



**Division of Juvenile Justice
Farrell Remedial Plans and
L.H. Class Action Lawsuit**

Legislative Briefing

February 2009



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Executive Summary

The Division of Juvenile Justice (DJJ), formerly known as the California Youth Authority, has been making significant improvements in its delivery of services and treatment since 2004. Many of those improvements are the result of efforts to comply with remedial plans approved by the courts in a settlement of a lawsuit, *Farrell v Cate*, formerly known as *Farrell v Harper*. This lawsuit, originally filed by the Prison Law Office in Alameda County Superior Court, alleged unacceptable conditions of youth confinement.

The remedial plans are intended to correct those deficiencies in six areas, including education, sexual behavior treatment, health care, safety and welfare, youths with disabilities, and mental health. They form the foundation for reforming California's approach toward educating and treating youths to give them the tools they need to create a constructive life, preventing the recidivism that otherwise could extend into their adult years.

More important, by 2005, the DJJ made a commitment to go beyond correcting the problems identified by court-appointed experts. It initiated a critical transformation in how the needs of youth are identified and how treatment programs to meet those needs are delivered. As a result, youths are formally assessed using state of the art evaluation tools when they arrive at the DJJ. Subsequently, youths are grouped and housed according to their specific treatment needs. Other factors that affect the grouping and housing of youths include their tendency toward violent behavior and risk of recidivism.

The use of a scientific, rehabilitative model has become more critical in light of significant changes to DJJ's population, the result of historic policy mandates from the Legislature and the courts. From approximately 10,000 youths a decade ago, DJJ's population is expected to be approximately 1,600 by mid-2009, as most youth that would have been in its custody are now directed to county programs, enabling direct access and closer proximity to their homes, families, social programs and services, and other support systems.

Although DJJ's population has declined, the need for more specialized treatment services and programs has now become more prominent as DJJ's role and mission have changed. Those youth now directed to the DJJ have a history of the most serious and violent felonies and have the most intransigent and serious problems associated with substance abuse and mental instability. Although they represent only about one percent of 225,000 youth arrests each year, their treatment needs are severe and cannot be adequately addressed by the counties.

The intensity of the DJJ's treatment services results in costs and staffing that are much different from adult correctional institutions. Nonetheless, the DJJ is increasing the amount and quality of the treatment it delivers, while simultaneously addressing concerns about cost. Programs and facilities



are being evaluated in order to deliver treatment in the most cost-effective manner possible.

In addition to its remedial plans, the DJJ also is committed to significantly reforming its procedures for parole revocation, in keeping with the *L.H. v Schwarzenegger* Class Action Lawsuit to protect the due process rights of parole violators.

Despite the significant shift in its programs and the dramatic change in its population, the DJJ has made considerable and measurable progress in meeting the needs of the population entrusted to its care as well as the commitments made to the court. The following pages document the DJJ's progress as it administers the most profound reforms of California's juvenile justice system in decades.

Among its most notable accomplishments:

- The DJJ is in substantial compliance with 66 percent of the nearly 7,000 action items called for in the six *Farrell* remedial plans, essentially meaning it

has successfully completed those policy and program changes according to audits conducted by court-appointed experts. Those experts have also found the DJJ in partial compliance with another 10 percent of the required actions for a total compliance of 76 percent.

- DJJ facilities are more safe and secure, less violent, and more orderly since the remedial plan changes were put into effect. As one example, the rate of assaults on youth per 100 person-days of confinement at four of its six facilities is below the national average.
- Every youth currently in DJJ facilities has had their educational and treatment needs assessed, which has resulted in a significant improvement in the delivery of services to each of them. Of the many improved outcomes achieved, there was a 300 percent increase in the number of youths who have attained a GED and a 27 percent increase in the number of youths who have received a high school diploma over the last three years.
- The DJJ has completed nearly all of the procedural changes over its parole revocation practices required by the *L.H. v Schwarzenegger* Class Action Lawsuit and fully implemented the court's order in February 2009.

DJJ Youth Population Overview

Historic policy changes from the California Legislature (SB 81 and AB 191, Statutes of 2007) and the courts (*Farrell v Cate*) have significantly changed the mission of the DJJ and types of youth entrusted to its care. From approximately 10,000 youths a decade ago, the DJJ's population is now approximately 1,700 and projected to decrease to about 1,600 by mid-2009; since most youths are now directed to county programs, enabling direct access and closer proximity to their homes, families, social programs and services, and other support systems.

The DJJ's population decline began in the mid to late 1990s due to fiscal reasons. Counties received increased federal funding to build additional treatment facilities and the fees they paid to house youths in DJJ facilities were changed to encourage more local commitments.

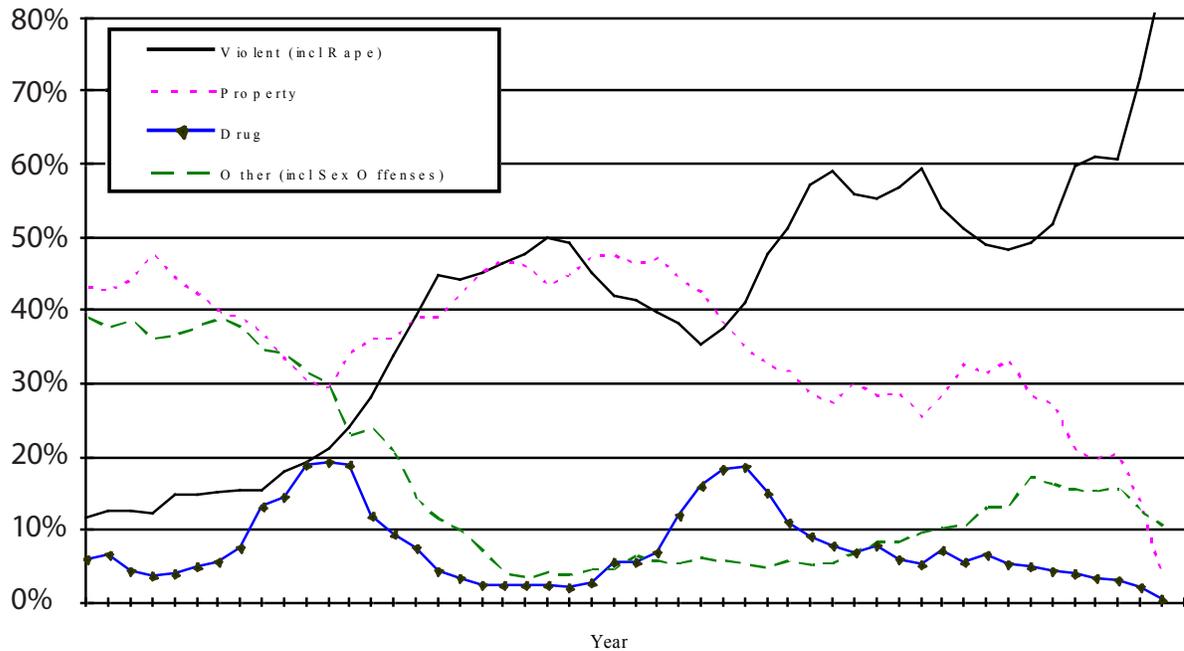
In addition, changes prompted by SB 81, AB 191 and the courts created a new relationship between the counties and the DJJ, which ultimately established a new role for each. As the vast majority of youths are now directed to county programs, DJJ's population is comprised of those youths with the most violent backgrounds and serious treatment needs that cannot be adequately addressed locally. These youths represent only about one percent of 225,000 youth arrests each year.

As a direct result of these changes:

- 95 percent of new DJJ commitments have a history of serious and violent crimes
- California is one of only four states that retain youths to the age of 25. Consequently, the average age of DJJ youths is 19 and one-half years old, compared to under the age of 18 nationally.
- The average parole period for DJJ youths is 40 months, compared to a national average of nine months, another reflection of the seriousness of their crimes and specialized treatment needs.



Commitment Offenses of First Admissions to DJJ
 (Percent of Admissions)
 1959-2008



95 percent of new DJJ commitments have a history of serious and violent crimes while those who have been adjudicated of less serious drug and property crimes have been diverted to county facilities.

Other characteristics of DJJ population:

The majority of youths housed by the DJJ have an exceptional need for treatment services:

- 41% are in need of mental health services
- 58% are in need of substance abuse treatment services
- 22% are in need of sexual behavior treatment services
- 28% enrolled in school are receiving special education services

Remedial Plans

In 2003, the Division of Juvenile Justice (DJJ), then known as the California Youth Authority, was the subject of a lawsuit, *Farrell v Cate*, formerly known as *Farrell v Harper*, brought by the Prison Law Office in Alameda County Superior Court, alleging unacceptable conditions of youth confinement.

By 2004, the DJJ agreed to a series of remedial plans to correct those deficiencies. More important, by 2005, the DJJ made a commitment to go beyond correcting problems identified by the experts. It initiated a critical transformation that would emphasize an evidence-based rehabilitative treatment model. Over the next 18 months, the remedial plans were revised. Six different plans were adopted in collaboration with court-appointed experts in each program area and each plan was developed on its own unique timeline.

1. Consent Decree filed with the court - 11/19/2004
2. Education Services Remedial Plan filed with the court - 03/01/2005
3. Sexual Behavior Treatment Plan filed with the court - 05/16/2005
4. Wards with Disabilities Remedial Plan filed with the court - 05/31/2005
5. Health Care Services Remedial Plan filed with the court - 06/07/2006
- 6. Beginning of FY 2006/07, funding to implement plans is provided for the first time - 07/01/2006**
7. Safety and Welfare Remedial Plan filed with the court - 07/10/2006
8. Mental Health Remedial Plan filed with the court - 08/25/2006

Administering all of the plans require significant changes in the majority of programs and policies. Each plan is audited by court-appointed experts. The audits have found the DJJ in substantial compliance with—essentially completing—66 percent of those requirements. Steady progress, measured as partial compliance, was documented in another 10 percent of the plans' requirements for a total compliance of 76 percent.

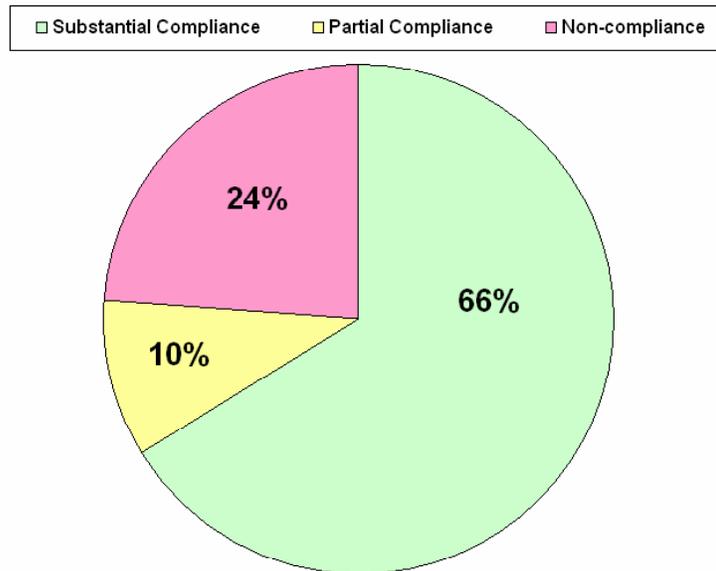
In previous evaluations, the court criticized the DJJ for its failure to meet many of the deadlines in the plans. In December 2008, however, the court and the parties of the lawsuit agreed that a comprehensive look at all of DJJ's reform efforts should be the barometer in measuring compliance rather than a strict review of the deadlines incorporated into the remedial plans.

That decision acknowledged that many of the initial deadlines were unrealistic, and had been

adopted before most people knew the effort that would be required in order to meet those deadlines. The court also acknowledged that many of DJJ's reforms were valuable to improve rehabilitation and treatment but were not covered by the deadlines. In the December review, the court, the plaintiffs and DJJ agreed to 18 new revised deadlines between May 2008 and December 2010 that do not compromise the goals of the plans or reduce the DJJ's obligations to reform its treatment system.

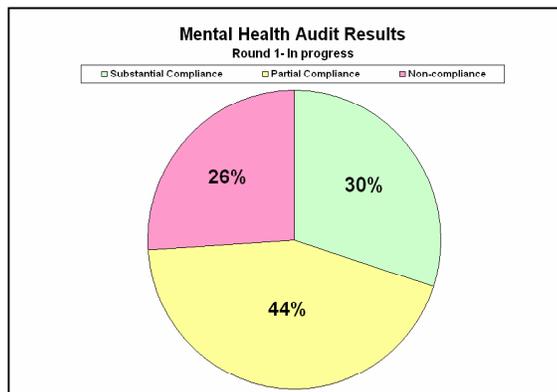
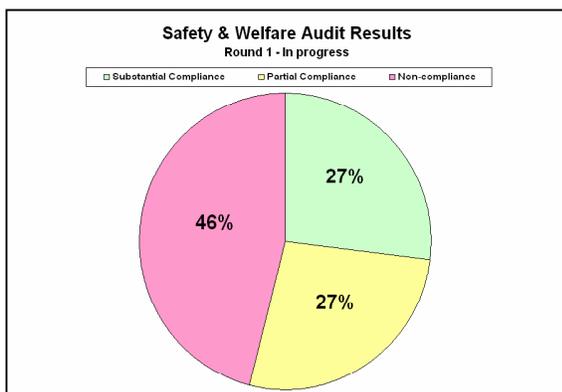
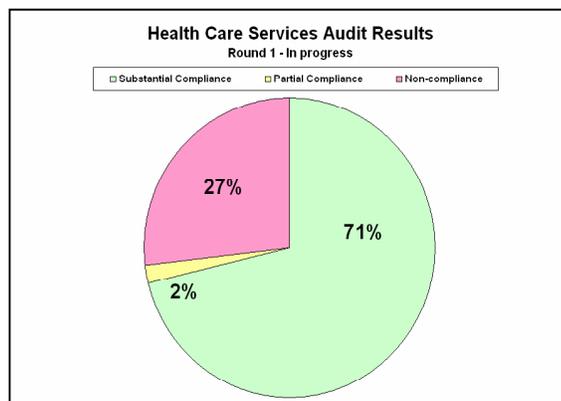
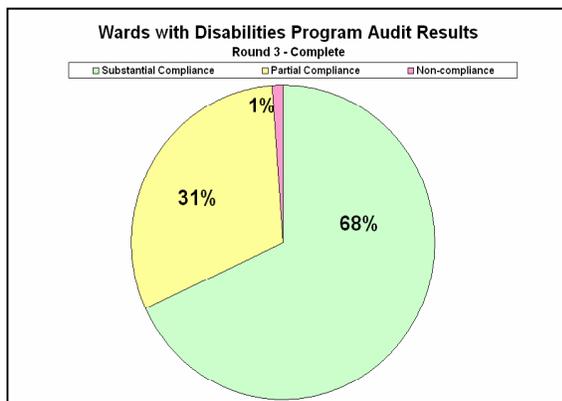
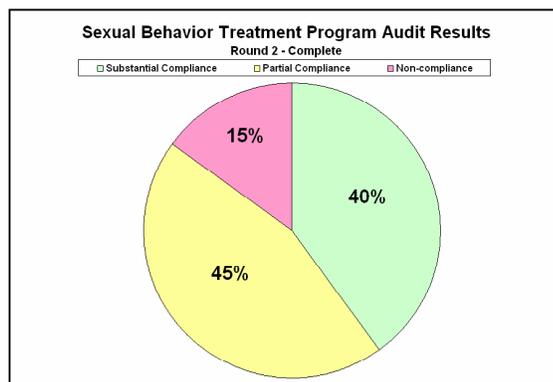
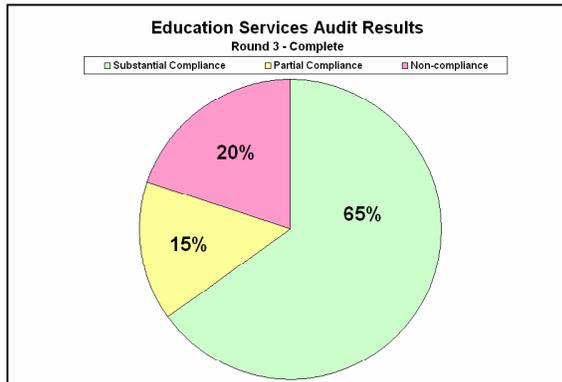
Current Farrell Compliance Progress Cumulative Audit Results

As of December 1, 2008



Current Farrell Compliance Progress Remedial Plan Audit Results

As of December 1, 2008





Remedial Plan Training

The remedial plans provide the structure for the DJJ to achieve two major outcomes: (1) safe and secure facilities for staff and youth, and (2) the provision of effective rehabilitative services to reduce victimization and recidivism. Staff training plays a large role in accomplishing these outcomes. Training has focused on the following areas: foundational skills, policy and procedural changes to support reforms, and assessments, interventions and case management enhancements.

Completed:

- Implemented a DJJ-wide process for scheduling Remedial Plan training
- Statewide training on 13 policies including: Youth Sexual Misconduct; Wards with Disabilities; Restricted Program; Youth with Disabilities Emergency Announcement Protocol; Confidential Youth Visitation; Confidential Telephone Access to Youth; Youth Request for Confidential Telephone Calls; Youth Grievance; Staff Misconduct Complaint; Facilities Revocation Extension Hearings; and Exit Interview Process

In Progress:

Foundation Skills Training

The foundations skills being provided to all direct care staff in DJJ facilities include Safe Crisis Management; Youth with Mental Disorders/Understanding and Preventing Suicide; Crisis Intervention/Conflict Resolution; Group Facilitation Skills; and Motivational Interviewing. These training courses provide staff with a common understanding and the skills necessary to create a safe environment.

- ***Safe Crisis Management (SCM)***

The focus of this training is to prevent incidents and reduce use of force through the use of positive behavioral interventions. It is a proactive approach and provides staff with an understanding of individual crisis behavior and the dynamics of escalation. The training includes proven de-escalation techniques that are applicable to a wide range of settings and situations and post intervention strategies that debrief, resolve, record, and restore individuals, their peers and their environment.

- Training started on April 27, 2007
- 424 staff trained
- 24 staff trained to serve as trainers
- 81 staff received management overview on Safe Crisis Management

- ***Youth with Mental Disorders/Understanding and Preventing Suicide***

This training is presented by Dr. Lisa Boesky, Clinical Psychologist and national expert specializing in the identification, management, and treatment of juvenile offenders with mental health disorders, including those who are suicidal or who self-injure. The training focuses on making complex clinical information practical and “user-friendly” so staff will be better able to identify and manage youths who are suicidal, including those suffering from one or more mental health disorders. The training covers a variety of topics focused on teaching staff to effectively intervene before a youth becomes suicidal and to use effective strategies if a youth is already thinking about taking their own life.

- Training started on October 30, 2007
- 511 staff trained

- ***Crisis Intervention/Conflict Resolution***

This training is practical and corrections-specific, designed to provide staff with the skills necessary to deal effectively with conflict and crisis situations encountered in day-to-day activities. The range of problems addressed is diverse: violent or potentially violent disputes between youths; verbal conflicts which, if not resolved, may escalate to serious violence; confrontations between youths and staff; and personal crises of individual youths, including dealing with acutely disturbed or suicidal youths.

- Training started on September 21, 2007
- 321 staff trained
- 24 staff trained to serve as trainers

- ***Group Facilitation Skills***

This training is designed to provide staff with the skills necessary for the delivery and facilitation of treatment/rehabilitative groups with youths. The overall goals for the training are to: provide staff information and knowledge to deliver groups more effectively, provide staff with the opportunity to develop enhanced facilitation skills, and to increase staff confidence in facilitating groups through structured practice. Staff are provided information on the evaluation and management of group dynamics and the building of group cohesion. Individual responsiveness within the group environment is emphasized.

- Training started on December 17, 2008
- 30 staff trained to serve as trainers

- ***Motivational Interviewing (MI)***

This training is an evidence-based approach for eliciting behavior change. The specific strategies of motivational interviewing are designed to elicit, clarify, and resolve ambivalence. This training teaches staff to use a communication style designed to reduce resistance and “denial” by eliciting and selectively reinforcing the youth’s own self motivational statements, expressions of problem recognition, concern, desire, intention and ability to change. The MI approach can be used in a variety of daily interactions. It is built on the philosophy that a youth’s lack of progress and/or commitment to change is a reflection of the style and techniques of staff, and that staff can use a variety of MI techniques to engage youths and influence their progress and commitment to change.

- Training started on December 7, 2007
- 723 staff trained
- 160 staff received management overview on Motivational Interviewing

Assessments, Interventions, and Case Management Training

The assessments, interventions, and case management training courses provide staff with the necessary skills and training to implement evidence-based practices and processes known as “what works” in corrections to reduce recidivism. These training courses include Cognitive Behavior Primer, Effective Casework I and II, Aggression Replacement Training, Counterpoint, Controlling Anger and Learning to Manage it, Pathways to Self Discovery and Change, Strategies for Self Improvement and Change, Girls Moving On, and Transitions. In addition, there is training provided on specific assessments, such as the J-SORRAT and Static-99, required as a result of recent law change, to assess sex offender risk, and the J-SOAP-II, which will be used as a treatment and case planning assessment for youths involved in sex offender programs.

- ***Cognitive Behavior Primer***

Many of the evidence-based interventions use a cognitive behavioral approach, based on the theory that emotions, behaviors and thoughts interrelate. Cognitive behavioral techniques aim to help youths become aware of thought distortions and behavioral patterns which support those distortions in order to correct them. Interventions focus on challenging and correcting criminal thinking to alter the emotions and modify the criminal behavior. This training introduces staff to cognitive behavioral techniques to be used with and by youths to intervene in criminal behavior or the offense cycle. The primer provides skills that staff can use to coach youths on a one-to-one or group basis.

- Training started on February 25, 2008
- 41 staff trained
- 16 staff trained to serve as trainers

- ***Effective Casework I (Risk Needs Assessment)***

The California Youth Assessment Screening Instrument (CA-YASI) is the risk/needs assessment that was customized for the DJJ population. This training is designed to provide case managers with an understanding of the Principles of Effective Intervention, along with the skills to complete initial and ongoing assessments of youths. This training provides information on the relationship between risk and criminogenic needs, protective factors, how strengths and skills relate to the risk of re-offending, and teaches staff how to apply motivational interviewing techniques in the assessment process.

- Training started on May 12, 2008
- 182 staff trained
- 7 staff trained to serve as trainers
- 140 staff received a management overview of the Risk Needs Assessment Process

- ***Effective Casework II (Case Planning)***

This training follows the Effective Casework I (Risk Needs Assessment) training. Once case managers are trained to conduct the CA-YASI, this training provides them with the knowledge and skills necessary to use the assessment information as well as motivational interviewing techniques to develop a case plan with youths, which builds on strengths and is designed to reduce the risk of re-offense and increase skills.

- Training started on September 4, 2008
- 74 staff trained
- 6 staff trained to serve as trainers

- ***Aggression Replacement Training (ART) (Youth Intervention)***

This intervention program is a multi-modal intervention designed to alter the behavior of chronically aggressive youths. The goal of this training is to improve social skill competence, anger control, and moral reasoning. It incorporates three specific interventions: skill-streaming, anger-control training, and moral reasoning. Skill-streaming uses modeling, role-playing, performance feedback, and transfer training to teach pro-social skills. Training in moral reasoning is designed to enhance youths' sense of fairness and justice regarding the needs and rights of others and to train youths to imagine

the perspectives of others when they confront various moral problem situations.

- Training started on October 17, 2007
- 139 staff trained
- 167 staff received management overview on Risk Needs Assessment

- ***Counterpoint (Intervention)***

This training is a cognitive behavioral intervention aimed at addressing anti-social attitudes and negative peer influences, which are major contributors to the risk of re-offense. This training provides staff with the knowledge necessary to deliver the intervention, which focuses on providing youths with a variety of skills to help address the inconsistencies in their thinking and behavior. Youths learn to develop self-monitoring and regulation skills and increase their ability to understand the perspectives of others.

- Training scheduled for March 23-27, 2009

- ***Controlling Anger and Learning to Manage (CALM)***

This training is a cognitive behavioral intervention aimed at developing anger and emotion management skills for youths age 18 and over.

- ***Pathways to Self Discovery and Change***

The “Pathways” program is the juvenile version of the “Strategies” program and provides cognitive behavioral substance abuse treatment for youths below the age of 18. This program is uniquely designed to interest and engage high-risk youths in a thoughtful array of cognitive-behavioral restructuring exercises that are geared to promote fulfilling and responsible life choices.

- ***Strategies for Self Improvement and Change***

This is a cognitive behavioral treatment for youths age 18 and over to address risks/needs relating to substance abuse. This program addresses the link between substance use and criminal behavior.

Pathways to Self Discovery and Change and Strategies for Self Improvement and Change are two training courses that identify psychological, biological, and social factors that contribute to the onset of adolescent deviance, including substance abuse, delinquency, and crime. Causal models for these problem behaviors are described, followed by a review of assessment and treatment protocols widely used in contemporary practice. Guidelines are provided for delivery of the 32-session treatment curriculum, specifically designed for adolescents who manifest co-existing juvenile justice and substance abuse problems. These

training courses focus on how effective adolescent treatment derives from integration of evidence-based strategies, including: motivational enhancement; stages of change; gender and diversity proficiency; cognitive-behavioral skill development; relapse and recidivism prevention; differential assessment; and individualized treatment planning.

- ***Girls Moving On (Intervention)***

This training is a cognitive behavioral intervention that is geared specifically to the responsiveness issues that are relevant to girls and young women. It focuses on the unique needs of young women in the criminal justice system, including relationships, emotions, and personal histories.

- Training held on February 2-5, 2009 at Ventura Youth Correctional Facility
- 19 staff trained to serve as trainers



Education Services Remedial Plan

GOAL:

The goal of the Education Services Remedial Plan is to provide Division of Juvenile Justice (DJJ) youths with access to a comprehensive high school education that includes core high school academic curriculum, vocational certifications, and opportunities to attend college.

Program Service Day

A critical component of DJJ's efforts to improve the delivery of education and treatment services is Program Service Day. It structures school activities and classroom sessions, individual and group counseling, case conferences, and other events throughout an entire day. It is intended to minimize scheduling conflicts while ensuring that youths receive treatment and rehabilitation services without compromising classroom time and also ensuring that youths are constructively active during most of their waking hours from 6 a.m. to 10 p.m. A successful pilot project at the Preston Youth Correctional Facility is expected to be expanded to other DJJ facilities by March 2009.

Other accomplishments of the Education Services Remedial Plan include:

Attendance

Completed:

- Granted 205 Diplomas, 182 GEDs, 477 Vocational Certifications, and enrolled 478 youths in college courses in FY 2007/08; nearly a 100% increase from FY 2005/06 (161 Diplomas, 118 GEDs, 278 Vocational Certifications, and 160 in college), despite an overall population decrease
- Updated the School-Wide Attendance Tracking (SWAT) system in Ward Information Network (WIN) to track youth attendance and absences and analyze the barriers for school attendance (December 2008)
- Increased school attendance by 5% from October 2007 to October 2008

In Progress:

- Increasing the school attendance rate through cooperation among treatment teams, medical services, mental health, education and security staff
- Hiring a substitute teacher pool

Accreditation

Completed:

- All DJJ schools have achieved and maintained Western Accreditation of Schools and Colleges (WASC) accreditation as comprehensive high schools (July 2006)
- Developed a comprehensive high school core curriculum that meets the Content Standards for California Public Schools adopted by the State Board of Education (July 2006)

Distance Learning/Vocational Education

Completed:

- Initiated vocational opportunities via Distance Learning at O.H. Close Youth Correctional Facility (OHC) and Southern Youth Correctional Reception Center and Clinic (SYCRCC) (October 2008)
- Virtual Field Trips are being held in classes statewide (November 2008)

In Progress:

- Increasing vocational opportunities for youths; such as a new Free Venture Program enterprise at Heman G. Stark Youth Correctional Facility with Rampone Industries (December 2008)

Standardization of Academic Calendar and Class Schedule

Completed:

- Standardized the Academic Calendar; including a 220-day school year that includes two semesters, a 30-day summer session, and 10 Staff Development days (August 2006)

Special Education

Completed:

- Special education timelines met at all schools (April 2008)
- Special education consideration of students' needs for related services documented in the Individualized Education Plan (IEP) minutes (April 2008)

In Progress:

- Training special education staff on assessments at all DJJ schools (Ongoing)

Sexual Behavior Treatment Remedial Plan

GOAL:

The goal of the Sexual Behavior Treatment Program (SBTP) Remedial Plan is to improve the delivery of research-based treatment to youths in DJJ facilities who have exhibited sexually abusive behavior.

SBTP Living Unit Size

Completed:

- Doubled the number of residential SBTP units (2006 = 4 units; 2008 = 8 units)
- Reduced the population in each SBTP living unit (2006 = 50-60; 2008 = 36)
- Increased residential SBTP treatment beds by approximately 40% (2006 = 210; 2008 = 288)

The total number of residential SBTP units and treatment beds were increased to allow for more SBTP treatment services to sexually abusive youth, yet maintain smaller populations in each unit. Consequently, the population in each SBTP living unit was reduced to allow for an increase in the staff to youth ratio; thereby enabling more intensive SBTP treatment services for sexually abusive youth.

Training

Completed:

- Training offered by the California Coalition on Sexual Offending (CCOSO) (May 9-11, 2007)
 - 60 staff attended
- Training offered by the Association of the Treatment of Sexual Abusers (ATSA) (October 29-30, 2007)
 - 60 staff attended
- Training offered by the CCOSO (May 14-16, 2008)
 - 55 staff attended
- Training on the three risk screening tools the DJJ is using (J-SOAP-II, J-SORRAT-II and Static 99) (July 2007 and May 2008)
 - 30 staff attended

Staffing

Completed:

- Seven residential SBTPs are fully staffed with psychologists (December 2008)

In Progress:

- Completing hiring of psychologists for the eighth SBTP

Programmatic Issues (Policy, Automation, Curriculum)

Completed:

- Healthy Living curriculum has been written and piloted (November 2007)

In Progress:

- Dr. B. Schwartz (SBTP Expert) assisting the DJJ in writing the SBTP Policy and Program Guide
- The SBTP Task Force members being assigned chapters to write as part of the new SBTP curriculum
- New SBTP Ward Information Network (WIN) pages ready to be deployed in early 2009 to track progress in program and use of risk screening tools



Wards with Disabilities Program Remedial Plan

GOAL:

The goal of the Wards with Disabilities Program (WDP) Remedial Plan is to ensure equal opportunity and full participation in all services, programs, and activities for those youths identified with disabilities. All youths under the jurisdiction of the DJJ shall be given equal access to all services, programs, and activities offered by the Division in the least restrictive environment, with or without reasonable accommodation.

Completed:

- Renovated one room at each DJJ facility to ensure accessible housing for youths with disabilities and one fully accessible shower and/or lavatory area in close proximity to the renovated rooms (March 2008)
- Procured two wheelchair accessible vans to transport youths with disabilities (March 2008)
- Implemented a system that electronically documents the mental and physical impairment of youths with disabilities as well as any reasonable accommodation(s) that a youth may require (June 2008)
- Contracts are maintained to provide both sign language and foreign language interpretation (Current contract term: 07/01/2008 – 06/30/2010)
- Lists of trained staff assistants are maintained and updated regularly as a reasonable accommodation to ensure effective communication (Ongoing)
- Conducted annual Disability Awareness Training to all staff (Ongoing)

In Progress:

- Establishing the scope of a service and expense contract to review the Disability Awareness Training lesson plan in an effort to improve its accuracy and completeness
- Ongoing efforts to assist education staff to reach substantial compliance with requirements of the WDP Remedial Plan
- Undertaking the WDP Remedial Plan requirement that we conduct a study regarding the need for a residential program for the developmentally disabled
- Developing a standard orientation for all youths upon arrival that addresses equal access
- Developing training for all staff on effective communication



Health Care Services Remedial Plan

GOAL:

The goal of the Health Care Services Remedial Plan is improved accessibility to health care services, enhanced quality of health care, and continuity of health care services for youths under the custody of the DJJ. The plan is comprised of 20 different health care categories such as: leadership, budget, and staffing; pharmacy services; chronic disease management; nursing sick call; preventive services; and peer review, etc.

Compliance with Remedial Plan Mandates

Completed:

- First round of expert audits yielded a cumulative score for substantial compliance for all DJJ facilities combined at 71% with a range from a low of 61% to a high of 80% (June 2008)
- Established a quarterly statewide meeting for all health care management staff (Ongoing)

In Progress:

- Second round of audits have begun and the first audited facility (Preston Youth Correctional Facility) scored 85%

Policy Development

Completed:

- Developed 31 standardized health care policies (see attached)
- Developed Corrective Action Plans (CAP) to respond to the court-appointed expert audit findings from first round audits (October 2007)
- Established Quality Management Committees at all DJJ facilities (January 2008)

In Progress:

- Developing health care policies covering vision and hearing care, immunizations (DJJ health care currently provides all United States Centers for Disease Control recommended immunizations while awaiting formal approval of the policy), and disaster management
- Revising Outpatient Housing Unit Policy
- Developing medical records policies and procedures and a policy to revise the Unified Health Record format

Health Care Services Staff Training

Completed:

- Developed a Nursing Skills and Competency Testing and Training Plan (January 2008)
- Trained all staff in the 31 health care services policies (April 2008)
- Conducted two rounds of peer reviews. The DJJ Health Care Director also conducted two rounds of peer reviews (December 2008).

In Progress:

- Conducting 40-hour Nursing Physical Assessment, Nursing Process, and Documentation Course for all DJJ nurses by March 2009

Meeting Staffing Requirements

Completed:

- Hired practitioners, physicians and nurse practitioners who are board-certified or eligible to work in a primary care facility (January 2008)
- Hired headquarters management staff (May 2008)
- Hired approximately 50 nurses to fill positions created by the Health Care Services Remedial Plan as well as vacancies created when nurses left the DJJ (Ongoing)

In Progress:

- Filling Director of Nursing position which was vacated in August 2008

Addendum Health Care Policies Completed for the Health Care Services Remedial Plan

The following 31 standardized health care policies were distributed to all DJJ facilities in October 2007:

- Medical Reception – Temporary Departmental Order (TDO) #06-55
- Receiving Health Screening – TDO #06-68
- Non-emergent Health Care – TDO #06-49
- Dental Care – TDO #06-62
- Outpatient Housing Unit – TDO #06-51
- First Aid – TDO #06-45
- Prenatal Care – TDO #06-61
- Tuberculosis Procedure – TDO #06-54
- Emergency Services – TDO #06-44
- Detoxification – TDO #06-58
- Medication Administration – TDO #06-57
- Medication Management – TDO #06-60
- Medical Errors – TDO #06-63
- Quality Management (Quality Management Committees have been established at all facilities and have developed Corrective Action Plans to respond to the court-appointed expert audit findings) – TDO #06-67
- Hand Washing – TDO #06-64
- Sentinel Event – TDO #06-47
- Mortality Review – TDO #06-48
- Management of Chronic Disease – TDO #06-41
- Credentialing
- Health Organizational Structure
- Diagnostic Test Monitoring
- Infection Control – TDO #06-46
- Environmental Health and Safety – TDO #06-59
- Outside Specialty Care – TDO #06-52

- Automatic External Defibrillator – TDO #06-66
- Clinic Space, Equipment and Supplies – TDO #06-42
- Access to Care – TDO #06-40
- Intra-system Transfer – TDO #06-69
- Refusal of Treatment – TDO #06-56
- Privacy of Care – TDO #06-53
- Clinician Orders – TDO #06-65



Safety and Welfare Remedial Plan

GOAL:

The goals of the Safety and Welfare Remedial Plan are to reduce violence and fear in each Division of Juvenile Justice (DJJ) facility and to create the capacity for change with specific treatment intervention expectations.

Summary:

The DJJ has incorporated timely assessments of the needs of each youth with intervention techniques and programs that have reduced violence and increased the safety of its facilities, critical to creating an environment of learning and rehabilitation. In addition to their treatment needs, youths are assessed to determine their tendency for violence and potential for recidivism. Housing low risk youths separately from those who present a high risk to public safety improves their opportunity to learn and reduces their risk of repeat crime when they are released. Staffing facilities to match the needs of both groups ensures order and discipline and improved delivery of treatment services for all youths.

Among the efforts to improve order and safety in all facilities, the DJJ has:

- trained staff in intervention techniques to more effectively interact with all groups of youth;
- reduced the size of living units, which has reduced group disturbances, youth-on-youth violence and staff assaults;
- implemented programs such as Peace and Unity, in which youths pledge to live a non-violent lifestyle in order to participate in activities that enhance their treatment and education;
- implemented programs such as the Family Justice Project, which incorporates a youth's family in their rehabilitation and increases contact between Youth Correctional Counselors and the families of youths;

Other accomplishments of the Safety and Welfare program include:

Disciplinary Decision Making System (DDMS)

Completed:

- Developed DDMS Policy and the DDMS Program Credit Policy (January 2009) and trained all staff (February 2009)

Grievance System

Completed:

- Implemented the Youth Grievance and Staff Misconduct Complaint policies and deployed automation to support the policies (August 2008)
 - All facility staff and youths received training regarding both policies (July 2008)

Reduce Violence and Fear

Completed:

- Interim Classification levels were set by Headquarters/Research, based on factors prior to DJJ placement (September 2006). Youths classified as high-risk for facility violence were housed separately from youths classified as low-risk (February 2007)
 - Trained staff on Interim Classification procedures (March 2008)
 - Conducted weekly audits to ensure compliance with the Interim Classification mandate to separate youths who are classified as low-risk from youths who are high-risk for housing purposes (Ongoing)
- Implemented Violence Reduction Committees at each DJJ facility (May 2007)
- Developed and implemented a standardized automated Daily Operations Report at all sites to track incidents of violence and use of force on a daily basis (March 2008)
- Participated in Performance-based Standards (PbS); the October 2008 Data Collection Cycle indicated many positives in this category (see attached PbS information page)

System Reform for Females

Completed:

- Consulted with national experts regarding gender-specific programs (February 2006)
- Released a Request for Information (RFI) for Female System Reform (April 2006)
- Released a Request for Proposal (RFP) on two separate occasions with no viable bidders (April 2007 and December 2007)
- Re-released the RFP for the third time (February 2009)

Time Add Tracking

Completed:

- Added and restored system to report net time (February 2008)
- Time adds and reasons were analyzed (December 2008)
- Developed a plan to reduce the frequency and duration of time adds (December 2008)

Use of Force Policy

Completed:

- Developed Use of Force Policy. Policy promotes crisis prevention and intervention and less reliance on use of force. Implemented Use of Force Review Model (February 2009)

In Progress:

- Training and implementation has been scheduled for March 2009

Risk Needs Assessment

Completed:

- Hired 76 Case Managers as required by the Safety and Welfare Remedial Plan (April 2008)
- California Youth Assessment Screening Instrument (CA-YASI) developed by Orbis Partners, Inc. (May 2008)
- CA-YASI was normed for the DJJ population from a sample of 462 youth assessments (August - October 2008)
- Developed 1,734 initial youth assessments using the CA-YASI as of December 16, 2008

In Progress:

- Developing charter to incorporate the CA-YASI into a comprehensive classification and case management process, including information to inform facility treatment teams, the Juvenile Parole Board and parole staff

Miscellaneous

Completed:

- Developed the Acceptance and Rejection Criteria for Youth with Medical or Mental Health Conditions Policy (September 2006)
- Implemented Performance-based Standards (PbS) (October 2006)
- Established statewide PbS Coordinator and PbS Site Coordinators at each DJJ facility (October 2006)

- Expanded and standardized points for restorative justice in the Youth Incentive Program System (May 2007)
- Developed and approved the following three policies in January 2008 related to access to courts: Confidential Youth Visitation, Confidential Telephone Access to Youth, and Youth Request for Confidential Telephone Calls (January 2008)
 - The three policies encompass *Farrell* requirements as well as SB 518
 - An automated tracking system was developed and staff and youth were trained
- Developed Alternative Program Policy and completed training (May 2008)
- Ward Information Network (WIN) Exchange System (June 2008)
- Family Justice Project Pilot at O.H. Close Youth Correctional Facility, which increased the family participation with direct care staff on treatment issues
 - Staff were trained on methods of communicating collaboratively with families
 - 70% of the families indicated this was the first time they had been included in such discussions (June 2008)
- Distributed three quarterly newsletters for the Youth Incentive Program to all youths (May, August, and December 2008)
- Draft version of the Youth Rights Handbook was updated in October 2008 to reflect changes in policy and regulations since the last revision, dated May 2002. Focus groups were held in December 2008 with several DJJ youths to obtain feedback prior to final release.

In Progress:

- Reducing use of Temporary Detention (TD), Special Management Programs (SMP), and Administrative Lockdown.
 - TDs have dropped from an average of over 14 days in 2000, to an average of 53.4 hours as of July 2008
 - The average length of stay in an SMP has dropped from over six months in 2000 to 38 days as of July 2008
- Organizing special family events at each DJJ facility
- Facility Compliance Monitors were designated at each site and an audit schedule is being developed
- Making minor changes to the Youth Rights Handbook as a result of the focus groups with youths. The handbook will also be translated into Spanish and disseminated.
- Revising academy training process for DJJ peace officer cadets
- Expanding the Family Justice Project to additional DJJ facilities and including project principles in a new case management model being developed
- Developing a Temporary Department Order (TDO) for Interim Classification procedure

Mental Health Remedial Plan

GOAL:

The goal of the Mental Health Remedial Plan is to improve the quality and increase accessibility to existing mental health services to youths committed to the Division of Juvenile Justice (DJJ).

Suicide Prevention Assessment and Response (SPAR)

Completed:

- Conducted SPAR Pilot Program at N.A. Chaderjian Youth Correctional Facility (August 2008)
- SPAR training curriculum (December 2008)
- SPAR Policy (January 2009)
- Trained staff on SPAR Policy (February 2009)

Policy & Training

Completed:

- Developed and approved essential mental health policies and table of contents (November 2007)
- Initial pilot program for Professional Peer Review (July 2008)
- Developed Psychopharmacological Treatment Policy (August 2008)
- Developed Psychopharmacological training curriculum (November 2008)

In Progress:

- Conducting Psychopharmacological Policy training-for-trainers (T4T)
- Developing Forensic Evaluation – Welfare and Institutions Code (WIC) Sections 1800/1800.5 Policy regarding civil commitment extensions
- Developing Forensic Evaluation – WIC Sections 1800/1800.5 training curriculum
- Developing Forensic Evaluation – WIC Code Sections 1800/1800.5 Policy training for statewide deployment
- Mental health training team continues to create training curriculum for policies under development
- Developing specific procedures for the Statewide Professional Mental Health Peer Review Protocol
- Prioritizing essential mental health policies
- Developing additional training for Mental Health Clinicians in order to support the

DJJ treatment approach (Cognitive Behavior Therapy-Motivational Interviewing [CBT-MI], Aggression Replacement Training [ART], etc.)

Staffing & Salaries

Completed:

- Appointed a Mental Health Program Administrator at each DJJ facility with a residential mental health program (August 2007)
- Mental Health Clinicians achieved pay parity with Adult Programs (October 2007)
- Established statewide staffing for psychiatry consistent with required remedial plan ratios (November 2007)
- Appointed a Senior Administrator for the Mental Health Remedial Plan (June 2008)
- Approved Mental Health Training Team (August 2008)

In Progress:

- Hiring additional Mental Health Clinicians to meet the required staffing ratio

Program Development and Audits

Completed:

- Developed a Professional Peer Review Standards audit tool for psychologists and psychiatrists (October 2008)
- Developed a Treatment Confidentiality Policy Charter (December 2008)

Miscellaneous

Completed:

- Massachusetts Youth Screening Instrument Version 2 (MAYSI-2) performed for all youths at intake
- Voice Diagnostic Interview Schedule for Children (VDISC) completed for all youths over the age of 18 at intake
- Developed a structure tool for clinical assessment of psychosis at intake
- Reduced mental health treatment units to the size required per the Mental Health Remedial Plan (Intensive Treatment Program [ITP]/Specialized Counseling Program [SCP]: 24, Intensive Behavior Treatment Program [IBTP]: 16)

Performance-Based Standards (PbS) Critical Outcome Measures (October 2008)

Overview:

A safe and stable environment is critical to successful rehabilitation and treatment of youths in the DJJ's care. Significant changes in programs and facility operations have resulted in creating that environment, despite changes in the DJJ's population that include youths with more serious and violent offenses and greater treatment needs. As a result, there are measurable improvements in youth safety, health, and educational achievement.

Performance-based Standards (PbS) is a system for juvenile justice facilities to identify, monitor, and improve conditions and treatment services provided to youths using national standards and outcome measures. As of April 2007, PbS is being implemented in 184 facilities across 28 states; providing a blueprint for operations and data that shows what is working and what needs to be changed. PbS promotes, supports, assesses, and monitors the processes of continuous improvement at juvenile justice facilities that will lead to safer conditions and increased services for youths.

PbS addresses the needs of juvenile justice facilities, programs, and the public. The goals are:

- To increase accountability through the use of data in the system, which enhances ability to track improvement and identify issues. Historically there is a lack of data to support current practices and policies
- To improve understanding of best practices and methods that, when fully employed, can significantly improve conditions of confinement in the juvenile justice system
- To provide a reasonably-priced solution across the country that allows for uniform data collection, analysis and use in all jurisdictions
- To support the notion that the juvenile justice system is sufficiently able to help youths who are in confinement

Youth and Staff Safety

Progress:

- The DJJ facilities reported an injury rate of 11% less than the national average.
- The rate of injuries to staff was reported as half the national average.
- The rate of injuries to youths by other youths was reported as 63% less than the national average.
- The rate of suicidal behaviors with injuries was reported as 56% less than the national average.

- The rate of suicidal behaviors without injuries was reported as 88% less than the national average.
- The rate of injuries to youths during the application of physical and/or mechanical restraints was reported as 77% below the national average.
- The rate of assaults on youths was reported as 2% below the national average.
- The rate of assaults on staff was reported as 79% below the national average.
- The rate of staff who reported that they fear for their safety was overall 1% below the national average of 18%. Heman G. Stark Youth Correctional Facility and Ventura Youth Correctional Facility staff were the only ones reporting above the national average. Only 3% of the staff at Preston Youth Correctional Facility reported being fearful, the lowest of all DJJ facilities.

Areas for Improvement:

- The percentage of youths who fear for their safety was reported as 6% higher than the national average. Pine Grove Youth Conservation Camp and Ventura Youth Correctional Facility were the only facilities below the national average. Youths at Heman G. Stark Youth Correctional Facility reported being the most fearful at 45%.
- Average daily ratio of direct care staff to youth was reported as 5% less than the national average

Order

Progress:

- The rate of the use of physical restraints was reported as 88% less than the national average.
- The rate of the use of room restriction, temporary detention (TD) and placement in a Special Management Program (SMP) was reported 61% less than the national average. The average length of time spent in these restrictions was 6% less than the national average (30 hours vs. 32 hours nationally). This is a major improvement over a year ago, when the DJJ reported an average time of 223% above the national average. This reflects a 39% decrease in the amount of time spent in these circumstances.
- The average number of idle waking hours was 28% less than the national average. This is a major improvement from October 2007, when the DJJ reported 44% more than the national average.

Areas for Improvement:

- Use of mechanical restraints was reported as 133% more than the national average. This is a 33% drop from a year ago.
- The number of youths who were released from room restriction, temporary detention (TD) or placed in a Special Management Program (SMP) in less than four hours was reported as 38% less than the national average. This is a decrease of 11% from October 2007. The number of youths who were released from these restrictions in less than eight hours was reported as 43% less than the national average. This shows a decrease of 16% from the 59% reported in October 2007.
- Use of chemical restraints increased by 88% from October 2007 to April 2008, and has since decreased by 29% from April to October 2008. Much of the April increase is attributed to the pending closures of DeWitt Nelson Youth Correctional Facility and Paso Robles Youth Correctional Facility.

NOTE: *Prior to the most recent data collection cycle, California was the only PbS participant that utilized chemical restraints. Therefore, the DJJ will utilize the October 2007 data as the basis for comparison.*

Security**Progress:**

- No escapes were attempted or completed.

Areas for Improvement:

- The number of weapon contraband incidents reported was 118% above the national average. No weapons were discovered at the majority of DJJ facilities; however, weapons were confiscated from Heman G. Stark Youth Correctional Facility, O.H. Close Youth Correctional Facility, and Southern Youth Correctional Reception Center and Clinic (SYCRCC) during October 2008.
- The number of drug contraband incidents reported was 375% above the national average. N.A. Chaderjian Youth Correctional Facility, Pine Grove Conservation Camp and Ventura Youth Correctional Facility reported no incidents of drug contraband.

Health**Progress:**

- The DJJ has initiated a statewide Facility Improvement Plan (FIP) to address the lack of documentation regarding health assessments. In most DJJ facilities, the FIP is considered

closed and documentation is fully in place. In the other DJJ facilities, the FIP remains open only to monitor that the documentation is being completed as required.

Areas for Improvement:

- The percentage of youths who received a complete intake screening by qualified staff (65%) was reported as 15% less than the national average. This is an increase of 3% from October 2007.
 - The percentage of youths who received a complete intake screening by qualified staff within one hour of admission (21%) was reported as 34% less than the national average.
 - The percentage of youths who received an intake screening prior to housing assignment (16%) was reported as 42% less than the national average.
 - The percentage of youths who received a mental health screening within one hour of admission (28%) was reported as 34% below the national average.
 - The percentage of youths who received health assessments within six months prior to, or seven days after, admission (64%) was reported as 19% lower than the national average.
 - The percentage of youths who received mental health assessments within six months prior to, or seven days after, admission (56%) was reported as 5% lower than the national average.

NOTE: *The low number of reported assessments is due more to the lack of documentation rather than the lack of the assessments being completed. This information is entered upon the departure of the youth. Therefore, even with the new documentation procedures resulting from the FIP, it will be some time before the DJJ has fully caught up with the data.*



Division of Juvenile Justice Fiscal Outline

As the relationship between county juvenile systems and the state has changed, the DJJ houses youths that pose the highest risks and have the greatest needs. Because of those extensive needs for rehabilitation, providing services to each youth is higher than the custody cost of individual adult inmates, although the preventive programs in the juvenile system have the potential to reduce overall costs by reducing life-time recidivism.

Court settlements (*Plata* and *Coleman* and *Perez*) influenced salary increases for the DJJ even though it was not party to the lawsuits. Salary increases for DJJ staff in the medical, mental health, and dental clinician classifications brought their salaries to parity with salary increases ordered for CDCR staff. In addition, salary increases for custody staff were the result of the Memorandum of Understanding covering the years 2001 to 2006 for Bargaining Unit 6, which includes all peace officer classifications within the CDCR and is not unique to the DJJ.

Another factor that increased costs are the specific staffing levels outlined in each of the *Farrell* remedial plans.

Nonetheless, the DJJ is working aggressively to reduce costs without compromising any commitments or goals of the remedial plans or the quality of rehabilitative programs. In recent years, the DJJ has closed two facilities and added professional staff to audit the efficient administration of the remedial plans. Now that each plan is being implemented, the DJJ is looking at them as one comprehensive treatment system rather than six separate plans, to eliminate duplication and make the most effective and cost-efficient use of staff.

The DJJ's cost-cutting efforts include:

Fiscal reductions - Removing unnecessary or duplicative costs:

The DJJ is conducting an extensive evaluation of its staffing and facilities to eliminate duplication or take advantage of potential consolidations, in an effort to operate as cost-effectively as possible.

The DJJ's analysis of its facilities is based on the programs assigned to each, the needs of the total population, their geographic locations compared to the counties of commitment for each segment of the youthful offender population, and the impact on staff.

The DJJ is also looking into consolidating living units. Any consolidation must evaluate the specific treatment needs and mission of each living unit and any specific court-ordered staffing requirements or population limits. Both factors must be considered when mixing youth populations.

L.H. Class Action Lawsuit

In September 2007, the U.S. District Court for the Eastern District of California ruled in favor of the plaintiffs in a class action lawsuit (*L.H. vs Schwarzenegger*), concluding that the lack of timely parole revocation hearings violated the due process of parole violators. Among the most significant findings, the court ordered the DJJ to revamp its parole hearing process by December 2008 to ensure that:

- Youths be presented with charges against them in probable cause hearings within 13 days
- Parole revocation hearings be adjudicated within 35 days
- Youths be provided legal counsel at parole revocation proceeding
- Procedures be put in place to accommodate youths with disabilities, such as physical limitations, language barriers and mental illness
- Parole hearings be held within 50 miles of a youth's home to accommodate potential witnesses

Completed:

- Appointed attorneys in all revocation cases
- Implemented Probable Cause Hearings
- Ended the use of temporary detentions and requested rescission of the regulation regarding them
- Ended the practice of waivers and admissions without counsel
- Posted and distributed notice of the material terms of the settlement
- Implemented Revocation Extension Hearings and Exit Interviews
- Ended referrals of Level 1 and Level 2 parole violations to the Juvenile Parole Board for revocation actions
- Provided Notice to Counsel of Record
- Conducted Revocation Hearings with witnesses within a 50-mile radius of the location of the alleged violation
- Ended all Parole Consideration Hearings for class action members
- Ended all time-adds/entry into the Disciplinary Decision Making System (DDMS) for class members
- Applied one-year limit on parole revocations to class action members in custody
- Processed appeals within timeframes
- Release within three days of a Continue on Parole (COP) disposition or dismissal of charges.

- Timely identified, accommodated and tracked Youth with Disabilities and Effective Communication Needs (September 2008)
- Started the use of audible recording of hearings, including all necessary equipment for recording by defendants and listening by parole violators in DJJ and non-DJJ facilities (February 2009)
- Trained staff on final policies and procedures, and Juvenile Status Tracking System (JSTS) (January 2009)
- Fully implemented new policies and procedures, JSTS, and hearing timeframes (February 2009)



