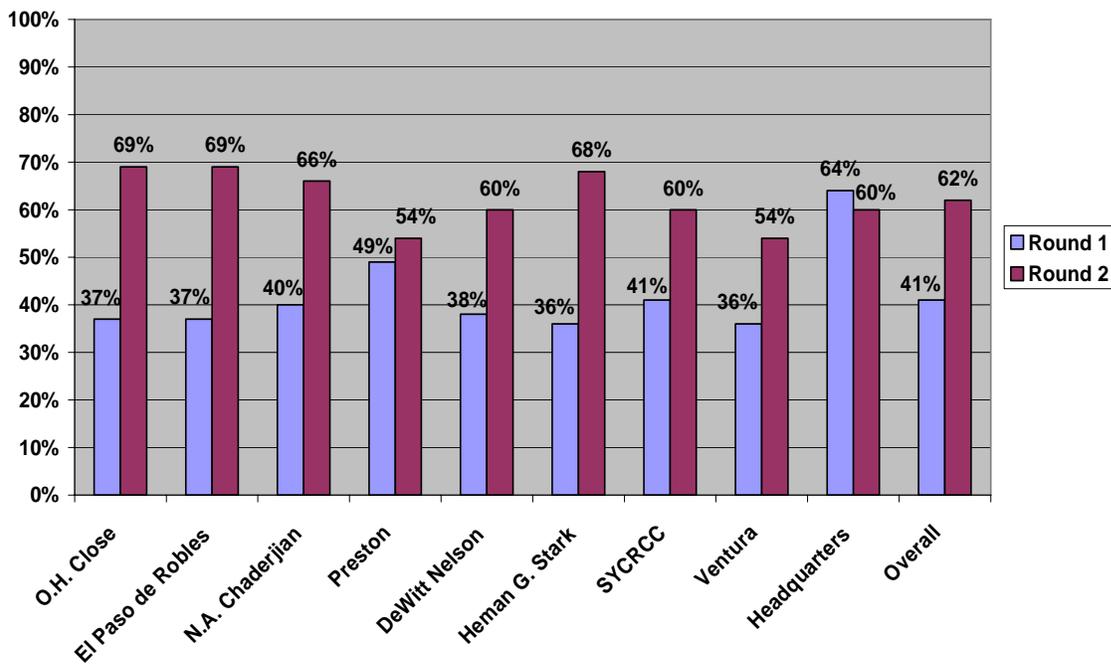
**Highlights**

Five of the nine sites audited (eight facilities plus Headquarters) had a non-compliance percentage below 10%, with El Paso de Robles Youth Correctional Facility being the lowest at 4%. El Paso de Robles Youth Correctional Facility only had 3 action items rated as being in non-compliance out of a total of 73 rated items. O.H. Close Youth Correction Facility was second with 4 non-compliant items out of a total of 70 rated items (6%). The overall average of non-compliance for all nine of the sites was 9%.

**1.3.3 Cumulative Audit Findings**

In a comparison of the compliance percentages of Round 2 to Round 1, all of the facilities improved their compliance percentage by an average of 23% from their previous audit. Headquarters was the only site where the compliance level decreased from Round 1 to Round 2 (64% to 60% respectively).

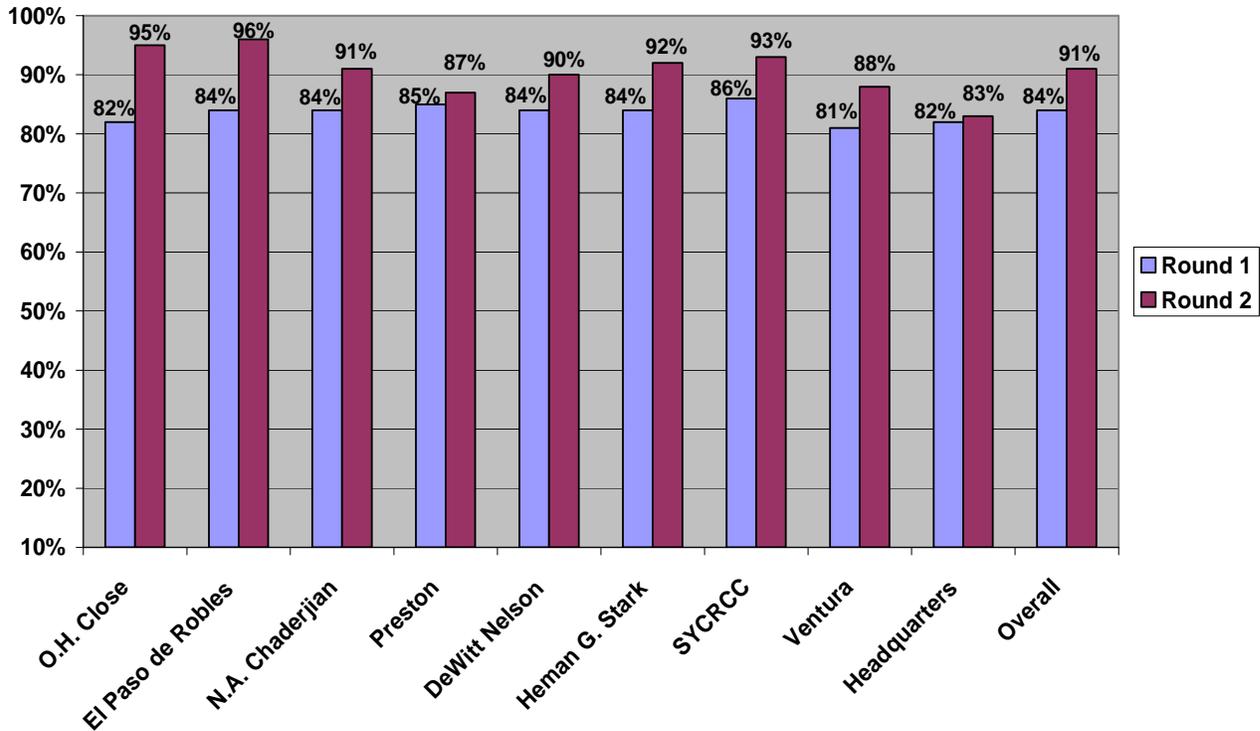
**Wards with Disabilities Audit Results  
 Substantial Compliance by Facility by Round**



**Figure 8: Progress in Substantial Compliance – Wards w/ Disabilities**

When partial compliance and substantial compliance are added together, it can be seen that the number of audit items in non-compliance is very low. See the graph on the next page.

**Wards with Disabilities Audit Results  
 Substantial + Partial Compliance by Facility by Round**



**Figure 9: Progress in Combined Compliance – Wards w/ Disabilities**

As the graph above illustrates, six of the eight facilities are at or above 90% when adding the substantial and partial compliance percentages together. Only Preston Youth Correctional Facility (87%) and Ventura Youth Correctional Facility (88%) are below 90%. Headquarters is at 83%. All the sites improved in their overall compliance from Round 1 to Round 2 when combining the partial and substantial compliance percentages. Both O.H. Close Youth Correctional Facility (95%) and El Paso de Robles Youth Correctional Facility (96%) are at or above 95% when looking at progress in this manner.

**1.3.4 Status of Specific Action Items**

To date, the WDP Expert has identified nine action items out of a total of 122 that are being “relieved” from future independent monitoring. As stated on the WDP audit tool these nine items meet the criteria of a “*Second consecutive ‘substantial compliance’*”

rating; the Auditor recommends no further independent auditing, but rather continuing auditing by the Department WDP Coordinator.” The chart below identifies these nine relieved action items.

WDP Actions Items “Relieved” from Future Independent Monitoring				Tally of Compliance Ratings for Given Action Item			
DJJ #	Section	Action Item	Deadline	SC*	PC	NC	N/A
1	Directorate	<b>HQ Action Item</b> – Maintain a current copy of the Wards with Disabilities Program Remedial Plan in the Director’s Office.	N/A	1	-	-	-
3	Departmental Ward Disability Coordinator & Functions	<b>HQ Action Item</b> – Ensure duty statement encompasses all Departmental WDP Coordinator duties as defined in the WDP Remedial Plan.	N/A	1	-	-	-
4		<b>HQ Action Item</b> – The WDP Coordinator shall perform the oversight functions as set forth in the WDP Remedial Plan.	N/A	1	-	-	-
27	Headquarters Policy	<b>HQ &amp; Reception Centers Action Item</b> – The CYA shall develop a provisional form that contains a written advisement of ADA Rights Notification in simple English and Spanish by August 2005.	8/1/05	4	-	-	-
30	Headquarters Programs / Screening	<b>HQ Action Item</b> – The CYA will revise the Referral Document, YA 1.411 by replacing the term “handicap” with “disability” within 30 days of the filing date of this plan.	12/19/04	1	-	-	-
32	Superintendent	Maintain a current copy of the Wards with Disabilities Program Remedial Plan in the Superintendent’s Office.	N/A	8	-	-	-
36	Facility Wards with Disabilities Coordinator	Maintain WDP Coordinators at each facility.	2/1/06	8	-	-	-
116	Removal of Architectural Barriers	The Department committed to the renovation of one room at each facility, as a minimum, to ensure the provision of accessible housing for wards with disabilities. The total completion of this project is scheduled for June 30, 2006.	6/30/06	8	-	-	-

119		The Department committed to analyze the 3000 additional barriers identified in the report prepared by Access Unlimited and provide a report that would categorize the barriers into three distinct areas. The three categories would be: 1) Projects that could be fixed in a short period of time with minimum cost; 2) Projects that will require substantial funding, and 3) Projects that have been identified but are not specifically required for ward programmatic access and are not part of the plan. This report is due July 15, 2005 and will be filed as Appendix C to the Disability Remedial Plan.	7/15/05	8	-	-	-
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In addition to the nine relieved action items, DJJ was in “full” substantial compliance in 47 action items for Round 2. “Full” in this case refers to the situation where an action item receives a substantial compliance rating for every applicable site related to that action item. These 47 action items represent 38% of the total number of action items in the WDP audit tool. The chart below is a listing of these 47 action items.

WDP Action Items “Full” Substantial Compliance – Round 2 ("Relieved" Items not Included)				Tally of Compliance Ratings for Given Action Item			
DJJ #	Section	Action Item	Deadline	SC	PC	NC	N/A
2	Departmental Ward Disability Coordinator & Functions	<b>HQ Action Item</b> – By October 2005, establish and maintain a full-time Departmental Wards with Disabilities Program (WDP) Coordinator and analytical staff to develop, support, lead and manage a quality program.	10/1/05	1	-	-	-
5		Establish and maintain full-time WDP Coordinators at each facility by February 2006.	2/1/06	8	-	-	-
7		<b>HQ &amp; Facilities Action Item</b> – The Departmental WDP Coordinator shall ensure that a WDP report is completed monthly, quarterly and annually for each site.	N/A	9	-	-	-
11		<b>HQ Action Item</b> – Within six months of the court approval and adoption of this plan, the Department’s Ward Disability Program Coordinator will receive a higher level of training provided by qualified trainers/consultants from outside the Department as recommended in Section 5.1 of the Expert’s report.	5/19/05	1	-	-	-
13	Headquarter Policies	<b>HQ Action Item</b> – The CYA shall procure two wheelchair assessable vans to transport wards with disabilities by July 2006.	7/1/06	1	-	-	-
15		<b>HQ Action Item</b> – The Department shall ensure that wards with disabilities have access equal to non-disabled wards in all levels of care within the youth correctional system.	N/A	1	-	-	-

16		<b>HQ Action Item</b> – All wards under the jurisdiction of the CYA shall be given equal access to all programs, services and activities offered by the Department. Programs, services, and activities shall be offered in the least restrictive environment, with or without accommodations.	N/A	1	-	-	-
18		<b>HQ Action Item</b> – By December 2005, the Education Branch shall establish a working committee consisting of the Disability Expert, one Education Expert, the SELPA Director and the Manager of Special Education to study and make recommendations to improve the adult ward’s and parents’ meaningful participation during IEP meetings, to encourage more active participation, and to provide informational materials for parents and/or surrogates.	12/1/05	1	-	-	-
19		<b>HQ Action Item</b> - The Education Branch working committee shall also study the need for and evaluate the ability for the various public or private groups or agencies to assist with the means of attending IEP meetings for parents. (This is not being interpreted as requiring the Dept. to provide such means).	N/A	1	-	-	-
20		<b>HQ Action Item</b> - The Education Branch working committee shall also study the need to include a wider variety of individualized accommodations in IEP’s.	N/A	1	-	-	-
26		<b>HQ Action Item</b> - The Department shall ensure that a ward is not precluded from assignments to a work or a camp program based solely upon the nature of a disability.	N/A	1	-	-	-
28		<b>HQ &amp; Facilities Action Item</b> - Maintain a contract for sign language interpreter services, as well as a record of the use of this service.	N/A	9	-	-	-
29	Headquarters Programs / Screening	<b>HQ Action Item</b> - The Intake and Court Services Unit staff shall review incoming documentation from the committing courts and counties of all wards for indicators of impairments that may limit a major life activity and require accommodations or program modifications.	N/A	1	-	-	-
31		<b>HQ Action Item</b> - When indicators of impairment exist, the Intake and Court Services Unit staff shall complete the disability section on the Referral Document and forward to the designated Reception Center and Clinic.	N/A	1	-	-	-
34	Superintendent	The Superintendent shall report to the Deputy Director, within twenty-four hours, when a ward with a disability that requires accommodation is placed in a restrictive setting, i.e., TD or lockdown.	N/A	8	-	-	-

35		The Superintendent shall be responsible for ensuring that due process and equal access occurs for wards with disabilities who require accommodations during institutional YAB hearings.	N/A	8	-	-	-
37	<b>Facility Wards with Disabilities Coordinator</b>	Ensure duty statement encompasses all facility WDP Coordinator duties as defined in the WDP Remedial Plan.	N/A	8	-	-	-
38		The facility WDP Coordinator shall perform the oversight functions as set forth in the WDP Remedial Plan.	N/A	8	-	-	-
39		Within six months of the court approval and adoption of this plan, the facility Ward Disability Program Coordinators will received a higher level of training provided by qualified trainers/consultants from outside the Department as recommended in Section 5.1 of the Experts report.	5/19/05	8	-	-	-
40		The facility WDP Coordinators shall submit monthly reports to the Department WDP Coordinator.	N/A	8	-	-	-
43	<b>Facility Policies</b>	Wards with hearing disabilities shall be provided use of a Telecommunications Device for the Deaf (TDD).	N/A	8	-	-	-
44		Wards with hearing impairments shall have access to at least one facility television located in their assigned living unit that utilizes the closed captioning function at all times while the television is in use.	N/A	8	-	-	-
45		Distribute and post reports, brochures, treatment, and education materials in a manner that is accessible to wards with disabilities.	N/A	8	-	-	-
47		The Principal shall ensure students with disabilities are trained in the proper use of electronic equipment.	N/A	8	-	-	-
50		Provide for and implement the four exceptions to the graduation standards for students with disabilities, as listed in the remedial plan.	N/A	8	-	-	-
54		Prior to placing a ward with a disability into a restricted setting, the Superintendent shall review the referral form and ensure that any accommodation required by a ward has been documented.	N/A	8	-	-	-

60		Reasonable accommodations may only be denied if the accommodation 1) poses a direct threat to the Health and Safety of others, 2) constitutes an undue burden, or 3) if there is equally effective means of providing access to a program, service, or activity. A request for a specific accommodation may be denied if equally effective access to a program, service, or activity may be afforded through an alternative method that is less costly or intrusive. Alternative methods may be used to provide reasonable access in lieu of modifications requested by the wards as long as those methods are equally effective. All denials of specific requests shall be in writing.	N/A	8	-	-	-
61		The Department shall ensure that wards with disabilities have access to all Youth Authority Board (YAB) proceedings. To this end, the Department shall provide reasonable accommodations to wards with disabilities preparing for parole and YAB proceedings.	N/A	8	-	-	-
62		Department staff shall ensure that wards with disabilities are provided staff assistance in understanding regulations and procedures related to parole plans and in the completion of required forms.	N/A	8	-	-	-
66		The Department shall ensure that aid is provided to all wards with disabilities who request assistance in requesting accommodations during YAB hearings.	N/A	8	-	-	-
67	<b>Disciplinary Decision Making System</b>	To assure a fair and just proceeding, if the rule violation is recorded as a Level 3 (Serious Misconduct), all wards with disabilities who require an accommodation shall be assigned a Staff Assistant (SA) from the facility SA team.	N/A	8	-	-	-
68		Each facility shall have a SA team with at least one representative from each of the following disciplines: mental health, health care, and education.	N/A	8	-	-	-
69		Disposition chairperson shall be trained to communicate with wards that have disabilities.	N/A	8	-	-	-
70		The SA shall complete a course to become a staff assistant that contains modules that define SA roles and responsibilities, describe cognitive and emotional disabilities and present an overview of the DDMS process.	N/A	8	-	-	-
71		The facility WDP Coordinators shall review all DDMS/grievance forms at least monthly to identify any patterns of misbehavior that may be related to cognitive and emotional disabilities.	N/A	8	-	-	-

74	<b>Grievance Procedures</b>	The SA shall complete a course to become a staff assistant that contains modules that define SA roles and responsibilities, describe cognitive and emotional disabilities and present an overview of the DDMS process.	N/A	8	-	-	-
75		The WDP Coordinator shall review all grievance forms at least monthly to identify any patterns of repetitive involvement that may be related to mental and physical disabilities and refer such cases to the appropriate supervisory staff.	N/A	8	-	-	-
76		Completed grievance forms should be randomly monitored by the facility WDP Coordinator to determine if indeed disability is an issue, even though the ward filing the grievance may not have specifically cited it.	N/A	8	-	-	-
87	<b>Reception Center-Clinic Functions</b>	<b>Reception Center Action Item</b> - During the initial wards interviews, advise wards of their rights under the ADA and section 504, and receive formal documentation that they have received and understood this advisement.	N/A	3	-	-	-
88		<b>Reception Center Action Item</b> - Assigned Casework Specialist shall refer a ward to a mental health professional on a Mental Health Referral Form when indicators of a mental impairment exists that may limit a major life activity.	N/A	3	-	-	-
94		<b>Reception Center Action Item</b> - Credentialed education staff shall complete educational assessment within 50 calendar days.	N/A	3	-	-	-
100	<b>Residential Programs</b>	<b>Facility Specific Action Item</b> - Within five days of receipt, the MTA or RN shall forward RSC referrals to the appropriate licensed mental health professionals or medical personnel for screening.	N/A	4	-	-	-
106		The Treatment Team Supervisor / Supervising Casework Specialist shall ensure that within five days of receipt of WDP Assessment reports, from licensed mental health professionals, medical personnel, or credentialed education staff, that the assigned PA / Casework Specialist conducts a special case conference.	N/A	8	-	-	-
111		The Program Manager shall ensure that the presentation, the curriculum, and any supplemental materials used for individual and small group counseling, large group meetings, and resource groups are modified to ensure equal access to the information by wards with disabilities.	N/A	8	-	-	-
112		The Program Manager shall ensure that a Staff Assistant (SA) is assigned to a ward with a disability when individualized assistance in the completion of mandated or necessary functions.	N/A	8	-	-	-

113		The facilities shall ensure equal access to services, such as medical and religious, and activities, such as visiting and recreation, to wards with disabilities as to those provided to wards without disabilities.	N/A	8	-	-	-
114	<b>Developmental Disabilities</b>	No outward signs of identification or labeling will be posted for wards involved in the developmental disabilities program.	N/A	8	-	-	-

The chart below identifies 11 action items where the majority of compliance ratings given to a specific action item were for non-compliance.

WDP Action Items Majority of Compliance Ratings were for "Non-compliance"				Tally of Compliance Ratings for Given Action Item			
DJJ #	Section	Action Item	Deadline	SC	PC	NC	N/A
8	<b>Departmental Ward Disability Coordinator &amp; Functions</b>	<b>HQ Action Item</b> - In conjunction with the Health Care Transition Team, Medical Experts and Disabilities Expert, prepare an "action plan" for wards with mobility or other physical impairments to integrate with the general population as soon as medical issues are resolved, including determining the most physically accessible locations available and making the barrier removal improvements required on a timely basis.	N/A	-	-	1	-
9		<b>HQ Action Item</b> - In conjunction with the Health Care Transition Team, the Mental Health and Medical Experts, and Disabilities Expert, ensure systems are in place to monitor the use of psychotropic prescriptions and medications including SSRI's for wards under the age of 20.	N/A	-	-	1	-
21	<b>Headquarters Policy</b>	<b>HQ Action Item</b> - In consultation with the disabilities expert, the CYA will conduct a study regarding the need for a residential program for wards with certain developmental disabilities. The study will commence within six months from the date that the Disabilities Remedial Plan is filed with the court.	5/19/05	-	-	1	-
22		<b>HQ, Preston &amp; Ventura Action Item</b> - The visiting facility at Ventura is currently under construction and will be fully operational by January 2006. The new facility at Preston will be fully operational and safe for all wards, visitors and staff by July 2006. The CYA will confer with the Disability Expert to explore and implement, as appropriate, interim solutions to address architectural barriers at the existing Preston visiting area until the new facility is opened by July 2006.	1/1/06 7/1/06	-	-	3	-
25		<b>HQ &amp; Facilities</b> - Within 12 months of the court approval of the plan, all staff will receive training, prepared with the assistance of an outside disability advocacy organization or consultant, and in consultation with the Disability Expert in sensitivity awareness & harassment. This training will be provided to all staff on an annual basis. Until such time as this training is incorporated in the basic training academy curriculum, this training will be	11/19/05	-	-	9	-

		provided to all new hires within 90 days of placement in the facility.					
51	<b>Facility Policies</b>	The principal shall ensure that wards with disabilities enrolled in educational programs have equal access to educational programs, services, and activities.	N/A	-	3	5	-
55		Each Education Specialist that is assigned as a case carrier, or alternative, will discuss the tenets of advocacy with the ward and surrogates prior to the IEP meeting to encourage active participation. During the IEP meeting, the specialist or alternative, will serve as the advocate of the student.	N/A	-	-	8	-
73	<b>Grievance Procedures</b>	All grievance respondents shall be trained to communicate with wards that have disabilities.	N/A	-	-	8	-
86	<b>Reception Center-Clinic Functions</b>	<b>Reception Center Action Item</b> - As part of the clinic screening and assessment process, all wards shall be screened at the reception centers, and as indicated, throughout their stay in the Department, to be determine whether they have a developmental disability, which may make them eligible under criteria set forth in the American with Disabilities Act (ADA) and/or may make them eligible to receive services from a Regional Center.	N/A	-	-	3	-
97		<b>Reception Center Action Item</b> - Presenters of ward orientation program shall make the reasonable accommodations or modifications necessary for wards with disabilities who require accommodations during the orientation.	N/A	-	-	3	-
122	<b>Removal of Architectural Barriers</b>	<b>Preston &amp; Ventura Action Item</b> - The Department committed to putting the new accessible visiting hall into operation by July 2006.	7/1/06	-	-	2	-

Of these 11 action items, only one has a partial compliance rating and five of the items have a past deadline. Two of the items, DJJ #'s 22 and 122 appear to be redundant and both contain deadlines.

### 1.3.5 Summary and Application of Audit Findings

As stated above, DJJ does not yet have any compliance ratings for the current round of WDP monitoring. The WDP Expert modified his auditing practices from the previous two rounds and is waiting until his annual comprehensive report before submitting any compliance ratings for any of the facilities. After going through this new auditing process for a full round, DJJ would welcome a meeting with the WDP Expert to discuss its advantages and disadvantages in preparation for the Expert's fourth round of auditing.

While DJJ believes it has made significant strides in implementing the WDP Remedial Plan it also acknowledges that it still has much work to do to come into full compliance with this Plan. DJJ is excited to have Sandi Becker as the new Departmental WDP Coordinator and she will work closely with the WDP Expert in implementing the

mandated reforms. DJJ appreciates the WDP Expert's willingness to work closely with the Departmental WDP Coordinator and much credit for the initial success of the implementation of the WDP Plan can be attributed to this collaborative working relationship.

## 1.4 Health Care Services Remedial Plan Compliance Status

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### 1.4.1 Historical Audit Perspective

#### Court Filings

The Health Care Services Remedial Plan was filed with the court on June 7, 2006. The Health Care audit tool was filed with the court on November 30, 2007.

#### Audit Tool

The Health Care audit tool is made up of a series of “Questions” and “Screens.” The questions are similar to the other *Farrell* audit tools in that the question identifies if a process or task has been implemented and/or is being followed correctly. The experts then apply either a substantial, partial or non-compliance rating to that audit item. Screens on the other hand are random file reviews to ensure that proper protocols and documentation are being followed and completed. Per the audit tool, the experts randomly pick anywhere from 10 to 20 health record files and provide either a substantial compliance or non-compliance rating for each file for a specific screen. There is no provision for a partial compliance rating in reviewing a screen. As a result, a single screen may have as many as 20 compliance ratings associated with it. As a result of this process, the Health Care audit tool had the “potential” of having as many as 13,963 audit items when first designed. Because the experts have the flexibility to review a range of the number of files they review for a given screen, the 13,963 number was the “maximum” amount of items that DJJ would have to “get right” in order to come into compliance with the Health Care Services Remedial Plan. However, in practice, for the five audits received to date, the Health Care Experts are averaging oversight on 854 audit items. With six facilities that will now be monitored, that totals approximately 5,125 audit items that DJJ is expected to be in substantial compliance with for Round 1.

The Health Care audit tool is unique from the other *Farrell* audit tools in that it also measures compliance percentages by 20 different health care categories. Two of these 20 categories are unique to DJJ Headquarters. Also, due in large part to the time involved to audit all of the requirements of the Health Care Services audit tool, the Health Care Experts may not necessarily be able to complete an audit of all 18 facility categories at one time. The listing of the 20 categories is below:

- 1) Health Care Organization, Leadership, Budget, and Staffing – **HQ only category**
- 2) Statewide Pharmacy Services – **HQ only category**
- 3) Facility Leadership, Budget, Staffing, Orientation and Training
- 4) Medical Reception
- 5) Intra-system Transfer
- 6) Nursing Sick Call

- 7) Medical Care
- 8) Chronic Disease Management
- 9) Infection Control
- 10) Pharmacy Services
- 11) Medication Administration Process
- 12) Medication Administration Health Record Review
- 13) Urgent/Emergent Care Services
- 14) Outpatient Housing Unit
- 15) Health Records
- 16) Preventive Services
- 17) Consultation and Specialty Services
- 18) Peer Review
- 19) Credentialing
- 20) Quality Management

Also, there are no deadlines attached to any of the action items within the Health Care Services audit tool. There are a few deadlines, however, noted in the Remedial Plan.

**Audit History**

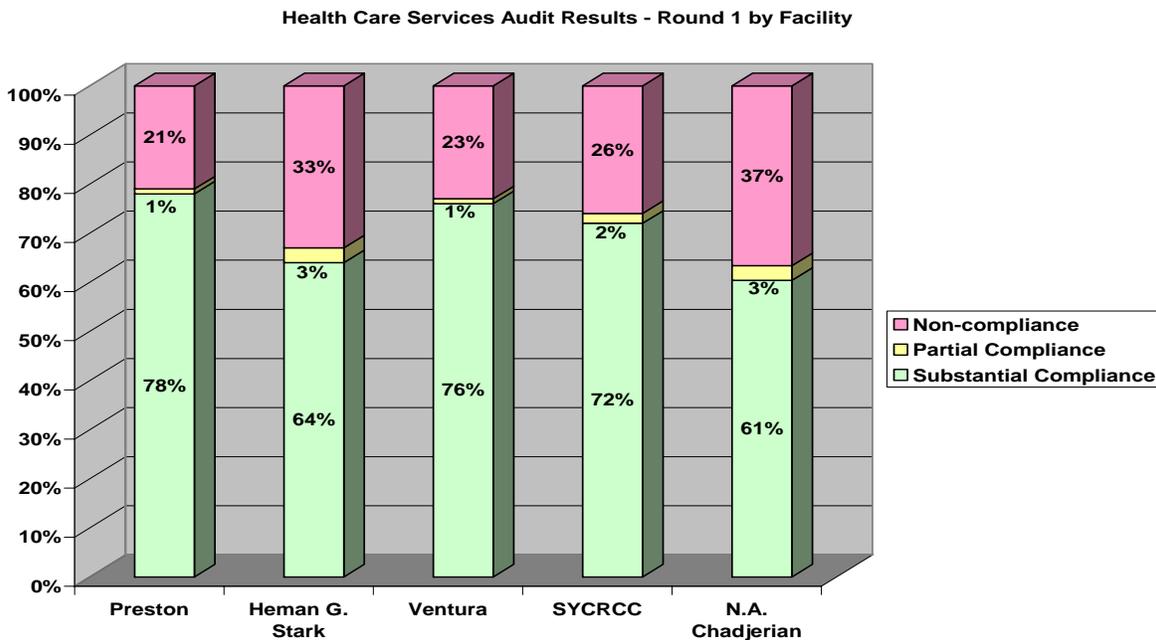
The Health Care Experts are currently completing their first round of monitoring using the recently filed audit tool. The Experts have completed a previous round of site visits while they were field testing the audit tool during its development. This field testing was beneficial to DJJ in that it provided an opportunity for DJJ Health Care staff to become familiar with the Experts and get a sense of what would be expected of them in future audits. Due to their impending closures, the Health Care Experts will not be auditing DeWitt Nelson Youth Correctional Facility and El Paso de Robles Youth Correctional Facility during the current round of monitoring. The only facility that remains to be audited is O.H. Close Youth Correctional Facility and that is scheduled to be completed during the first week of June.

The chart below provides a detailed schedule of the Health Care Services audits to date using the recently filed audit tool.

Facility	ROUND 1	ROUND 2		ROUND 3	
	Date Audited	Date Audited	Time between Audits	Date Audited	Time between Audits
Ventura	Dec 5-7, 2007	N/A	N/A	N/A	N/A
SYCRCC	Jan. 29-31, 2008	N/A	N/A	N/A	N/A
Heman G. Stark	Oct. 31-Nov. 2, 2007	N/A	N/A	N/A	N/A
N.A. Chaderjian	Feb. 25-29, 2008	N/A	N/A	N/A	N/A
O.H. Close	Scheduled for June 2-4, 2008	N/A	N/A	N/A	N/A
Preston	Sept. 5-7, 2007	N/A	N/A	N/A	N/A

### 1.4.2 Most Recent Audit Findings

As stated in the previous section, the Health Care Experts are currently completing their first round of audits using the recently filed audit tool. The only facility that has yet to be audited is O.H. Close Youth Correctional Facility. The graph below identifies the compliance ratings for the five facilities audited to date.

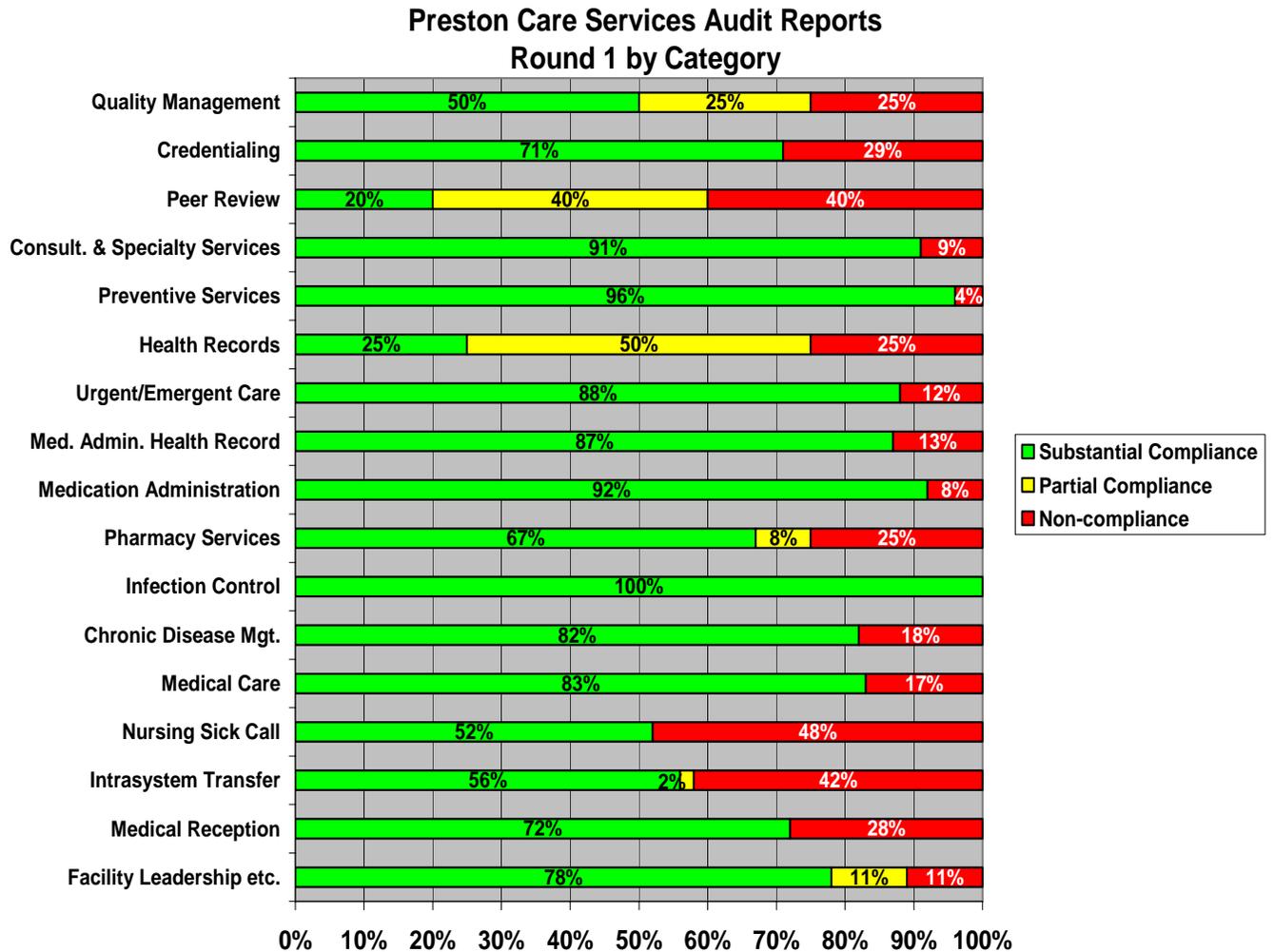


**Figure 10: Most Recent Audit Results – Health Care, Summary**

As the graph above identifies, three of the five facilities had a substantial compliance percentage at or above 72% with Preston Youth Correctional Facility being the highest at 78%.

A large number of the audit items (screens) within the Health Care Services audit tool focus on reviews of health care files. As such, there is not a provision for partial compliance when auditing these types of items. As a result, there is a very low partial compliance percentage for any of the facilities, all ranging between 1-3%.

The graph on the next page identifies the compliance percentages for each of the Health Care categories audited for the Round 1 audit of Preston Youth Correctional Facility.

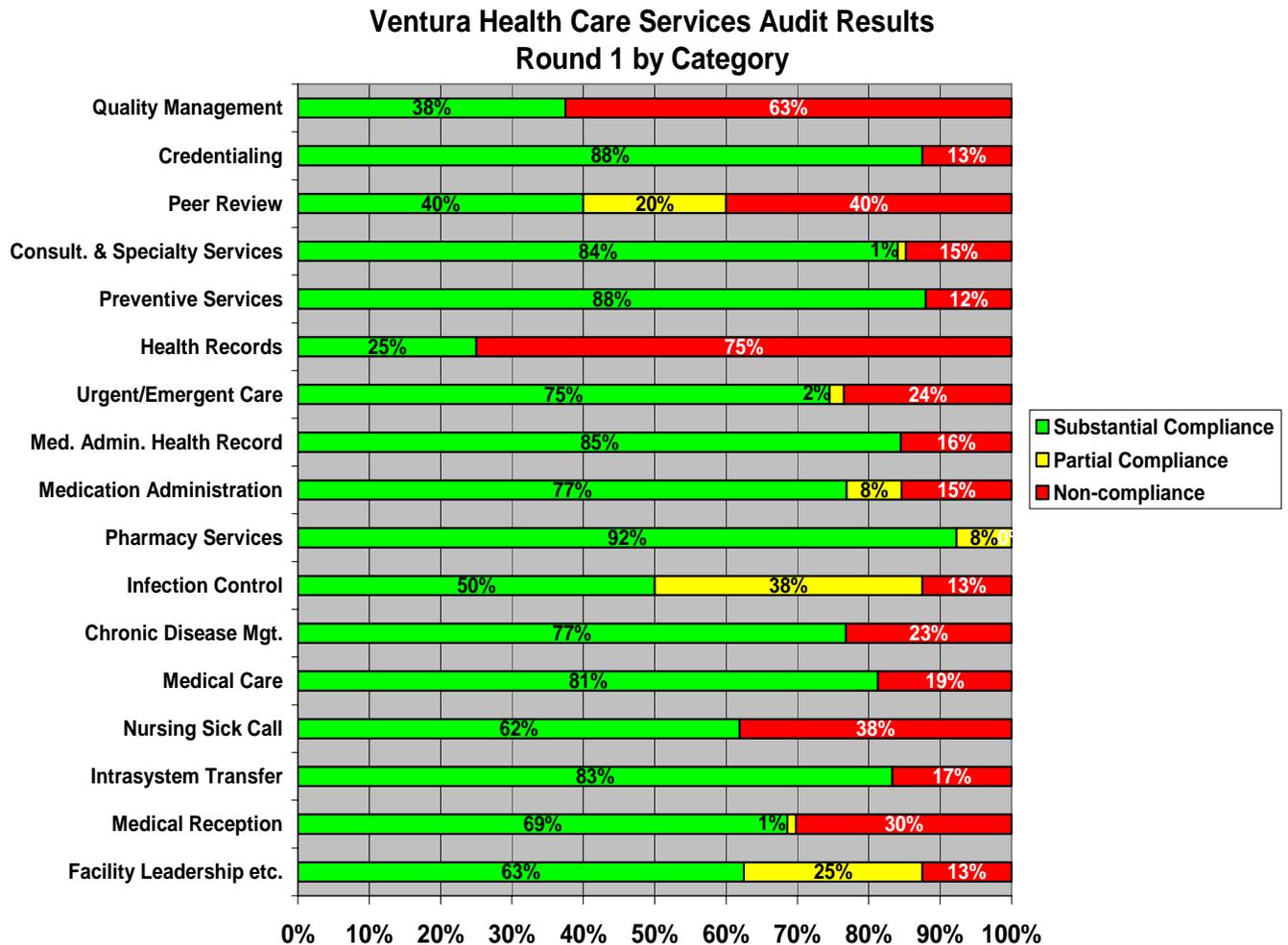


**Figure 11: Most Recent Audit Results by Category – Health Care, Preston**

The Preston Youth Correctional Facility audit has been the highest rated Health Care audit to date with an overall substantial compliance percentage of 78%. In looking at the different categories, 11 of the 17 rated categories were at 71% or greater, 8 of the 17 were at 82% or greater and 4 of the 17 were at 91% or greater. “Infection Control” received a rating of 100% of substantial compliance.

Two of the 17 categories had a percentage of less than 50% substantial compliance, “Peer Review” at 20% and “Health Records” at 25%.

The graph below identifies Ventura's Round 2 audit results by category.

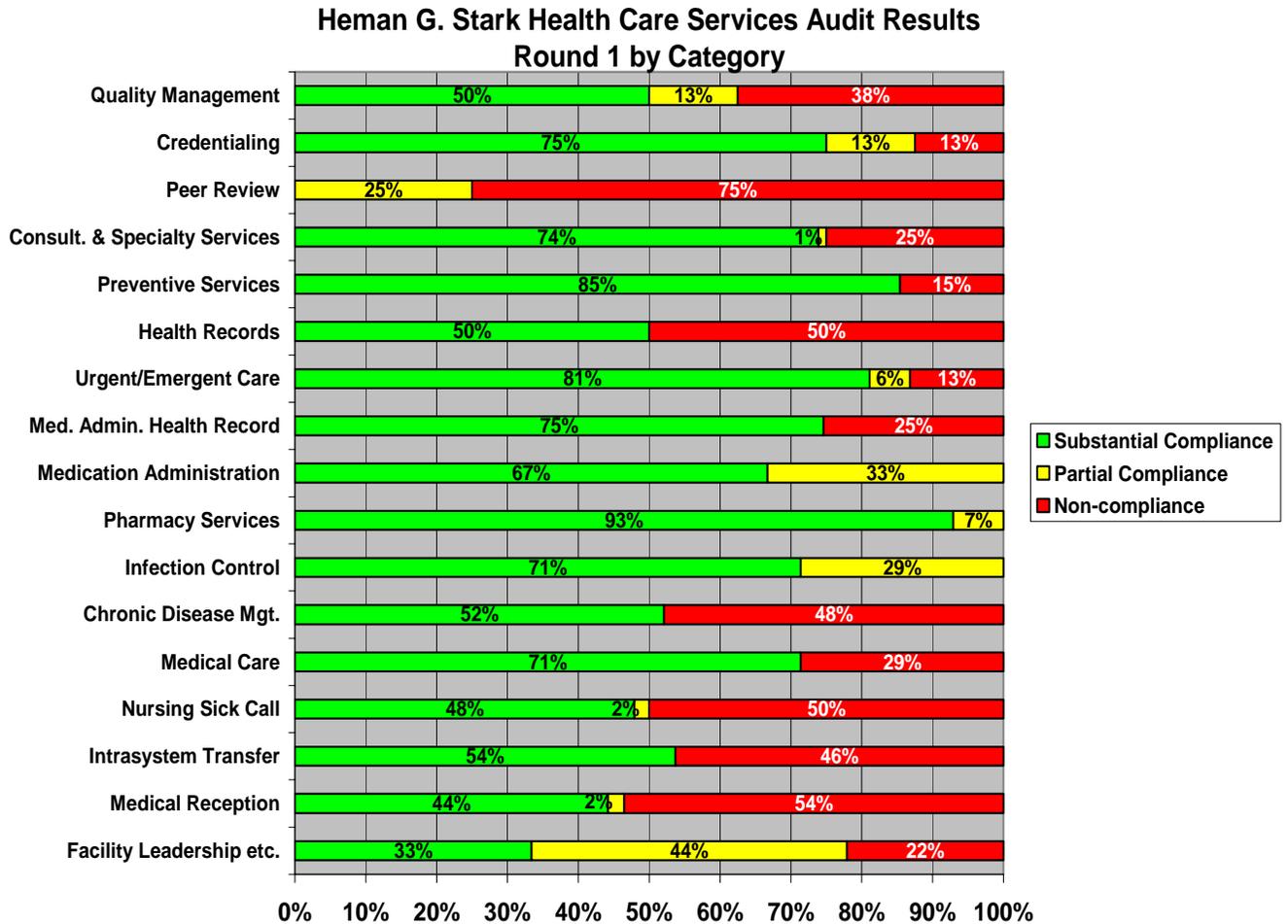


**Figure 12: Most Recent Audit Results by Category – Health Care, Ventura**

The Ventura audit has been the second highest rated Health Care audit to date with an overall substantial compliance percentage of 76%. In looking at the different categories, 10 of the 17 rated categories were at 75% or greater, 7 of the 17 were at 81% or greater with the “Pharmacy Services” category being the highest at 92% of substantial compliance.

Three of the 17 categories were below 50% of substantial compliance, “Quality Management,” (38%) “Peer Review,” (40%) and “Health Records” (25%).

The graph below identifies the Round 1 audit results of Heman G. Stark Youth Correctional Facility by category.

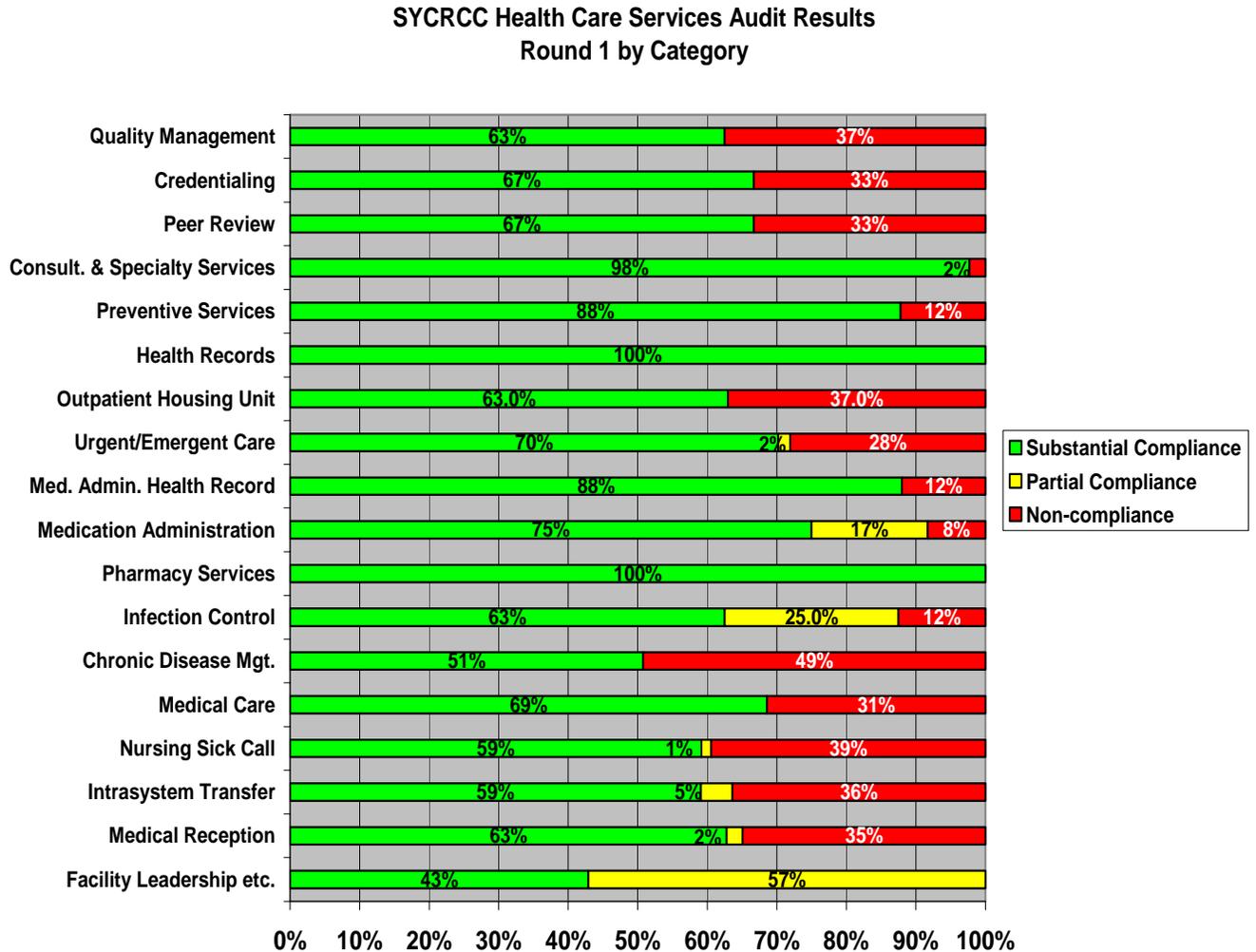


**Figure 13: Most Recent Audit Results by Category – Health Care, Heman G. Stark**

Heman G. Stark Youth Correctional Facility had an overall rating of 64% of substantial compliance and is the second lowest rated Health Care Services audit to date. Eight of the 17 rated categories had a substantial compliance rating of 71% or greater. Three of the 17 had a rating of 81% or greater with “Pharmacy Services” being the highest rated category at 93%.

Four of the 17 categories had a substantial compliance rating of less than 50%, “Peer Review” (0%), “Nursing Sick Call” (48%), “Medical Reception” (44%) and “Facility Leadership etc” (33%).

The graph below identifies the results of the Round 1 audit for Southern Youth Correctional Reception Center-Clinic.

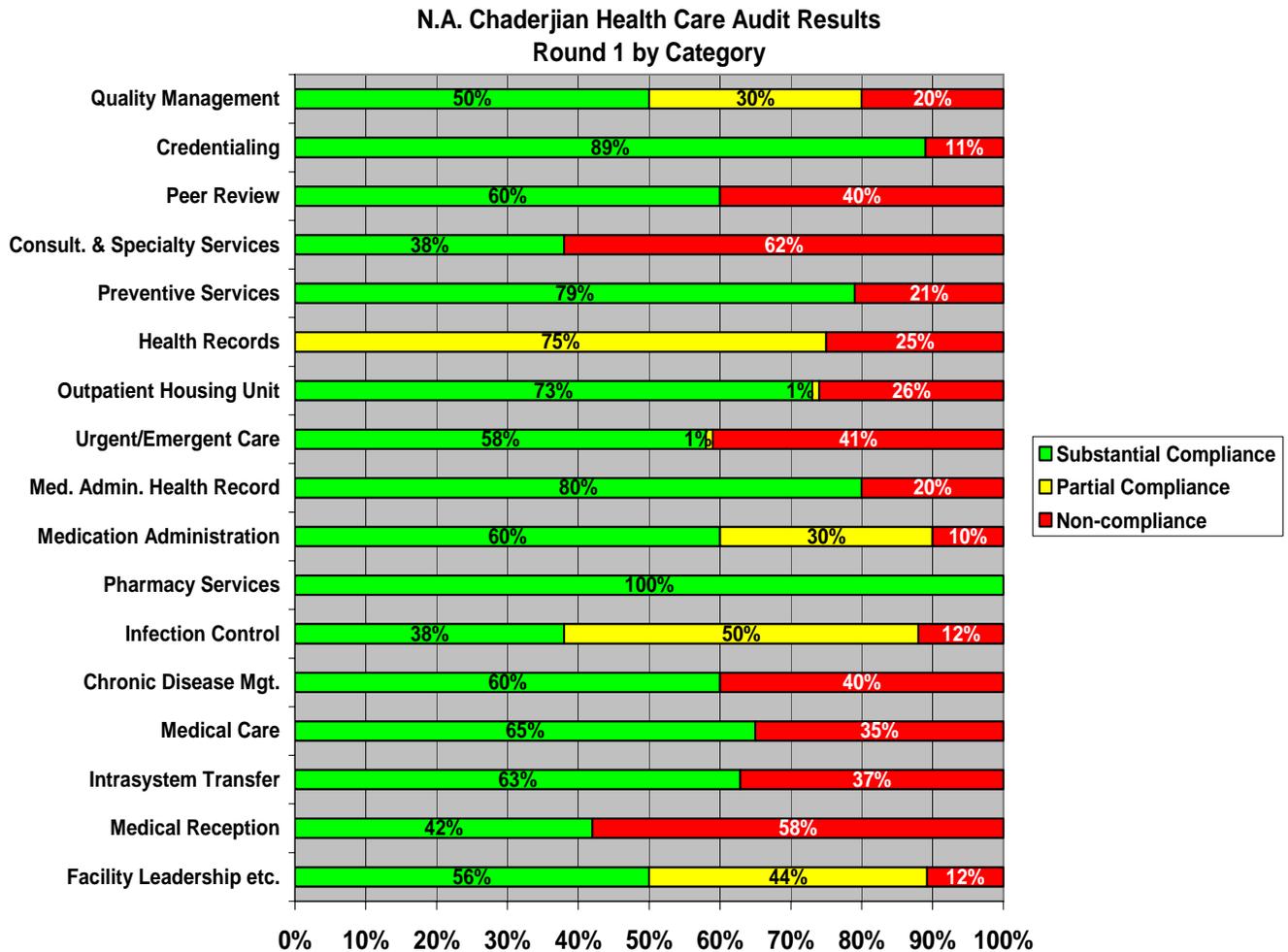


**Figure 14: Most Recent Audit Results by Category – Health Care, SYCRCC**

The overall substantial compliance average for Southern Youth Correctional Reception Center-Clinic is 72%. Seven of the 18 categories rated at Southern Youth Correctional Reception Center-Clinic were at or above 70%. Five of the 18 categories were at or above 88% with two categories, “Health Records” and “Pharmacy Services” being rated at 100% of substantial compliance. This is interesting in that the “Health Records” category in all the other audited facilities to date have been rated at 50% or less in substantial compliance. The fact that “Health Records” received a score of 100% at Southern Youth Correctional Reception Center-Clinic is positive in that the health record processes at Southern Youth Correctional Reception Center-Clinic can be identified and assessed for their practical implementation at other DJJ facilities.

Only one of the 18 categories had a substantial compliance rating of less than 50% with “Facility Leadership etc” being at 43%.

The graph below identifies the results of the Round 1 audit for N.A. Chaderjian Youth Correctional Facility.



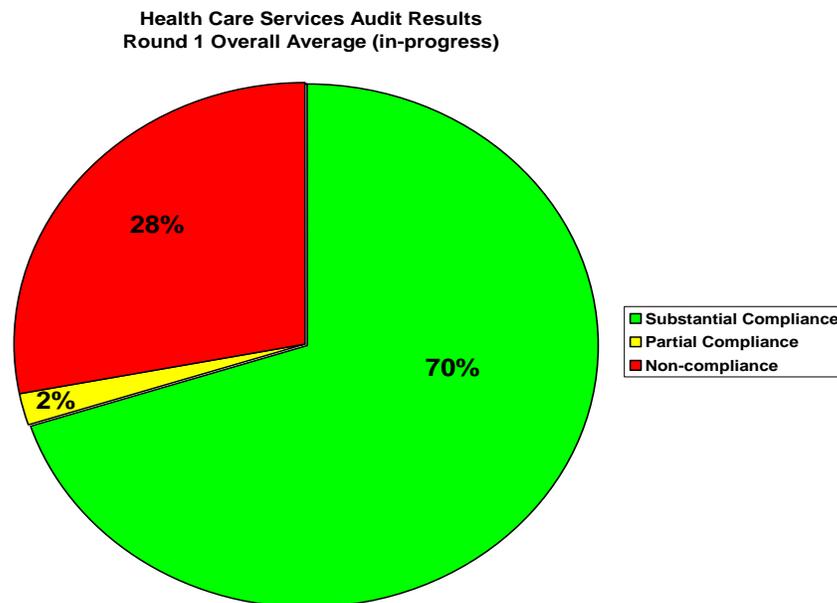
**Figure 15: Most Recent Audit Results by Category – Health Care, N.A. Chaderjian**

To date, N.A. Chaderjian Youth Correctional Facility has received the lowest overall substantial compliance percentage of any of the Health Care Services audits with a rating of 61%. Five of the 17 categories had a substantial compliance rating of 73% or greater. Three of the 17 categories had a rating of 80% or greater with “Pharmacy Services” receiving the highest rating at 100%.

Four of the 17 categories had a substantial compliance rating of less than 50%, “Consultation & Specialty Services” (38%), “Health Records” (0%), “Infection Control” (38%) and “Medical Reception” (42%).

### 1.4.3 Cumulative Audit Findings

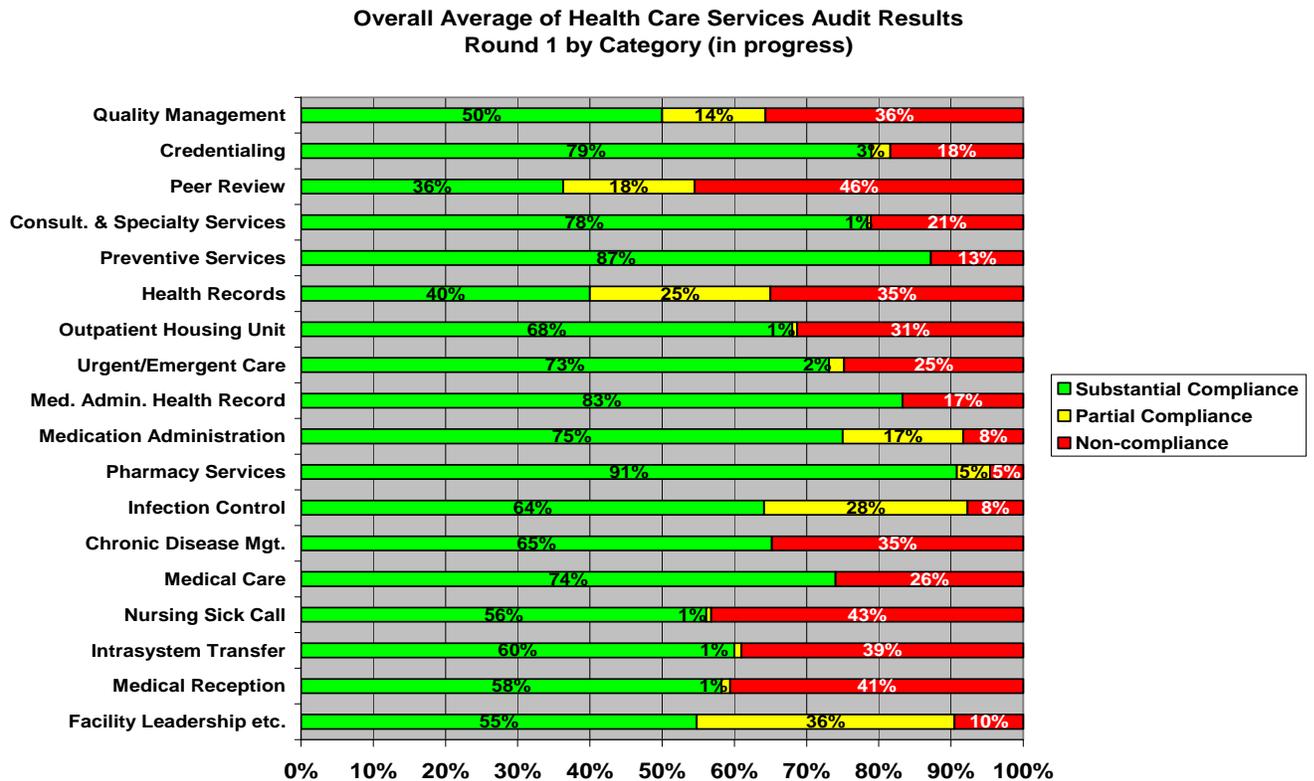
To date, five of the six applicable facilities have been audited for Round 1. O.H. Close Youth Correctional Facility has yet to be audited and the experts are scheduled to visit O.H. Close Youth Correctional Facility during the first week of June. The chart below identifies the cumulative compliance data for this round of auditing to date.



**Figure 16: Cumulative Audit Results – Health Care**

Overall, DJJ is currently averaging 70% of substantial compliance, 2% partial compliance and 28% non-compliance in the five Health Care Services audits completed thus far.

The graph on the next page identifies the 18 categories audited at the facility level and their overall average for all of the Round 1 audits to date.



**Figure 17: Most Recent Audit Results – Health Care, Average**

Overall, DJJ is averaging 73% or greater in eight of the 18 categories. Three of the 18 categories is averaging 83% or greater with “Pharmacy Services” averaging the highest at 91%.

Two of the 18 categories are averaging less than 50% of substantial compliance: “Peer Review” (36%) and “Health Records” (40%). DJJ anticipates that scores in these two areas will improve significantly in the next round of audits. DJJ has recently implemented a peer review policy and DJJ’s Medical Director has been instructing practitioners on how to conduct peer reviews. Additionally, DJJ has contracted with a health records consultant and has completed the process to hire a health records director.

#### **1.4.4 Status of Specific Action Items**

The Health Care Services Experts are only in their first round of monitoring using the recently filed audit tool. As such, DJJ is not yet eligible to have any of the action items within the Health Care Services audit tool “relieved” from further independent monitoring by the Health Care Services Experts.

Health Care Services Actions Items "Relieved" from Future Independent Monitoring				Tally of Compliance Ratings for Given Action Item			
DJJ #	Item #	Action Item	Deadline	SC*	PC	NC	N/A
		No Health Care Services action items have been relieved from further independent monitoring.		-	-	-	-

Because the Health Care Services Experts are not yet completed with this current round of monitoring, the two charts below identifying the action items in full substantial compliance and the action items receiving the majority of non-compliance ratings cannot be completed at this time. Once DJJ receives the O.H. Close Youth Correctional Facility audit, the information in the two charts below can be completed.

Health Care Services Action Items "Full" Substantial Compliance - Round 1 ("Relieved" Items not Included)				Tally of Compliance Ratings for Given Action Item			
DJJ #	Item #	Action Item	Deadline	SC	PC	NC	N/A
		Not able to complete until Round 1 monitoring has been completed.		-	-	-	-

Health Care Services Action Items Majority of Compliance Ratings were "Non-compliance"				Tally of Compliance Ratings for Given Action Item			
DJJ #	Item #	Action Item	Deadline	SC	PC	NC	N/A
		Not able to complete until Round 1 monitoring has been completed.		-	-	-	-

### 1.4.5 Summary and Application of Audit Findings

The Health Care Services audit tool is very unique from the other *Farrell* audit tools. One of those unique features is the large number of individual audit items that are evaluated. The Health Care Services Experts are very methodical and thorough in the manner in which they conduct their extensive audits and the reports they provide DJJ are very detailed. The efforts of the Experts are very helpful to DJJ in that the information provided identifies the areas of progress as well as the areas in need of continued work to come into compliance. DJJ's Health Services staff relies on these audit reports to assist them in identifying the areas in which standardization of health care practices are not yet taking place. DJJ's Health Services staff is very motivated and is quick to acknowledge and remedy any deficiencies as soon as they are able. An example of this responsiveness is the Health Care Services' Quality Management program.

The Health Care Services' Quality Management (QM) program was fully initiated in July 2007 as specified in the Remedial Plan. The purpose of QM is to provide systematic and on-going monitoring and evaluation of the access, quality and continuity of medical, dental and mental health care services; to assure these services are optimal within available resources; to diminish risk by preventive measures; to produce quality outcomes; to identify opportunities to improve the quality of services provided; to evaluate and suggest improvement of systems; and to resolve problems that are identified in a timely, effective and efficient manner. With the results of the first audit completed by the Health Care Experts, the Executive Quality Management Team (QMT) at Health Care Services comprised of the Medical Director, Health Care Administrator, Director of Nursing, Pharmacy Manager, and the Standards Compliance Coordinator, has focused the QM efforts in the facilities to correcting those areas found deficient in the audit by the development of facility specific Corrective Action Plans (CAPs).

To determine how best to address the areas for CAP development, the QMT used the data from the screens contained in the Health Care audit tool. Each facility's outcome, across the ten specific areas in the audit tool that contained "screens", was assessed using Pareto analysis. From this analysis a priority listing of focus areas was determined for each facility, and this listing constituted the required elements of the CAP. Facilities were provided a format and instructions for the development of their CAPs. As CAPs were received, the QMT reviewed each CAP for completeness, appropriateness, and understanding, and comments were provided to address concerns. The QMT then went to each facility and worked with health care staff to develop a comprehensive CAP. Once the CAP was finalized and accepted by the QMT, each facility was then directed to implement the actions and track regular review and analysis through their respective Quality Management Committees.

The continued monitoring and review of the CAP has become the backbone of each facility's Quality Management program. Reporting of progress on the CAP is incorporated into the minutes of the facility Quality Management meetings, and is reported to the Health Care Services Executive Quality Management Team.

## 1.5 Safety & Welfare Remedial Plan Compliance Status

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### 1.5.1 Historical Audit Perspective

#### **Court Filings**

The Safety & Welfare Remedial Plan was filed with the court on July 10, 2006. The audit tool (Standards & Criteria) was filed with the court on October 31, 2006.

#### **Audit Tool**

The Safety & Welfare audit tool contains 227 action items, 225 of which have a deadline attached. The two action items that do not have deadlines are Section 8.4, Item 3 and Section 8.5, Item 13, that both read, "Assistance to youth with disabilities." The 227 action items represent the most of any *Farrell* audit tool. There are 790 audit items associated with these 227 action items. Audit items refer to the number of compliance ratings that DJJ is responsible to be in compliance with a given round of auditing.

There are two unique aspects to the Safety & Welfare audit tool that are also shared with the Mental Health audit tool. One aspect is that of staggered deadlines within a specific action item. This accounts for the phasing-in of reform-related tasks at each facility. The second aspect is the different sets of court monitors that are responsible to audit various action items within these two audit tools. In the Safety & Welfare audit tool, either the Safety & Welfare Expert, the Office of the Special Master or the Mental Health Experts are identified as the responsible party to provide compliance ratings for action items. This process has created confusion for DJJ in that it has received specific compliance ratings from parties not assigned as the responsible monitor as well as receiving conflicting ratings from different sets of monitors for the same action item. Confusion has also been created in getting compliance ratings at sites not identified in the audit tool as required to be monitored, such as a Headquarters only action item getting audited at the facility level. These issues make it very difficult for DJJ to accurately quantify the compliance data.

The Safety & Welfare audit tool is a complex document but it is clear in its identification of who is required to monitor what, and where, and for the most part, what the specific deadline is. For each item it would be very useful to DJJ if the various parties required to monitor the Safety & Welfare Remedial Plan would work with DJJ to develop a more standardized and collaborative approach in carrying out their monitoring duties and compliance reporting.

**Audit History**

Since the filing of the audit tool in October 2006 and up to November 2007, the Safety & Welfare Expert made five facility site visits to a total of three facilities, Heman G. Stark Youth Correctional Facility (3 site visits), N.A. Chaderjian Youth Correctional Facility and Preston Youth Correctional Facility. The Expert submitted a narrative report dated September 7, 2007, on these visits, and also reported findings at meetings held at DJJ Headquarters. In the report, the Expert did not provide specific compliance ratings to specific action items; therefore, DJJ could not quantify the information in an objective manner. However, since the Safety & Welfare Expert’s audit of El Paso de Robles Youth Correctional Facility in November 2007 the Expert has provided compliance ratings to specific action items for the reports provided thus far. To date, DJJ has received “final” audit reports for El Paso de Robles Youth Correctional Facility and O.H. Close Youth Correctional Facility and has also received a draft copy of the Ventura Youth Correctional Facility audit. DJJ is currently reviewing the received audits and compiling a list of action items that seeks further clarification from the Safety & Welfare Expert on the criteria that DJJ needs to come into substantial compliance for specific action items. DJJ would like to set up a future meeting with the Safety & Welfare Expert to clarify these issues and seek his input.

As discussed above in the “Audit Tool” section, there are parties other than the Safety & Welfare Expert responsible to audit certain Safety & Welfare action items. The Office of the Special Master has provided several different reports contained within her “Quarterly Reports” that provide compliance ratings for different action items and the Mental Health Experts have also provided several compliance ratings for the items they are responsible to monitor within the Safety & Welfare audit tool.

The chart below provides a more detailed schedule of the audits conducted to date or which have been scheduled by the Safety & Welfare Expert. A future chart will include the Safety & Welfare audit schedule for the Office of the Special Master and that of the Mental Health Experts.

	<b>ROUND 1</b>	<b>ROUND 2</b>		<b>ROUND 3</b>	
<b>Facility</b>	<b>Date Audited</b>	<b>Date Audited</b>	<b>Time between Audits</b>	<b>Date Audited</b>	<b>Time between Audits</b>
El Paso de Robles	Nov. 7-9, 2007	N/A	N/A	N/A	N/A
Ventura	Mar. 5-6, 2008	N/A	N/A	N/A	N/A
SYCRCC	Mar. 20-21, 2008	N/A	N/A	N/A	N/A
Heman G. Stark	April 15-16, 2008	N/A	N/A	N/A	N/A
N.A. Chaderjian	April 2-3, 2008	N/A	N/A	N/A	N/A
O.H. Close	Jan. 28-29, 2008	N/A	N/A	N/A	N/A
Preston	TBD	N/A	N/A	N/A	N/A

### 1.5.2 Most Recent Audit Findings

The Safety & Welfare Expert has provided DJJ with two “final” facility audit reports, one for El Paso de Robles Youth Correctional Facility and the other for O.H. Close Youth Correctional Facility. The Office of the Special Master has also provided facility compliance ratings. The graph below identifies the compliance ratings received to date for three sites.

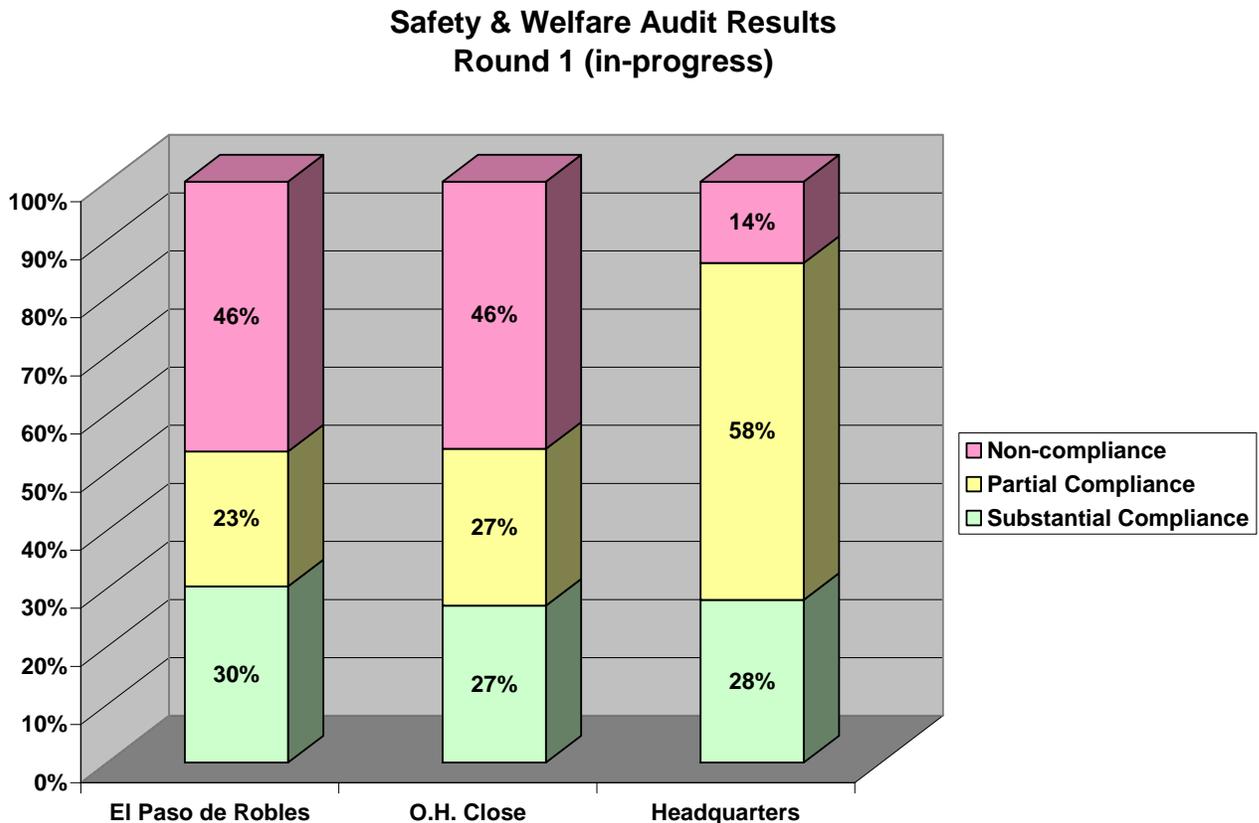
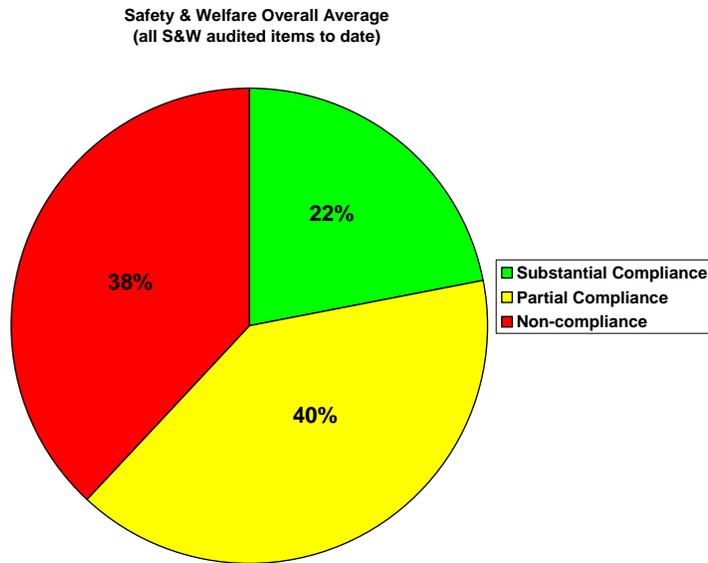


Figure 18: Most Recent Audit Results – Safety & Welfare

### 1.5.3 Cumulative Audit Findings

To date, from all of the compliance ratings received from the Safety & Welfare Expert, the Office of the Special Master and the Mental Health Experts, DJJ is currently at 22% of substantial compliance, 40% of partial compliance and 38% of non-compliance.

The chart on the next page illustrates the current compliance level for the Safety & Welfare Plan.



**Figure 19: Cumulative Audit Results – Safety & Welfare**

### 1.5.4 Status of Specific Action Items

DJJ is not yet eligible to have any of the action items within the Safety & Welfare audit tool “relieved” from further independent monitoring as the action items have not yet been audited for two consecutive years.

Safety & Welfare Actions Items “Relieved” from Future Independent Monitoring				Tally of Compliance Ratings for Given Action Item			
DJJ #	Item #	Action Item	Deadline	SC*	PC	NC	N/A
		No Safety & Welfare action items have been relieved from further independent monitoring.		-	-	-	-

Because the Safety & Welfare Plan has not yet completed a full round of monitoring, the two charts below identifying the action items in full substantial compliance and the action items receiving the majority of non-compliance ratings cannot be completed at this time.

Safety & Welfare Action Items "Full" Substantial Compliance - Round 1 ("Relieved" Items not Included)				Tally of Compliance Ratings for Given Action Item			
DJJ #	Item #	Action Item	Deadline	SC	PC	NC	N/A
		Not able to complete until Round 1 monitoring has been completed.		-	-	-	-

Safety & Welfare Action Items Majority of Compliance Ratings were "Non-compliance"				Tally of Compliance Ratings for Given Action Item			
DJJ #	Item #	Action Item	Deadline	SC	PC	NC	N/A
		Not able to complete until Round 1 monitoring has been completed.		-	-	-	-

### ***1.5.5 Summary and Application of Audit Findings***

DJJ is looking forward to receiving the complete first round of audit reports from the Safety & Welfare Expert. And while DJJ plans to seek clarification regarding a number of compliance ratings recently received, DJJ is grateful that the Safety & Welfare Expert is now providing information that can be objectively quantified. DJJ would like to meet with the Safety & Welfare Expert in the near future so that DJJ can gain clarity on some of the action items that it believes are at a higher level of compliance than what the Expert is rating them. This clarity will help clarify what is expected of DJJ in order to come into substantial compliance with certain action items within the Safety & Welfare Plan.

## 1.6 Mental Health Remedial Plan Compliance Status

### 1.6.1 Historical Audit Perspective

#### Court Filings

The Mental Health Remedial Plan was filed with the court on August 25, 2006 and was the last *Farrell* Remedial Plan to be filed. The audit tool (Standards & Criteria) was filed with the court on December 14, 2006.

#### Audit Tool

The Mental Health audit tool contains 118 action items, all of which have a deadline. There are approximately 227 audit items associated with the 118 action items. The 227 audit items are the number of compliance ratings DJJ will receive in a typical cycle of Mental Health audits. The Mental Health audit tool is weighted heavily toward Headquarters action items which would explain the relatively low number of audit items (227) in relation to the 118 action items.

#### Audit History

The Mental Health Experts have not yet completed a facility audit. They are scheduled to perform their first facility audit on May 9, 2008, at N.A. Chaderjian Youth Correctional Facility. The Mental Health Experts, as well as the Office of the Special Master, have completed an audit on the majority of Headquarters action items. Because of these headquarters audits, the Mental Health Experts and the Office of the Special Master have been able to assign compliance ratings at the facility level based on the information and documentation provided to them during the headquarters audits.

The chart below provides a detailed schedule of the Mental Health Experts facility audit schedule to date. In future reports, this chart will also reflect the Mental Health Experts' as well as the Office of the Special Master's audit schedule for Headquarters.

Facility	ROUND 1	ROUND 2		ROUND 3	
	Date Audited	Date Audited	Time between Audits	Date Audited	Time between Audits
Ventura	TBD	NA	NA	NA	NA
SYCRCC	TBD	NA	NA	NA	NA
Heman G. Stark	TBD	NA	NA	NA	NA
N.A. Chaderjian	May 9, 2008	NA	NA	NA	NA
O.H. Close	TBD	NA	NA	NA	NA
Preston	TBD	NA	NA	NA	NA

### 1.6.2 Most Recent Audit Findings

As stated earlier, the Mental Health Experts have not yet completed a facility audit. They are scheduled to conduct their first facility audit on May 9, 2008 at N.A. Chaderjian Youth Correctional Facility.

### 1.6.3 Cumulative Audit Findings

The Mental Health Experts and the Office of the Special Master have provided some compliance ratings via Headquarter audits. The graph below identifies the current compliance ratings received to date.

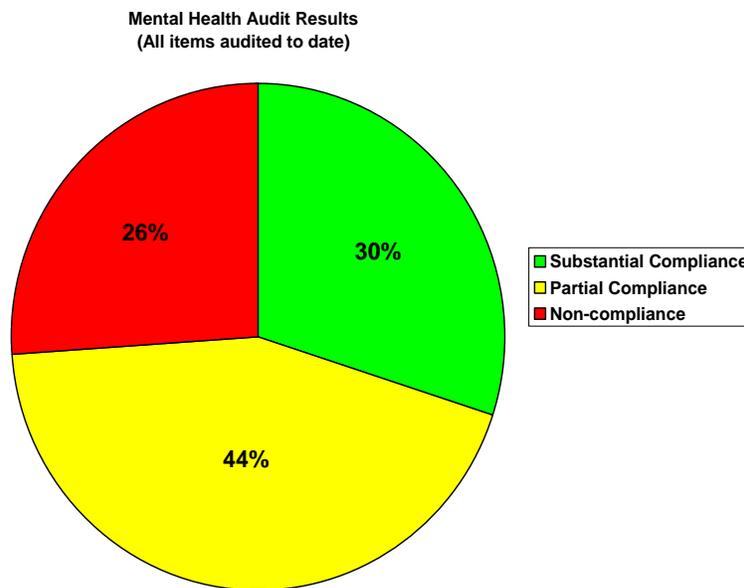


Figure 20: Cumulative Audit Results – Mental Health

### 1.6.4 Status of Specific Action Items

DJJ is not yet eligible to have any of the action items within the Mental Health audit tool “relieved” from further independent monitoring as the action items have not yet been audited for two consecutive years.

Mental Health Actions Items "Relieved" from Future Independent Monitoring				Tally of Compliance Ratings for Given Action Item			
DJJ #	Item #	Action Item	Deadline	SC*	PC	NC	N/A
		No Mental Health action items have been relieved from further independent monitoring.		-	-	-	-

Because the Mental Health Plan has not yet completed a full round of monitoring, the two charts below identifying the action items in full substantial compliance and the action items receiving the majority of non-compliance ratings cannot be completed at this time.

Mental Health Action Items "Full" Substantial Compliance - Round 1 (*Relieved" Items not Included)				Tally of Compliance Ratings for Given Action Item			
DJJ #	Item #	Action Item	Deadline	SC	PC	NC	N/A
		Not able to complete until Round 1 monitoring has been completed.		-	-	-	-

Mental Health Action Items Majority of Compliance Ratings were for "Non-compliance"				Tally of Compliance Ratings for Given Action Item			
DJJ #	Item #	Action Item	Deadline	SC	PC	NC	N/A
		Not able to complete until Round 1 monitoring has been completed.		-	-	-	-

### 1.6.5 Summary and Application of Audit Findings

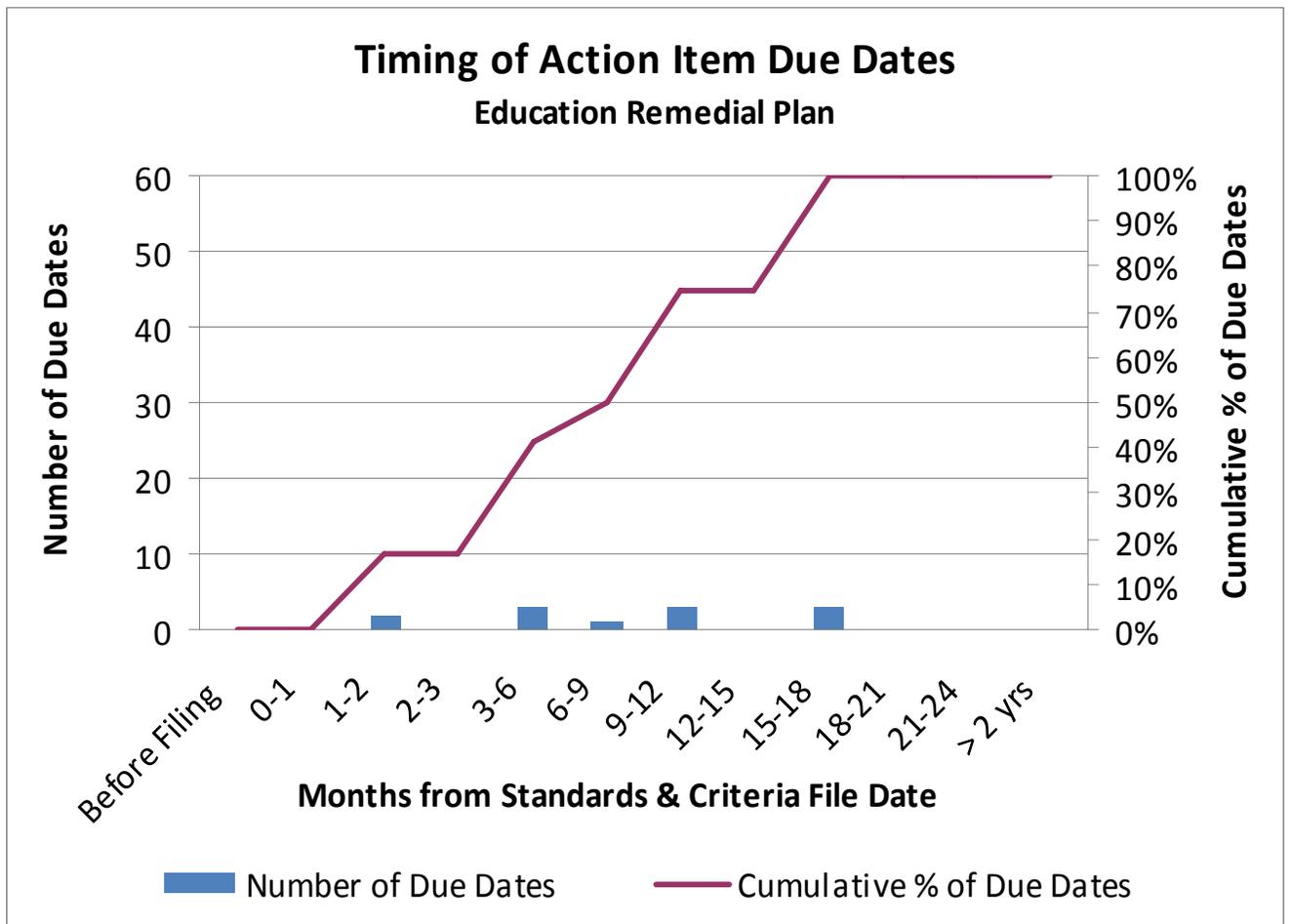
DJJ is looking forward to receiving the Mental Health Experts facility audit reports. These reports will provide valuable information that DJJ can use to better meet the requirements established in the Mental Health Remedial Plan. DJJ's Mental Health leadership has enjoyed a positive working relationship with the Mental Health Experts and will work to strengthen that relationship as it moves forward in implementing the Mental Health reforms.

## 2 COMPLIANCE WITH DATES

### 2.1 Date Graphs

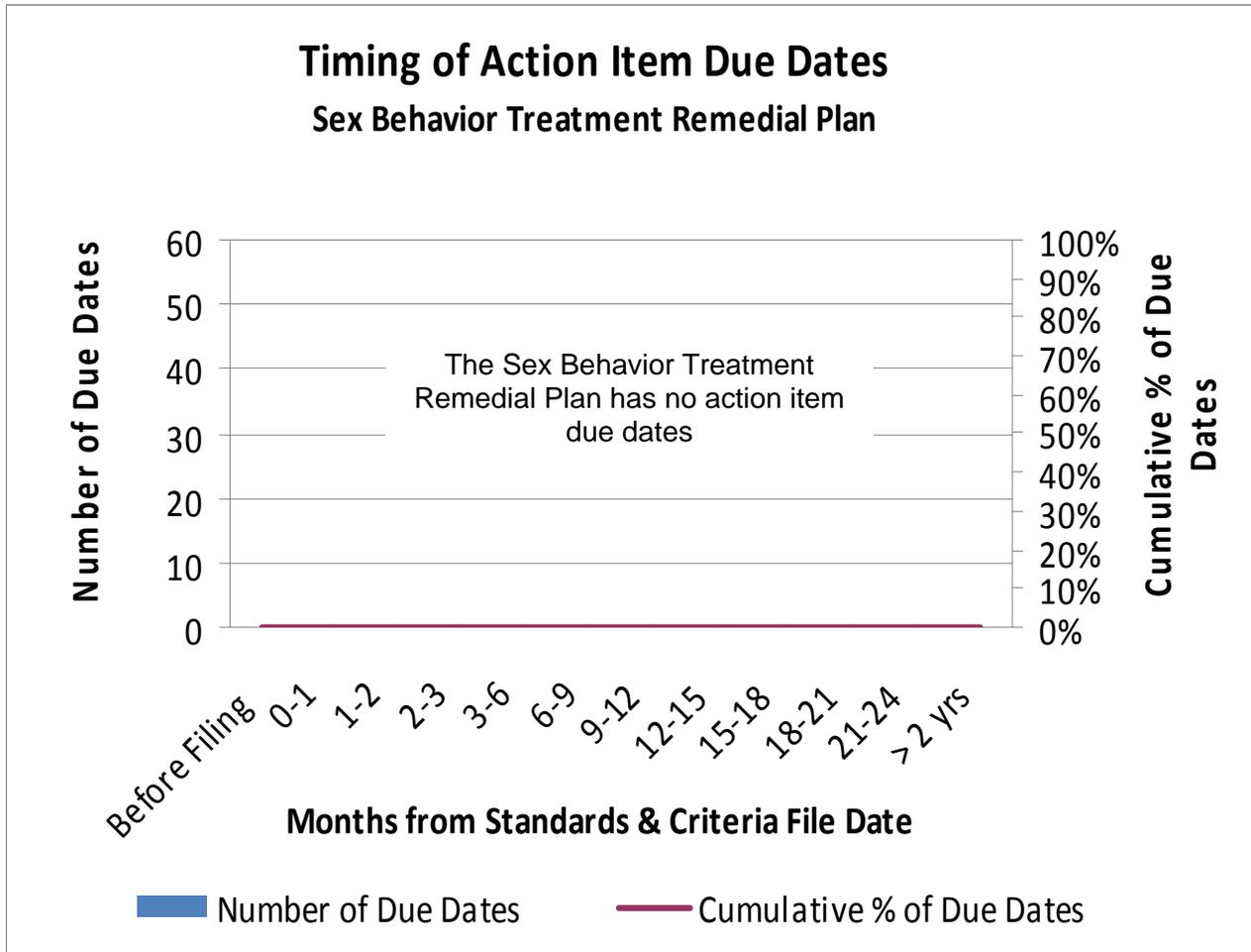
**ISSUE:** Four of the six remedial plans have due dates for some, or all of the action items they contain. For the most part, and particularly for the Safety & Welfare and Mental Health Remedial Plans, these due dates were ambitious and often unrealistic. The following charts illustrate the number of action items with due dates and the timing of those dates relative to the filing date for the plan's Standards and Criteria.

The Education Services Remedial Plan was filed along with its Standards and Criteria on March 1, 2005. Out of 115 action items in this plan, 12 of them have due dates.

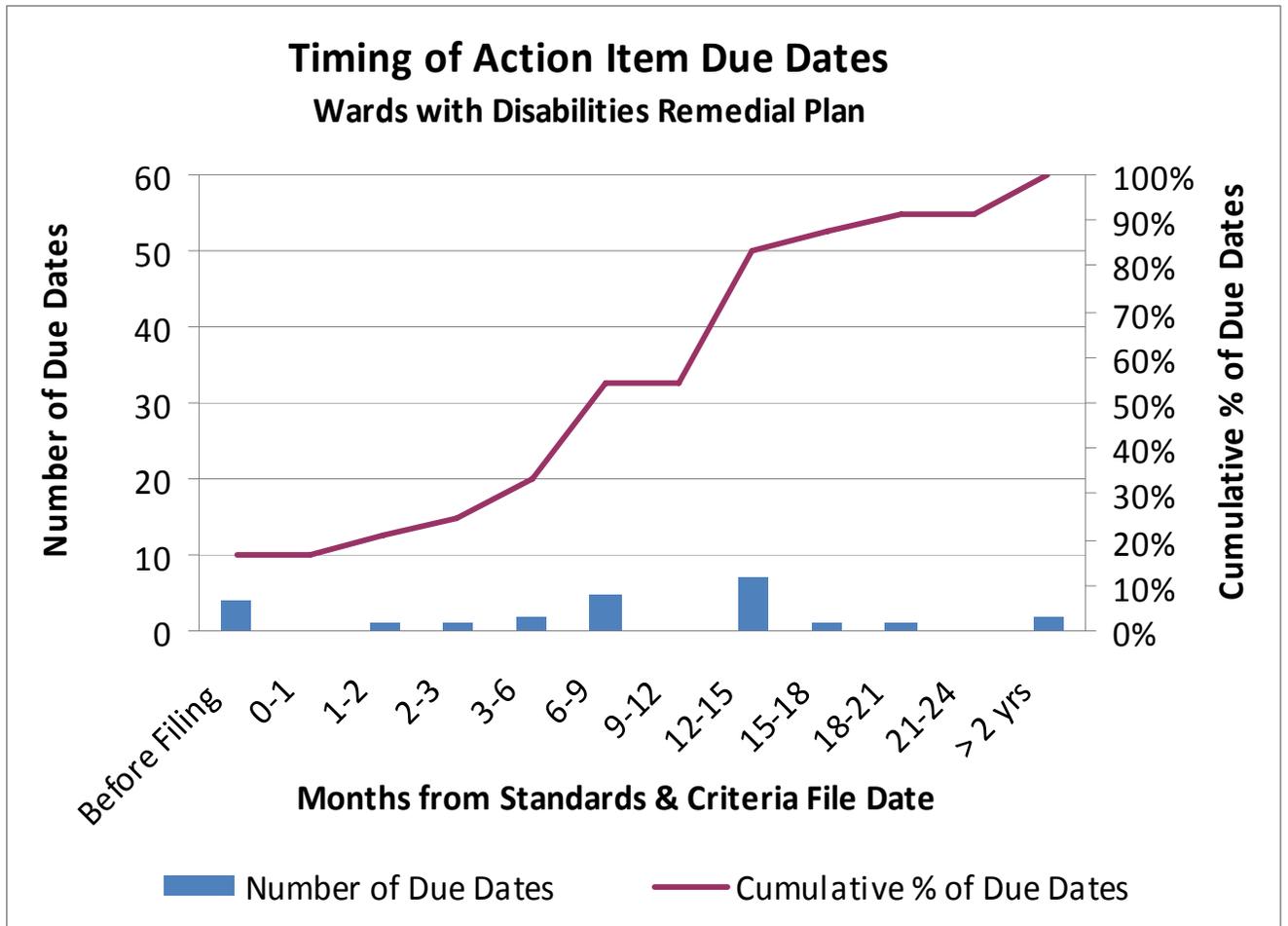


While this plan has few due dates, all action items with due dates were to be completed within 18 months of filing.

The Sex Behavior Treatment Remedial Plan was filed along with its Standards and Criteria on May 16, 2005. This audit tool has no due dates for its action items.

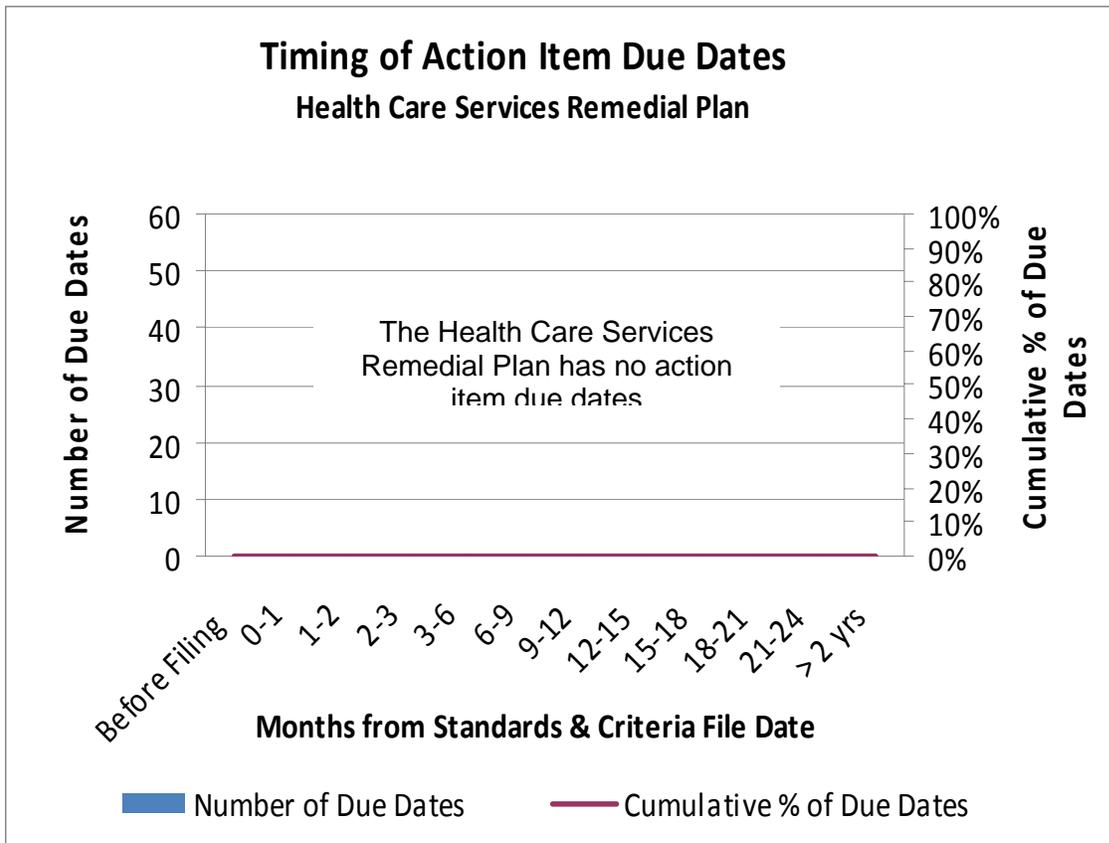


The Wards with Disabilities Program Remedial Plan was filed along with its Standards and Criteria on May 31, 2005. Out of 122 action items in this plan, 25 have due dates.

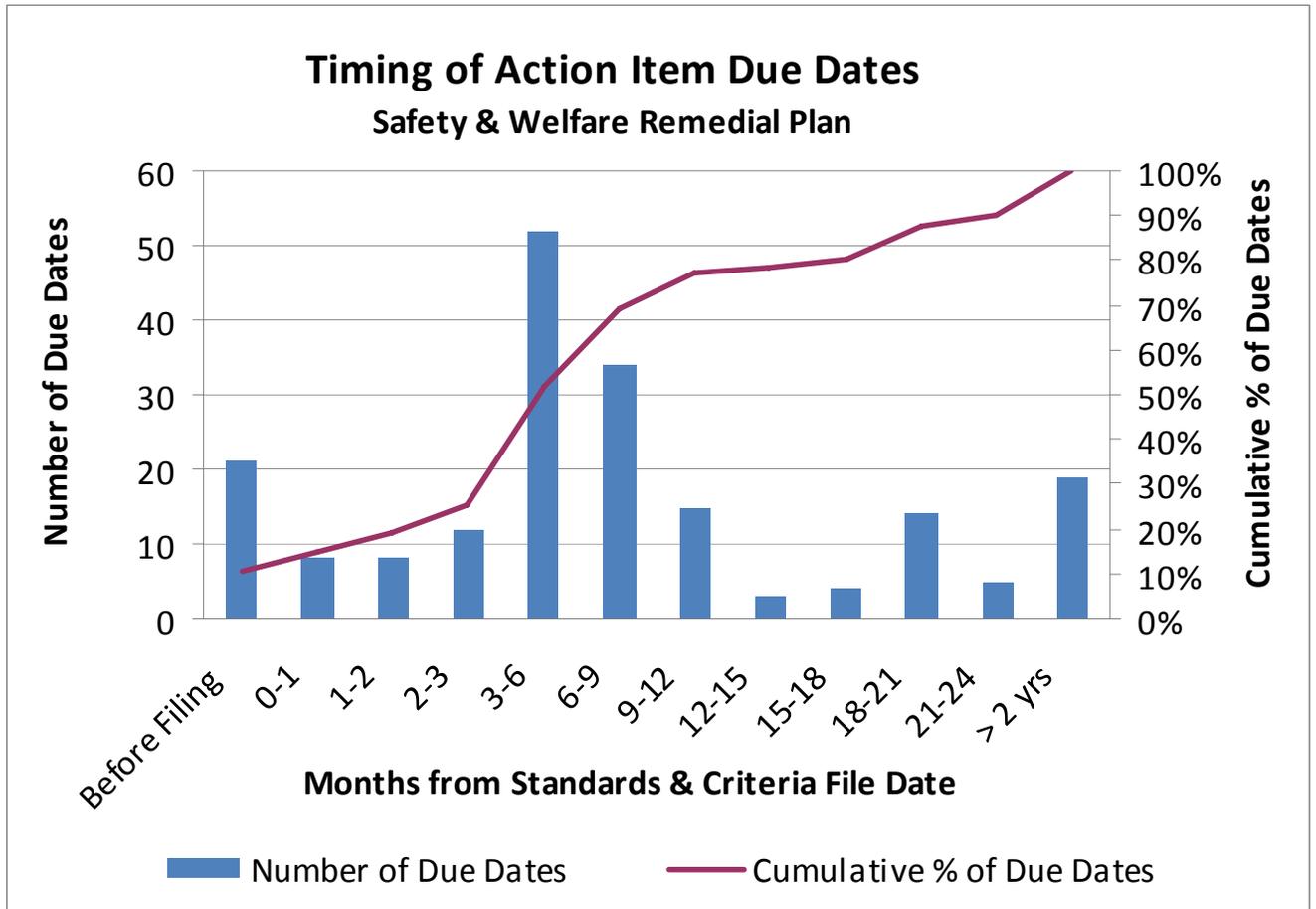


While this plan has few due dates, nearly 90 percent of action items with due dates were to be completed within 18 months of filing.

The Health Care Services Remedial Plan was filed on June 7, 2006. The Standards and Criteria was filed on November 30, 2007. This audit tool has no due dates for its action items.

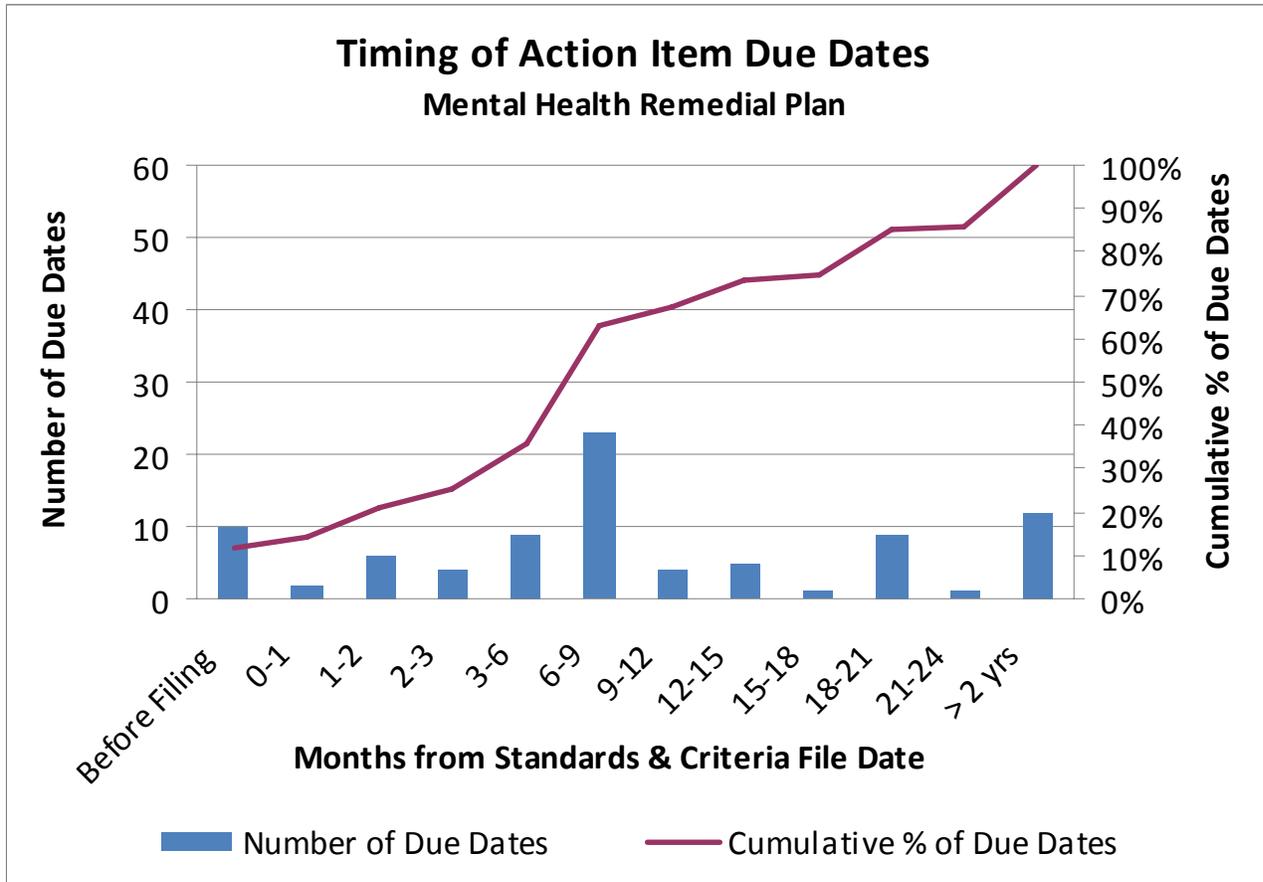


The Safety and Welfare Remedial Plan was filed on July 10, 2006. The Standards and Criteria were filed on October 31, 2006. Nearly all of the action items in this plan have due dates.



As can be seen from this chart, approximately 75% of all Safety & Welfare Remedial Plan action items were to be completed within 18 months of the Standards and Criteria filing date.

The Mental Health Remedial Plan was filed on August 25, 2006. The Standards and Criteria was filed on December 14, 2006. All 118 of the action items in this plan have due dates.



As can be seen from this chart, approximately 75% of all Mental Health Remedial Plan action items were to be completed within 18 months of the Standards and Criteria filing date.

**ISSUE:** The action item due dates in the Safety & Welfare and Mental Health Remedial Plans were negotiated quickly under intense pressure to file the Standards and Criteria. This occurred at a time when it is acknowledged that DJJ lacked the administrative capacity to create the changes outlined in these plans and lacked the project management tools necessary to accurately predict project completion dates. As a consequence, most of the due dates were extremely optimistic and often unrealistic.

## 2.2 Date Setting Process

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The diagrams in the previous section clearly demonstrate that the process which was used to set the deadline dates when the plans were agreed to did not take into account many different components of standard project management principles, not the least of which are the realities of the staff's capacity to complete the work and the complexities of inter-task dependencies. DJJ fully recognizes that many of the original deadline dates have been missed, and thus have committed to performing a full project planning process.

As a predecessor to this entire planning process, DJJ management chose to select some of the highest priority items and complete a planning process to identify new deadline dates. Notably, this pilot project was mentioned at the Order to Show Cause hearing. This subset represents key Action Items which DJJ believes have been recognized by the experts and others as those which have a significant impact on the entire purpose of DJJ. As a step in the process to set the new dates, an estimation model was created, which takes into account the realities of working within the DJJ environment.

To establish the model, the management team discussed the concepts of the processes involved in implementing changes into the organization. As a result of these discussions, the team identified that to produce a change there are 14 potentially required steps. These steps, known as the DJJ Organizational Capability Reform Planning Model, are:

- 1) *Define Strategy:* Identify or develop the strategy that defines the objective that the change is helping to accomplish.
- 2) *Produce Policy:* Revise or create the policy which defines the requirements of the change through governing behavior to produce the expected outcome.
- 3) *Identify the Budget:* Identify the source of funding for the costs required to implement the change.
- 4) *Produce Contracts:* Secure any vendor products and/or services required to meet the requirements of the policy.
- 5) *Produce Results Monitoring Method:* Develop an evidence-based method to monitor realization of the results of implementing the policy (i.e., the effort expended is resulting in the desired outcome[s]).
- 6) *Produce Standards:* Identify the specific minimum operational performance criteria that must be met to comply with the policy.
- 7) *Produce Procedures:* Develop the set of instructions to be followed which will allow performing the change.
- 8) *Produce Compliance Monitoring Method:* Develop a method to monitor that the procedures are being complied with to meet the defined standards.
- 9) *Produce IT Changes:* Define and develop changes to technology solutions which are to be used by the organization to perform the procedures.

- 10) *Produce Facility Changes*: Perform any physical changes which are required to meet the requirements of the change.
- 11) *Produce Personnel Changes*: Re-Assign or hire any organizational personnel required to perform the change.
- 12) *Deliver Training*: Produce and deliver the training that qualifies the organization's people to perform the procedures which implement the change.
- 13) *Implement (Operate) the Change*: Allow the change to be used within the organization.
- 14) *Evaluate Compliance*: Execute the methods of monitoring which were developed to ensure the change is implemented and being operated successfully, as well as achieving the desired outcomes.

To implement any change, these steps are executed in generally sequential order following a pattern of dependencies between these tasks. DJJ staff worked to break down each of the above steps to identify factors of consideration which would affect how long it takes to perform the task, including subtasks and the average amount of effort required to perform those subtasks. These factors were put into the estimation model, which is a worksheet which allows us to determine an estimate of how long it would take to complete the implementation of a change. The estimation model also contains parameters which allow us to take a variety of factors into consideration such as prior work completed, complexity of the task, the number of items involved to complete the work for the item, etc.

In order to establish the revised deadline dates for the high priority Action Items identified by management, the team involved appropriate staff to perform eight steps involving the created estimation model:

- 1) Gather current information from existing sources to clarify the Action Item
- 2) Gather current status information about the Action Item
- 3) Identify current issues impeding progress for satisfying the Action Item
- 4) Apply the DJJ Organizational Capability Reform Planning Model
- 5) Define Dependencies between Action Items
- 6) Apply Planning Limitations to the Model
- 7) Produce an Integrated Estimate
- 8) Develop Schedule to result in new Deadline Dates

The first 3 steps resulted in clarifying what needed to be done to complete the work and meet the needs identified in the remedial plan(s). The 4<sup>th</sup> step allowed the teams to use the estimation model to determine an estimated duration of the work remaining to complete the action item. Then, using steps 5 through 8, the realities of dependencies between the remaining work effort, along with the capabilities and capacity of the organization, were taken into consideration to determine a much more realistic view of how long it would actually take to complete the remaining effort for the selected priority items.

## 3 ACTIONS TAKEN

### 3.1 *Farrell* Project Management

#### 1. Project Management Unit Significant Accomplishments

DJJ's project management efforts are inclusive for all of the *Farrell* Remedial Plans. As such, it is important for stakeholders to be informed of the progress that is being made by the *Farrell* Project Management Unit and its contractors in developing the necessary systems that will assist DJJ in effectively managing the remediation and reform efforts. As a result, this section will now become a regular part of all future Quarterly Reports.

The Safety & Welfare Plan states that "... to ensure functions can be carried out in a timely manner DJJ will hire a *Farrell* Remedial Project Director who will be responsible for the coordination of statewide implementation and court compliance, ...including the integration of all *Farrell* remedial plans." In response, the *Farrell* Project Management Unit performed the following actions during this reporting period:

- Initiated a process to identify the remaining work required to be in compliance with all the items required within the Remedial Plans.
- Executed contracts with Delegata and Chris Murray and Associates to provide project management expertise to the *Farrell* Project Management Unit in the implementation of the Remedial Plans.
- Developed a 14-step planning process model used to prepare estimates of work effort required to complete *Farrell* Remedial Plan action items in preparation for the Order to Show Cause Hearing. (Details are provided in Section 2 of this document.)
- Delivered a document: Proposed Revision Dates for Specific Standards and Criteria and Remedial Plan Items identifying proposed revision dates for 20 action items.
- Designed and incorporated improvements to the Quarterly Report, which will be delivered in early May for the First Quarter of 2008. These revisions were implemented as a step to meet the concerns of our stakeholders. Continuous improvement will occur as feedback is received from stakeholders.
- Developed a Priority Action Item Sheet tool to assist DJJ to consistently capture information and status on specific action items. Currently this tool is

being improved and automated to capture other project management data needs.

- Developed the DJJ Reform Portfolio Charter. The Charter serves as an authoritative reference to guide the remainder of the project, specifically incorporating completion of all *Farrell* Remediation Plan items within the scope of the Reform Portfolio. The Charter will be submitted to the Executive Sponsorship Team in May for review and approval.
- Conducted interviews and made job offers to fill existing vacancies within the *Farrell* Project Management Unit.
- Developed a Statement of Work to secure and fund project management services for the next year. The funding for the project management contract with Delegata is expected to expire at the end of June. To prevent a gap in services, a California Master Agreement for Services Request for Offer (RFO) will be submitted to CDCR in May.
- Conducted Stakeholder meetings in January, and March, providing a forum for the presentation of Departmental information and updates on reform and *Farrell* related activities. The forum also allows for questions and discussion related to any related items and updates on reform and *Farrell* related activities.
- Held a meeting with Chris Murray and Delegata to discuss roles in relation to the planning and project management efforts necessary to ensure that 1) successful project management processes are being implemented; and 2) progress being made on the project is endorsed as based on sound analysis (per the recommendation of the Special Master). A second meeting will be scheduled in May when further progress has been made in preparing the structure of the plan.

## 3.2 Education Remedial Plan Accomplishments

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### 1. Education Services Remedial Plan Significant Accomplishments

Significant accomplishments in implementing the Education Services Remedial Plan for the past quarter include:

- Southern Youth Correctional Reception Center-Clinic received an overall rating of 91% substantial compliance in the audit conducted on January 9 -10, 2008.
- Preston Youth Correctional Facility received a substantial compliance rating of 83% in the audit conducted February 25 - 27, 2008.
- **Curriculum: Aztec Learning:** (*Education Services Remedial Plan*, March 1, 2005, p. 34)

ESRP page 34 states, "Technology hardware and software should be added at all sites to address the wide range of learning modalities and to enhance the curriculum". Aztec learning software is standardized for all DJJ schools and helps to meet this Remedial Plan requirement. Other technology hardware and software will be implemented in the future and will also help DJJ education meet this Remedial Plan directive.

Aztec Learning is an academic and employability software. The software provides learning support to the students for the entire high school curriculum. All schools have had their kickoff meeting and initial teacher training was completed in January 2008. Aztec Learning is now operational and available at all schools.

Aztec Learning covers a wide range of academic levels from a 2.6 grade reading level through a community college level in all subject levels including Language Arts, Mathematics, Critical Thinking, Geography, Biology, and select vocational material. More information is available at the following web site: <http://www.aztecsoftware.com/aztec/>

Aztec Learning is not required for all students; however, it is supplementary curriculum material that will be used for remediation as well as assist in core instruction and test preparation where applicable. It enhances the curriculum in myriad areas and provides another tool to help students achieve their academic goals.

- **Special Education: Memorandum of Understanding – Individualized Education Programs** (*Education Services Remedial Plan - Audit Method*, March 1, 2005, p. 10)

A Memorandum of Understanding between the Director of Juvenile Programs and the Director of Juvenile Facilities was signed on January 25, 2008 which states, “It is agreed that the Superintendent of Education and the Intake and Court Services Unit will work collaboratively with local counties to ensure compliance with Welfare and Institutions Code 1742, regarding the provision of Individualized Education Programs (IEP’s) prior to acceptance of the physical custody of the juvenile at a DJJ facility.”

## 2. Items in Progress

Items in process toward full implementation of the Education Services Remedial Plan include:

- **Superintendent of Education**

Applications are currently being accepted for this position. Due to the current State freeze on hiring, this position is a limited term position but, may become permanent in the future. Final filing date for this position is May 2, 2008. Interviews will be scheduled once the announcement is closed and the applications have been reviewed.

- **Staffing: Vacancy Rate (Substitute Teachers)** (*Education Services Remedial Plan - Audit Method*, March 1, 2005, p. 2)

A recruitment plan is in place to obtain a sufficient number of appropriately credentialed education staff to implement proposed staffing patterns. Written policy, procedures, and practice documents are provided to qualified substitute teachers. DJJ is currently testing an automated system to track DJJ hiring and vacancies.

- **Student Access and Attendance: Alternative Behavior Learning Environment (ABLE) Class** (*Education Services Remedial Plan*, p. 30; *Education Services Remedial Plan - Audit Method*, March 1, 2005, p. 7)

The Education Services Remedial Plan requires that within each high school there shall be an alternative behavior management classroom for early intervention, short-term placement when there are classroom or service area behavior problems.

ABLE policy, procedure and practice provides a structured positive behavior management system in each DJJ classroom statewide.

ABLE was implemented at Johanna Boss High School on April 1, 2007. Currently, ABLE is operational at Johanna Boss, Mary B. Perry, James A. Wieden, and Jack B. Clarke High Schools. Lyle Egan and N. A. Chaderjian High School are preparing to implement ABLE no later than August 2008. It is expected that ABLE will be operational at all schools by August 2008.

- **Curriculum: EdTech Profile Project:** (*Education Services Remedial Plan - Audit Method*, March 1, 2005, p. 8)

The EdTech Profile is a California Department of Education State Educational Technology Service (SETS) project that provides educational administrators with tools that guide their decisions about how to integrate technology into classroom instruction and how to create and evaluate effective teacher technology training programs. DJJ is working to have all teachers complete the EdTech Profile then, based upon that assessment develop an individual education technology learning plan. Completion of the EdTech Profile will be done by May 2008.

- **Curriculum: Automated Library System:** (*Education Services Remedial Plan - Audit Method*, March 1, 2005, p. 9)

An automated library system will be installed at each high school in 2008. The Alexandria system is a fully-integrated library management system. It allows for cataloging and tracking of library materials so that students are able to check materials in and out of the library. Currently, two schools James A. Weiden and Mary B. Perry lack staff librarians to complete the cataloging tasks. However, all schools are scheduled to be operational by December 2008.

- **Curriculum: Distance Learning (Distance Learning):** (*Education Services Remedial Plan - Audit Method*, March 1, 2005, pp. 8-9)

California Education Services Remedial Plan, Audit Method dated March 1, 2005, Page 8 states, "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."

DJJ is currently using Distance Learning for class presentations between DJJ Education Services Headquarters, N.A. Chaderjian High School, Mary B. Perry High School, Jack B. Clarke High School, and Johanna Boss High

School. A Distance Learning Class, Vocational, and Introduction to Computers is running this semester between Johanna Boss High School and Jack B. Clarke High School in Norwalk. The class started January 7, 2008 and meets from 10:30 AM to 11:30 AM every weekday. Distance Learning is operational within the confines of the school's Student-Network. All schools are able to connect with limited bandwidth to DJJ Headquarters. DJJ and EIS are working together to increase the bandwidth of the wide area network to provide for more classes. T1 lines need to be configured and issues with the bandwidth at the remaining facilities will need to be resolved.

The class presentations provided via the Distance Learning system have allowed students to interact with experts in various fields and obtain information that will aid the student's transition back into their home community. One example was the presentation by Ms. Arredondo (Pre-Parole Workshop) on March 26, 2008 and had 40 N.A. Chaderjian High School students, 37 Johanna Boss High School students, and 13 O.H. Close Youth Correctional Facility staff in attendance.

The Distance Learning class running between Johanna Boss High School and Jack B. Clarke High School is a vocational course, "Introduction to Computers". The students are learning how the internals of a computer work. This course is the beginning of a path leading to a Microsoft certification in various Microsoft Office applications such as Microsoft Word. This class is taught by Chris Lawyer and is attended by 7 Johanna Boss High School students and Jack B. Clarke High School students.

- **Curriculum: Global Classroom/Virtual Field Trips:** (*Education Services Remedial Plan - Audit Method*, March 1, 2005, pp. 8-9)

Teachers are being invited to take their students on a "Virtual Field Trip" through the use of the Distance Learning system. Currently, teachers can research the available activities at: <http://www.cilc.org> A virtual field trip event was scheduled for April 23, 2008.

A virtual field trip allows students to visit places and talk with content area experts without leaving the confines of the facility. Using the Distance Learning audio/video teleconferencing technology, students under the leadership of their classroom teacher interact with various organizations from around the world. These organizations, like the Adler Planetarium and Astronomy Museum in Chicago, are called content providers. They provide virtual tours and other interactive educational experiences for students that due to their situation are unable to visit in person.

The field trip will help students see, interact, and learn about things and possibilities currently beyond their ability to see in person.

Currently the Distance Learning system can connect two or three classrooms to the content provider at one time; however DJJ's current plan is for individual classroom/classes to participate separately. The classroom teacher's lesson plan objectives and rubric are to be the indicator to evaluate success.

- **Student Access and Attendance: Cooperative Agreements/Service Agreements/Memorandum of Understanding (MOU) for Improvement of Student Attendance:** (*Education Services Remedial Plan - Audit Method*, March 1, 2005, pp. 28-39)

N.A. Chaderjian and Jack B. Clarke High Schools have completed service agreements between the Superintendents and Principals to improve student attendance. The remaining high schools are currently developing MOUs. Direction from Executive Staff on this issue is forthcoming for development of remaining MOUs.

- **Student Access and Attendance: School Consultation Team (SCT) Process:** (*Education Services Remedial Plan - Audit Method*, March 1, 2005, pp. 4)

The SCT process was established to ensure youth are provided the support services necessary to successfully meet education goals. If a student is not progressing well, a team which includes the student, an administrator, the referring teacher, other education staff and treatment staff meet to review the problems with the student's progress and develop an intervention plan. SCTs are in place at each of the DJJ high schools. Staff at all sites received SCT training in 2007. All sites will receive additional refresher training in 2008.

- **Special Education: Students Service Data Accuracy:** (*Education Services Remedial Plan - Audit Method*, March 1, 2005, pp. 10)

A process to review and assess data accuracy of the amount of class time will be completed by July 1, 2008 and will be utilized to determine required training and data processing changes. When the Program Service Day is implemented in August 2008, at the beginning of the next school term, the changes will have been implemented.

### 3.3 Health Care Services Accomplishments

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#### 1. Health Care Services Significant Accomplishments

Significant accomplishments in implementing the Health Care Services Remedial Plan in the past quarter include:

- DJJ achieved an overall rating of 70% substantial compliance after its first round of audits of five facilities.
- **Pharmacy Services** (*Health Care Services Remedial Plan - Health Care Services Standards and Criteria*, p. 7, 10)

In the most recent audits of five facilities, the category of “Pharmacy Services” has achieved an overall substantial compliance rating of 91%.

- **Nursing Skills Competency Testing** (*Health Care Services Remedial Plan - Health Care Services Standards and Criteria*, p. 14)

Testing of all nurses was completed in January 2008. The courses were conducted by DJJ Nurse Instructors based on nationally recognized standards of nursing practice from the American Nurses’ Association Standards of Practice Guidelines and other nationally published nursing skills manuals. The competency training and testing involved eight hours of clinical skills assessment and completing written and practical testing in the various skill sets. Competency testing is an on-going practice that will be conducted at the time of hiring and on at least bi-annual basis to ensure the maintenance of basic primary nursing skills in the DJJ nursing staff.

- **Farrell Dental Expert** (*Health Care Services Remedial Plan - Health Care Services Standards and Criteria*, p. 6)

In February 2008, a contract was executed with Dr. Don Sauter as the expert to monitor implementation of the dental services of the Health Care Services Remedial Plan.

- **Credentialing Policy** (*Health Care Services Remedial Plan - Health Care Services Standards and Criteria*, p. 36)

The Credentialing policy was signed on March 10, 2008. This policy identifies the process of determining if a clinician has the appropriate training and credentials to be hired.

- **Peer Reviews** (*Health Care Services Remedial Plan - Health Care Services Standards and Criteria*, p. 35)

Peer Review & Peer Review Training: All medical practitioners have undergone two rounds of training on how to conduct a peer review as well as actually going through the process of a peer review with the Medical Director.

Both rounds were conducted by the Medical Director, with the first round conducted from May to June 2007 and the second round conducted from December 2007 to January 2008.

Peer Review between Medical Practitioners: At least four of six facilities have conducted one round of peer review amongst its practitioners, of the other two facilities one is in the process and the other has been notified to begin immediately. Both DeWitt Nelson Youth Correctional Facility and El Paso de Robles Youth Correctional Facility will not be conducting peer reviews due to their impending closures.

- **Local Operating Procedures - 32 Initial Health Care Policies** (*Health Care Services Remedial Plan - Health Care Services Standards and Criteria*, p. 6)

As of March 2008, Health Care Services has approved final versions of local operating procedures for all of the facilities to implement 31 of the 32 initial health care policies. All staff have been trained and these policies are being implemented.

- **Records Administrator Contract** (*Health Care Services Remedial Plan - Health Care Services Standards and Criteria*, p. 6)

The position of Clinical Record Administrator was re-classed to a Health Program Specialist II position and interviews were conducted. A candidate was selected and shall report to work on May 1, 2008. A contract for a Clinical Record Consultant was awarded to Caban Resources in March 2008. This contract will provide the new Health Program Specialist II with assistance in improving the health records system and provide expertise in the development of a policy for the Unified Health Record.

## 2. Items in Progress

Items in process toward full implementation of the Health Care Services Remedial Plan include:

- **The Physical Assessment, Nursing Process, and Documentation Course** (*Health Care Services Remedial Plan - Health Care Services Standards and Criteria*, p. 14)

Nursing Physical Assessment classes are in development and are projected to commence in April 2008. The classes will include basic physical assessment, nursing process, documentation, and patient education. This course is for all DJJ Registered Nurses. The class is a week long didactic and practical course being taught by DJJ Nurse Instructors based on an adaptation of the CDCR Physical Assessment course to include adolescent health assessment and correctional medical management issues. The physical assessment class teaches nurses to conduct a general physical examination at a level that is appropriate for RNs that practice in a primary care setting to yield a determination of an abnormal health problem that requires a higher level of assessment and diagnosis by a physician or nurse practitioner. This training will be useful for DJJ nurses to use should DJJ implement nursing sick call protocols and for addressing appropriate urgent/emergent responses. It also includes training on nursing standards of practice for the provision and documentation of nursing care based on the Problem Oriented Medical Record methodology. The classes are intensive and require small class size and therefore, will not be completed for all RNs until the end of 2008 or the first quarter of 2009.

- **Nursing Protocols** (*Health Care Services Remedial Plan - Health Care Services Standards and Criteria*, p. 6, 14)

Nursing protocols are standardized procedures as defined by the California Business and Professions Code Section 2725, wherein a nurse practices in an expanded role capacity to evaluate health care complaints such as a sore throat or headaches. The process includes the assessment process that includes history taking and examination of the patient to make a nursing diagnosis and treatment plan. The nursing protocols were in development; however, the appropriateness of implementing primary care protocols in the face of adequate medical care providers is pending review by the Health Care Experts.

- **Vision Testing and Eyeglass Procurement Policy** (*Health Care Services Remedial Plan - Health Care Services Standards and Criteria*, p. 10)

The draft of the Vision Testing and Eyeglass Procurement Policy includes the process of having a patient read far and near vision charts and sending those that demonstrate vision problems for a more detailed exam to determine the appropriateness and need for prescribed glasses. It includes the procedure for ordering the glasses. The policy has been drafted and forwarded to the DJJ Policy Unit for initial formatting and then Executive review. Meanwhile Vision Testing as described above, is conducted at all facilities and youth who have vision problems identified during the screening and referred for a more detailed exam and glasses are prescribed, ordered and given to youth who require them.

### 3.4 Mental Health Remedial Plan Accomplishments

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#### 1. Mental Health Remedial Plan Significant Accomplishments

Significant accomplishments in implementing the Mental Health Remedial Plan this quarter include:

- **System to Track and Prioritize Youth on Wait Lists for Residential Mental Health Programs Forms** (*Mental Health Standards and Criteria Sections: 5.27*)

The new standardized **Inpatient Program Referral Form (DJJ 8.207)** and the corresponding **Medical Screening Form (DJJ 8.207A)** became available on the Intranet as of March 19, 2008. Each time a referral needs to be made to any acute or intermediate care inpatient psychiatric program, (i.e., CTC, ICF, Sierra Vista Hospital or any state hospital); facility staff now accesses the Forms Section of the DJJ Intranet. A readable/printable version of the completed referral that can be saved onto one's computer desktop is sent to the clinician that completes the referral. In addition, the form was revised to be more user-friendly.

- **National Forensic Mental Health Conference** (*Mental Health Standards and Criteria Section 6.10*)

On March 13, 2008, DJJ staff persons Dr. Jim Telander, Chief Psychologist, and Elaine Stenoski, Program Administrator, presented at the National Forensic Mental Health Association, California chapter, Conference, in Monterey, California. The topics covered adult, as well as youth-related issues. The title of the DJJ presentation was "Working With California's Most Difficult Youth". Discussed were the development, implementation and successes of the Sequoia Program Intensive Behavior Treatment Program (IBTP) of the Preston Youth Correctional Facility's, living unit programs. Also discussed were the reform efforts of DJJ.

#### **Suicide Prevention Assessment and Response (SPAR) Policy** (*Farrell Consent Decree/ Mental Health Remedial Plan*)

A pilot program to evaluate the effectiveness of the newly created SPAR policy is currently being conducted at N.A. Chaderjian Youth Correctional Facility. The program was scheduled to end in April 2008, but has been extended. Statewide implementation of the new policy is scheduled for fall 2008. Based on the outcome of the pilot and current union negotiations with CCPOA, adjustments may be required in the policy.

## 2. ITEMS IN PROGRESS

Items in process toward full implementation the Mental Health Remedial Plan include:

- **MAYSI-2** (*Mental Health Standards and Criteria Section 4.4*)

The Massachusetts Adolescent Youth Screening Instrument (MAYSI) is a validated instrument used for brief screenings of mental health issues. DJJ is developing plans to implement an automated version of the updated MAYSI-II. The MAYSI-2 is composed of the same items as the MAYSI-I, but the scoring algorithms have changed. The Juvenile Research Branch (JRB) of the Office of Research has developed an interim process for providing MAYSI-2 results and is currently pilot testing it. Briefly, at 1:00 pm each day, JRB staff gets from each facility the MAYSI responses for each ward that took the MAYSI that day. Each youth's responses are then scored according to the MAYSI-2 scoring rules and a report for each ward is produced. The reports are then forwarded to the appropriate staff at each facility by 3:00 pm that day. Once it is determined that the WIN Exchange is operating effectively, Mental Health will meet with Enterprise Information Services (EIS) to incorporate additional Mental Health items into WIN. Items include data to support the Mental Health tracking system, Mental Health Electronic Documentation for the Initial Assessment System, the Mental Health Referral Form, and Initial Evaluation and Progress Note templates.

- **Mental Health Table of Contents** (*Mental Health Standards and Criteria Section 8.1a1*)

The Table of Contents listing the 22 Initial Mental Health policies has been completed. The Table of Contents includes the 22 priority policies and some policies not in the Mental Health Remedial plan that have been identified as necessary to complete DJJ's Mental Health reform efforts. Mental Health Experts accepted the Table of Contents during a meeting at Heman G. Stark Youth Correctional Facility. Policies included in the Table of Contents are in development. Creation of the policies by Mental Health Services Headquarters will be facilitated with the hiring and of additional approved staff. Weekly meetings to review and update the status of these policies were initiated.

- **Organizational Charts For Each Facility** (*Mental Health Standards and Criteria Sections: 3.1 & 3.2*)

A draft administrative and clinical supervision Organizational Chart for DJJ Headquarters Mental Health Services and youth correctional facility Mental Health Services was drafted by the Chief Psychiatrist (A). In the Youth

Correctional Facility Mental Health Organizational Chart, the Chief Psychologist assigned to the facility will be the administrative manager for all Mental Health staff at the facility as well as responsible for the clinical supervision of psychologists. The Senior Supervising Psychiatrist will provide clinical supervision to all staff psychiatrists.

- **Treatment Hierarchy** (*Mental Health Standards and Criteria Section: 5.2*)

A workgroup of DJJ Mental Health professionals from DJJ Headquarters and youth correctional facilities was established to work on the Treatment Hierarchy Policy. After an extensive internet search, the Washington State Model was selected as the template for DJJ's Treatment Hierarchy Policy. Dr. Juan Carlos Arguello, Chief Psychiatrist (A), and Elaine Stenoski, Program Administrator, are working closely with the workgroup to develop the policy.

- **Hiring Professional Mental Health Staff** (*Mental Health Standards and Criteria Sections: 25'5.11, 7.1*)

All psychiatrist positions have been hired and filled.

- **Psychopharmacological Policy** (*Mental Health Standards and Criteria Section 104 8.1b*)

The final draft of Guidelines for the Psychopharmacology Policy has been reviewed by the Mental Health Experts with comments provided on April 11, 2008. The policy is undergoing a final revision in Mental Health Services and will then be reviewed by Health Care Services and all relevant Bargaining Units. Once the policy is finalized, curriculum will be developed, training provided to all involved staff and the policy implemented.

- **Use of Force** (*Mental Health Standards and Criteria Section 8. 2a*)

The Use of Force Policy was submitted to the Policy Unit on February 21, 2008. The estimated time for the Policy Unit to complete its process is approximately 174 days. Use of Force training will commence once the policy has been vetted through the established protocols for revision. Once the policy is approved, the training of all staff will begin and will take approximately 181 days to complete. The policy developed in conjunction with Mental Health incorporates requirements from the Wards with Disabilities Program and Mental Health Remedial Plans.

- **Mental Health Program Administrators** (*Mental Health Standards and Criteria Section 5.5*)

Although they are not Mental Health Administrators, five of the six facilities have Program Administrators selected by the Superintendents.

- **Levels Of Care** (*Mental Health Standards and Criteria Sections: 5.6, 5.6a, 5.6b, 5.7, 5.8, 5.9, 5.10*)

The Level of Care Policy is under development by Mental Health Services in collaboration with representatives of the Safety & Welfare Remedial Plan. . The policy will incorporate criteria for placement in each level of care as well as procedures for movement between levels. Once developed, the policy will be reviewed by Health Care Services and Wards with Disabilities Program representatives and the Mental Health Experts. The policy is being developed with the current and anticipated decreases in population in mind. A first draft of the policy is expected to be completed during the next quarter

- **Licensed Beds Response** (*Mental Health Standards and Criteria Sections 5.21f - 5.21l, 5.23-5.24b*)

There is a need to revisit the eight recommendations made by the Mental Health Experts in their report dated November 14, 2007. Presently, males from northern California are being transferred to Sierra Vista under a re-instated contract for acute hospitalization. Males from southern California are sent to the Heman G. Stark Youth Correctional Facility Correctional Treatment Center when acute psychiatric care is needed. Female youth, both over and under 18 years of age, are being treated in the Heman G. Stark Youth Correctional Facility Correctional Treatment Center when acute psychiatric care is required. In addition, the Memorandum of Understanding with the Department of Mental Health for an Intermediate Care Facility care has been changed and is in place. Additional language addressing rejection criteria, the subsequent response to a rejected youth and issues of medication management were added to the Memorandum of Understanding. The new contract has been signed by both parties and youth are being treated under the new guidelines.

- **Suicide Prevention Assessment and Response (SPAR) Policy Training** (*Farrell Consent Decree/ Mental Health Remedial Plan*)

The SPAR Policy has been developed and signed and is being piloted at Chaderjian. Lisa Boesky, PhD continues to provide training to Mental Health staff in "Understanding and Preventing Suicide" and "Identifying and Managing Youth with Mental Health Disorders." This system-wide training began in 2007 and is expected to continue through July of 2008. The training provided on the SPAR policy was integrated with this training. Additional clinical training for psychologist and psychiatrists will be developed and implemented. Ongoing training will be provided in the facilities for newly hired staff.

- **Forensic Evaluation Policy** - In conjunction with the Board of Juvenile Parole, facility staff, Legal Services, Health Care staff, Mental Health staff and the Sexual Behavior Treatment Program Expert, a forensic policy for WIC 1800/1800.5 evaluations was developed in December 2007. During this quarter, the policy was submitted to the Mental Health and SBTP Experts for review. Ongoing discussions with the SBTP Expert may result in minor changes to the policy. We are awaiting a response from the Mental Health Experts. Training for mental health and non-mental health staff will be developed by the Mental Health Training Team when the policy is finalized. After development of the curriculum, the policy will be signed and submitted to the different Bargaining Units for review. Implementation of the policy will occur after all relevant staff has been trained.
- **Dedicated Mental Health Training Team** – Positions for one Senior Psychologist, Supervisor, two Clinical Psychologists, one Instructional Designer, one Staff Services Analyst and one Office Technician were approved for the Mental Health Training Team. Advertising for the Instructional Designer and clinical positions is occurring with hiring anticipated to occur in the next quarter.
- **PsychiatryonLine** – An electronic mental health reference program for psychiatrists, is under review for Mental Health Services psychiatrists and for the Health Care Services pharmacist. Final approval is expected next quarter.
- **Heman G. Stark IBTP** - Heman G. Stark Youth Correctional Facility has initiated frequent and ongoing collaboration and cooperation with the Preston Youth Correctional Facility IBTP staff to reduce current and future difficulties. Facility mental health plans for opening of an IBTP at Heman G. Stark Youth Correctional Facility are complete. An orientation program for new staff will be provided when staff becomes available. Because of a shortage of RNs, the new IBTM is anticipated to open during the 3rd quarter, 2008.
- **Mental Health Meeting with Orbis Partners Inc.** - The Chief Psychiatrist (A) is scheduled to meet with ORBIS Partners, Inc. in April 2008 to start the process of providing mental health input into the development of the data tracking and information technology systems.

### 3.5 Safety & Welfare Remedial Plan Accomplishments

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#### 1. Safety and Welfare Remedial Plan Significant Accomplishments

Significant accomplishments in implementing the Safety & Welfare Remedial Plan this quarter include:

- **Reduce Violence and Fear – Track Violence and Use of Force** (*Safety and Welfare Remedial Plan Standards and Criteria, Section 3, Item 5*)

A standardized automated Daily Operations Report was developed and was implemented at all sites in March 2008 to track incidences of violence and use of force on a daily basis.

- **Staff Training To Develop The Knowledge And Skills To Implement Best Practices** (*Safety and Welfare Remedial Plan Standards and Criteria, Section 6, Item 7*)

Staff training to develop the knowledge and skills to implement best practices and programming continued this quarter. Some examples include:

- Two, 5-day Aggression Replacement Training (ART) Group Facilitator Institutes were provided to staff in March 2008, one at Heman G. Stark Youth Correctional Facility and the other at the Preston Youth Correctional Facility.
- Understanding and Preventing Suicide was provided to 204 staff in multiple 2-day sessions at various DJJ facilities.
- Motivational Interviewing was provided to 474 staff in various 3-day sessions.
- Motivational Interviewing Mentor Training was provided to 16 staff in a 1.5-day session.
- Managers' Workshop with ORBIS Partners, Inc. was provided to 140 staff in a 1-day session.
- Cognitive Behavioral Primer was provided to 14 staff in a 2-day session.
- Group Facilitation was provided to 10 staff in a 2-day session.
- Pathways, a substance abuse treatment intended for use with youth under 18 years of age was provided to 14 staff in a 5-day session.
- Strategies for Self Improvement and Change intended for treating youth over 18 years of age was provided to 17 staff in a 5-day session.
- Safe Crisis Management was provided to 62 staff in various 3-day sessions.
- LETRA Instructor Certification was provided to 14 staff in a 35-day session.
- LETRA Crisis Intervention and Conflict Resolution was provided to 44 staff in various 40-hour sessions.

- **Restricted Housing – Staff Trained on New SMP Policy** (*Safety and Welfare Remedial Plan Standards and Criteria*, Section 9.1, Item 5)

Prior to the filing of the Safety & Welfare Remedial Plan, DJJ made several interim improvements to DJJ's Special Management Programs (SMPs) and Temporary Detention (TD) as required in the Consent Decree and stipulated agreements. Additionally, many of these improvements were incorporated into an Alternative Programs policy. The policy was signed in March 2007, but because DJJ anticipated it would soon replace the SMPs and TD with Behavior Treatment Programs (BTPs), it delayed implementation of the policy until now. DJJ trained instructors on how to train staff on the policy in March 2008.

- **Program Service Day Schedule** (*Safety and Welfare Remedial Plan Standards and Criteria*, Section 6, Items 2a, 2b, 2c, and 6)

The Program Service Day concept and the implementation schedule was approved by the DJJ Executive Management Team on February 20, 2008.

- **Family Phone Contact Facilitated Within 24 Hrs Of Commitment.** (*Safety and Welfare Remedial Plan Standards and Criteria*, Section 8.3, Item 2a) and **Ongoing Family Phone Contact Facilitated.** (*Safety and Welfare Remedial Plan Standards and Criteria*, Section 8.3, Item 2b)

A memorandum signed by the Director of Juvenile Facilities on December 31, 2007, directed Superintendents to implement the family telephone contact requirements required by the Safety & Welfare Remedial Plan, Senate Bill 518 and Assembly Bill 1300 effective January 1, 2008.

During the first quarter of 2008, the *Farrell* Compliance Unit developed a template for measuring compliance and field tested the instrument at DeWitt Nelson Youth Correctional Facility. Subsequently, compliance monitoring was conducted at three facilities; N.A Chaderjian Youth Correctional Facility, O.H. Close Youth Correctional Facility, and Heman G Stark Youth Correctional Facility. Compliance monitoring is currently scheduled or underway at the remaining facilities.

Policies for Confidential Youth Visitation, Confidential Telephone Calls to Youth, and Youth Requests for Confidential Telephone Calls were signed on January 30, 2008. Training will be delivered to all staff and youth at all facilities by the end of April 2008.

DJJ staff worked closely with staff from Enterprise Information Systems to incorporate youth telephone use documentation, monitoring and auditing components into the WIN system. The automation was completed in March

2008 and staff will receive training in April 2008.

- **Time Adds Analysis** (*Safety and Welfare Remedial Plan Standards and Criteria*, Section 8.6, Item 4e)

The Juvenile Justice Administrative Committee Review Form was revised and distributed to all facilities in February 2008. The form was revised to ensure that staff clearly identify the specific reasons for a time add. DJJ will collect the data, analyze the reasons and develop a plan to reduce the frequency and duration of the time adds, if determined.

- **Policies Updated per Schedule** - Temporary Departmental Orders as needed. (*Safety and Welfare Remedial Plan Standards and Criteria*, Section 2.1, Item 4a)

The Institutions and Camps Branch Manual Sections 1800-1848 contain the Safety and Security Policy for juvenile facilities operations. The Safety and Security Policy was revised and placed into the new policy format. The revision was signed by Bernard Warner on March 5, 2008. The signed version was sent to Labor Relations on March 13, 2008. Labor Relations provided feedback resulting in additional revisions to the policy. After the revisions are completed, estimated by April 25, 2008, the policy will be returned to Labor Relations for further review.

- **Add Central Office Resources – Dedicated Staff for Policy Development and Maintenance** (*Safety and Welfare Remedial Plan Standards and Criteria* Section 2.1, Item 4a)

Ms. Dolores Slaton was hired in January 2008 to fill the Staff Services Manager II position in the DJJ Policy Development Unit. Four additional Staff Services Analyst positions are expected to be filled by the end of May 2008 and will assist with policy development.

- **Lay Foundation for Treatment Reform – Case Managers: Establish/Modify Job Classifications for Treatment Staff** – (*Safety and Welfare Remedial Plan Standards and Criteria*, Section 5, Item 5a)

Case Manager positions were advertised in March 2008 and scheduling of interviews has been initiated. To date, 40 case managers are in the process of being hired at five youth correctional facilities. OH Close Youth Correctional Facility is currently hiring nine, Preston Youth Correctional Facility five, N.A Chaderjian Youth Correctional Facility four, Ventura Youth Correctional Facility 14, and Southern Youth Correctional Reception Center-Clinic eight. Heman G. Stark Youth Correctional Facility is currently interviewing. Additional Case Managers will be hired at all the youth correctional facilities until full staffing is achieved.

## 2. Items in Progress

Items in process toward full implementation of the Safety & Welfare Remedial Plan include:

- **Disciplinary System - Disciplinary Decision Making System Policy** (*Safety and Welfare Remedial Plan Standards and Criteria, Section 8.4a*)

As soon as the Disciplinary Decision Making System (DDMS) Policy is finalized and approved, labor unions will be noticed and the training curriculum will be updated and/or developed for staff as well as the youth. Projected timeframe for the policy to be implemented is no later than December 2008. The policy will be implemented prior to automation being completed and will require some hard copy tracking.

- **Disciplinary System – Behavior Contracts to Earn Back Added Time** (*Safety and Welfare Remedial Plan Standards and Criteria, Section 8.6, 2a 2b, 4b*)

Once the Program Credit Policy is finalized and approved, labor unions will be noticed. A lesson plan for staff and youth will be developed. Projected timeframe for the policy to be implemented is no later than December 2008.

- **Convert Facilities to Rehabilitative Model – Complete Staff Training In Use Of Risk/Needs Assessment Tool** (*Safety and Welfare Remedial Plan Standards and Criteria, Sections 4, Item 3b and Section 6, Item 7b*)

Training on the risk/needs assessment is anticipated to commence May 12, 2008.

- **Lay the Foundation for Treatment Reform – Complete Risk/Needs Assessment Tool** (*Safety and Welfare Remedial Plan Standards and Criteria, Section 5, Item 3b*)

ORBIS Partners, Inc., the contractor approved to develop the risk/needs assessment tool and assist DJJ with developing and implementing an Integrated Behavioral Treatment Model, completed the risk/needs assessment tool in March 2008. Training of Trainers is scheduled for May 2008.

- **Master Table of Contents** completed for DJJ policy manual. (*Safety and Welfare Remedial Plan Standards and Criteria, Section 1.1, Page 1*)

A draft of the Master Table of Contents was completed on April 1, 2008. The Policy Unit is currently reviewing feedback provided by Executive Staff.

- **Open Sufficient Behavior Treatment Programs** (*Safety and Welfare Remedial Plan Standards and Criteria, Section 2.2, Item 3*)

DJJ's Programs Workgroup has developed a draft plan to implement the BTPs. DJJ expects the draft implementation plan for the BTPs to be finalized in May 2008.

- **Designate Facility Compliance Monitors and Schedule** (*Safety and Welfare Remedial Plan Standards and Criteria, Section 2.2, Item 3*)

The Director of Juvenile Facilities has sent a memo to the Superintendent's to identify compliance monitors at each facility by March 28, 2008. Each superintendent has designated staff.

- **Program Service Day Schedule** (*Safety and Welfare Remedial Plan Standards and Criteria, Section 6, Items 2b, 2c, and 6*)

The Program Service Day pilot is planned to be implemented at the Preston Youth Correctional Facility starting with the next school term in August 2008, followed by the full implementation at all facilities in the next school term which begins in January 2009.

- **Revise Use of Force Policy** (*Safety and Welfare Remedial Plan Standards and Criteria Section 3, Item 2*)

The Use of Force draft policy was submitted to the Policy Unit for review and formatting on February 21, 2008. The draft policy was developed in conjunction with Mental Health Services and incorporates requirements from the Wards with Disabilities Program and Mental Health Remedial Plans.

- **Family Involvement** (*Safety and Welfare Remedial Plan Standards and Criteria, Section 8.3*)

DJJ, in partnership with Family Justice Inc. participated in an initiative to explore the nature of family connections with youth in DJJ's care. In January 2008, Family Justice Inc. conducted youth interviews and parent surveys at O.H. Close Youth Correctional Facility to solicit feedback on the services provided to youth and families and to identify the strengths and barriers in maintaining family connections while youth are in custody.

The O.H. Close Youth Correctional Facility is piloting initiatives to increase communication to families in an effort to engage families in the youths' treatment plan. In May 2008, O.H. Close Youth Correctional Facility staff will participate in an extensive training on methods of communicating collaboratively with families, based on the renowned La Bodega Model.

### 3.6 Sex Behavior Treatment Program Remedial Plan Accomplishments

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#### 1. Sex Behavior Treatment Program Remedial Plan Significant Accomplishments

Significant accomplishments in implementing the Sex Behavior Treatment Remedial Plan this quarter include:

- **Sex Behavior Treatment Program Remedial Plan (SBTP) Assessment Tools** (*Sex Behavior Treatment Program Remedial Plan - Standards and Criteria*, p. 1)

Assessment is mandated by law for all youths in order to identify risk and treatment needs. Based on the youth's age, DJJ will use one of two risk assessment tools. The STATIC-99 risk assessment is for youth 18 years or older. The Juvenile Sexual Offender Recidivism Risk Assessment Tool (JSORRAT II) is mandated by the State as the primary tool for youth under 18 years of age. The JSORRAT II will have initial staff training scheduled during the next quarter. There is no officially set implementation date for the JSORRAT II, but training is estimated to be completed by fall 2008. After the youth's risk is identified, the Juvenile Sex Offender Assessment Protocol (JSOAP) will be used for individual treatment planning.

#### 2. Items in Progress

Items in process toward full implementation of the Sex Behavior Treatment Program Remedial Plan include:

- **Healthy Living Curriculum** (*Sex Behavior Treatment Program Remedial Plan - Standards and Criteria*, p. 10)

DJJ and the SBTP Task Force are currently testing the Healthy Living curriculum in five facilities. All testing of the curriculum is planned to be completed by May 2008. The facilities involved in the test are N.A. Chaderjian Youth Correctional Facility, O.H. Close Youth Correctional Facility, Southern Youth Correctional Reception Center-Clinic, Preston Youth Correctional Facility and Heman G. Stark Youth Correctional Facility.

- **SBTP Residential and Outpatient Treatment Curriculum** (*Sex Behavior Treatment Program Remedial Plan - Standards and Criteria*, pp. 2-5)

Dr. Henry Cellini is the contractor developing the SBTP residential and outpatient curriculum. Dr. Cellini met with Executive staff on March 20, 2008, and with the SBTP Taskforce on March 19, 2008, regarding updates on the final SBTP curriculum. A target completion date for final review and signature is currently under negotiation, as it may take Dr. Cellini longer to develop the

curriculum than the time on his current contract.

- **SBTP Policy and Procedures** (*Sex Behavior Treatment Program Remedial Plan - Standards and Criteria*, p. 1)

SBTP policies are under development. Input has been received from the SBTP Expert. The current revision is expanding the single policy to a select number of policies incorporating procedures.

### 3.7 Wards with Disabilities Program Accomplishments

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#### 1. Wards with Disabilities Program Remedial Plan Significant Accomplishments

Significant accomplishments in implementing the Wards with Disabilities Program Remedial Plan include:

- **Emergency Announcement Protocol** (*Wards with Disabilities Program Standards and Criteria, Headquarters, p. 1, Section B*)

The Temporary Departmental Order (TDO) #07-94, Wards with Disabilities Program Emergency Announcement Protocol, was signed on November 27, 2007, and will be in effect through November 27, 2009. Training on this TDO was conducted in February 2008 at all youth correctional facilities.

- **Wards with Disabilities Policy (WDP) Coordinators Training** (*Wards with Disabilities Program Standards and Criteria, Headquarters, p. 4, Section C; Facility Administration, p. 10, Section B*)

Training for Trainers, TDO #06-71, was completed for all Ward with Disabilities Program Coordinators and facility staff in January 2008.

- **Wards with Disabilities Program Manager** (*Wards with Disabilities Program Standards and Criteria, Headquarters, p. 1, Section B*)

Sandi Becker, the Departmental Wards with Disabilities Program Coordinator, was hired effective March 10, 2008, replacing the prior Coordinator who left the position for a promotion.

- **Wheel Chair Vans (Para Transit Buses)** (*Wards with Disabilities Program Standards and Criteria Headquarters Policies, p. 4, Section C*)

DJJ procured two wheelchair accessible buses to transport wards with disabilities. The vans were retro-fitted and delivered to DJJ in February and March 2008.

#### 2. Items in Progress

Items in process toward full implementation of the Wards with Disabilities Program Remedial Plan include:

- **Wards with Disabilities Program Remedial Plan Compliant Visiting Area** (*Wards with Disabilities Program Standards and Criteria, Headquarters Policies, p. 6, Section C*)

The Ventura Youth Correctional Facility visiting hall will be open and operational on May 3, 2008.

- **Assessment for Developmental Disabilities** (*Wards with Disabilities Program Standards and Criteria, Headquarters Policies, p. 7, Section C*)

A workgroup comprised of representatives from Mental Health, Education, Intake & Court Services, Research, Legal, Health Care, and Information Technology was established March 19, 2008, to address requirements in the Wards with Disabilities Program Remedial Plan regarding the screening assessment of developmental disabilities. The workgroup has met several times to review the process already in place at intake that identifies those wards with developmental disabilities and identify the gaps in the process to become compliant with this requirement. This workgroup will meet with the Wards with Disabilities Program Expert once an analysis is complete.

- **Tracking System (WIN)** (*Wards with Disabilities Program Standards and Criteria, Headquarters Policies, p. 4, Section C*)

The modifications required for the Wards with Disabilities Program tracking is incorporated into the WIN Exchange. Training was conducted in January and February 2008 for all facilities. The WIN Exchange will be fully implemented by the end of April 2008.

- **Disability Awareness (DA) Training and Staff Assistant Training** (*Wards with Disabilities Program Standards and Criteria, Headquarters, p. 4, Section C; Facility Administration, p. 10, Section B*)

Based on the Wards with Disabilities Program Remedial Plan requirements and recommendations of the Wards with Disabilities Program Expert, this training is being revised to incorporate input from two outside consultants. DJJ is currently working on a contract for one of the outside consultants and the other will be from the Department of Rehabilitation.

In previous quarters, a total of 47 staff was trained at DeWitt Nelson Youth Correctional Facility and 39 staff was trained at the Preston Youth Correctional Facility. During this reporting period, Disability Awareness Training was provided at the following facilities:

- In-Service Disability Awareness Training curriculum was approved by the CDCR Office of Training and Professional Development in February 2008.
- The Disability Awareness core lesson plan is ready for distribution. Training for Trainers was provided to all Training Officers at the Stockton Training Center for the Basic Correctional Juvenile Academy on February 20, 2008 and will begin in the next six months.

- Twenty staff (20) were trained at the Preston Youth Correctional Facility on March 4, 2008;
- Seventy-two (72) staff were trained at N.A. Chaderjian Youth Correctional Facility in January 2008 and on March 11, 2008;
- Forty-five (45) staff were trained at the El Paso de Robles Youth Correctional Facility on March 6, 2008;
- Twenty-two (22) staff was trained at the Heman G. Stark Youth Correctional Facility on March 17, 2008.

Disability Awareness Training was integrated into the Block Training and will be provided to all staff annually.

- **Architectural Barriers Removal** (*Wards with Disabilities Program Standards and Criteria*, Programs, p. 28, Section D, Item 4)

DJJ Headquarters and facility staff continue to work with CDCR's Office of Facilities Management (OFM) on monitoring and completing the work of removing the architectural barriers identified in the Wards with Disabilities Program Remedial Plan.

## 4 REPORT IMPROVEMENTS

### 4.1 Quarterly Report Improvements

This revised version of the Quarterly Report establishes this section as what DJJ intends to be a series of continual improvements to the structure and format of the report. The intention is to provide information of greater value to all interested parties, including DJJ Management, Staff, the Court, Experts, the Special Master, the Plaintiff's Counsel and other stakeholders. Improvements this cycle include:

- Inclusion of a statistically based, graphic oriented compliance progress section.
- Inclusion of a section specifically addressing compliance with deadline dates.
- Inclusion of a continuous improvement section.
- Scheduling of a stakeholder meeting beginning in May 2008 for possible Quarterly Report improvements and collecting feedback.

Some other potential future improvements are discussed in the content below.

Kaizen is a Japanese term for "change for the better" or "improvement"; the common English usage is "continual improvement". Kaizen refers to a 'quality' strategy and is often associated with the methods of W. Edwards Deming. The technique aims to eliminate waste (as defined by Joshua Isaac Walters "activities that add cost but do not add value"). It is often the case that this means "to take it apart and put back together in a better way."

This report is the first iteration of "taking it apart and putting it back together in a better way". This version adds value and modifies what was previously marginal in contribution. Each quarter, stakeholders will review the Quarterly Report and will be encouraged to offer suggestions for future improvements. All well intended thoughts and ideas will be considered for incorporation into subsequent reports as appropriate. DJJ will contact the Special Master and the Prison Law Office during May 2008, to schedule a meeting to discuss possible improvements to future Quarterly Reports. This process will facilitate meaningful improvements to the report. Appropriate stakeholders will be encouraged to continue to provide feedback going forward to facilitate continuous quality improvement of the Quarterly Report.

When both progress and challenges about the efforts to complete the required work are shared, there is the opportunity to bring "fresh eyes" to various aspects of the effort. The greater the transparency of DJJ's progress, the more effective and rapid will be its ability to nimbly adjust its efforts and improve its results.

**The first section** is designed to reveal the progress made in satisfying the remediation requirements. DJJ has established a database of all "Action Items" and "Audit Items"

contained in the Standards and Criteria documents. Progress and challenges as observed by the court's experts and the Special Master are tracked providing data that can be presented in graphs for easy references. Therefore this section is organized around these graphs and the story of progress and challenges that can be highlighted.

**The second section** is similar to the first section in that it is intended to reflect progress being made as compared to the deadline dates established for the Action Items throughout the remedial plans. In this iteration, the focus is on explaining the reason for the need to reset many plan deadline dates, and then to explain the process used to complete resetting deadlines for priority concerns. It is both graph-based and explanatory in this version of the report, and will change over the next few quarterly reports to be based more directly on reports from a consolidated project plan which includes the remediation requirements and audit items.

**The third section** is a report of significant accomplishments toward completing Action Items which have occurred during the reporting quarter. It is very similar in intent and purpose to sections in past Quarterly Reports.

**The fourth section** addresses current and possible future improvements. For this Quarterly Report, improvements included:

- Adding summary statistical graphs highlighting progress being made in overall compliance (Section 1).
- The identification and tracking of audit items with a deadline (Section 2).
- The recognition of a need and a planned process for continuous improvement to the report (this section – Section 4).
- The planned scheduling of a stakeholder meeting for the collection of feedback regarding potential improvements to the Quarterly Report.

Along these lines, DJJ would like to discuss with the stakeholders the following addition to future reports:

The addition of a breakdown of the facility compliance numbers as provided by the various *Farrell* experts. In essence, this would be the tally of the numbers from which the compliance percentages were derived and used in the Quarterly Report.