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11 SUPERIOR COURT OF CALIFORNIA  
12 COUNTY OF ALAMEDA  
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14

15 **MARGARET FARRELL,**

Plaintiff,

17 v.

18 **RODERICK Q. HICKMAN,**

19 Defendant.  
20

CASE NO. RG 03079344

**DEFENDANT'S NOTICE OF  
FILING DJJ'S SAFETY AND  
WELFARE REMEDIAL PLAN**

21 Pursuant to the requirements of the Consent Decree, paragraphs 10 and 17, the  
22 Stipulation Regarding DJJ's Remedial Efforts, numbered paragraph 1, page 3:2-3, dated  
23 January 31, 2005, and a Stipulation extending time dated June 30, 2006, defendant Hickman  
24 hereby files DJJ's Safety and Welfare Remedial Plan.

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Attached as Exhibit A is DJJ's Safety and Welfare Remedial Plan.

Dated: July 10, 2006

Respectfully submitted,

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15 **MARGARET FARRELL,**

Plaintiff,

17 v.

18 **RODERICK Q. HICKMAN,**

19 Defendant.  
20

CASE NO. RG 03079344

**[PROPOSED] ORDER  
DIRECTING DJJ TO  
IMPLEMENT THE SAFETY  
AND WELFARE REMEDIAL  
PLAN**

21 Pursuant to the Consent Decree signed by the Court on November 19, 2004, paragraph  
22 17, defendant Hickman shall file DJJ's remedial plans with the Court and the Court shall order  
23 that the remedial plans are implemented.

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On July 10, 2006, defendant Hickman filed DJJ's Safety and Welfare Remedial Plan. The Court hereby orders defendant to implement the Safety and Welfare Remedial Plan in accordance with the Consent Decree.

**IT IS SO ORDERED.**

Date: July \_\_\_\_, 2006

\_\_\_\_\_  
JUDGE RONALD M. SABRAW

30137843.wpd

**California Department of Corrections and Rehabilitation  
Division of Juvenile Justice**

**SAFETY AND WELFARE REMEDIAL PLAN**

**IMPLEMENTING REFORM IN CALIFORNIA**

**July 10, 2006**

# **SAFETY AND WELFARE PLAN**

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# SECTION 1

## INTRODUCTION

### BACKGROUND

On November 19, 2004, a Consent Decree was entered into in the case of *Farrell v. Allen* by the plaintiff, Margaret Farrell, a taxpayer in the State of California, and the defendant Walter Allen III, Director of the California Youth Authority, now the Division of Juvenile Justice (“DJJ”), California Department of Corrections and Rehabilitation (“CDCR”). The Consent Decree required the defendant to file remedial plans in all areas of deficiency identified by experts for the court by January 31, 2005. In January 2005, based on DJJ’s decision to reform California’s juvenile system to a rehabilitative model based on a therapeutic environment rather than simply address the deficiencies identified by the expert reports, the parties stipulated to extend the dates for the filing of remedial plans.

Pursuant to the agreed upon time extension, DJJ filed its proposed Safety and Welfare Remedial Plan on December 1, 2005. Both parties agreed that the plan submitted by DJJ lacked details sufficient for implementation.

By agreement of the parties, national experts Christopher Murray, Chris Baird, Fred Mills, Ned Loughran and John Platt were retained to review and revise the Safety and Welfare Remedial Plan in consultation with the parties and experts serving under the Consent Decree. The experts affirmed the planning reflected in DJJ’s initial version and refined and strengthened the Plan by revisions which are reflected in this document

### PLAN ORGANIZATION

This Plan is organized around major elements of a comprehensive reform plan. Those elements are as follows:

- Create Capacity for Change
- Reduce Violence and Fear
- Identify a Treatment/Rehabilitative Model
- Lay the Foundation for Treatment Reform
- Convert Facilities to Rehabilitative Model
- Reform System for Females
- Other Issues

Each section of this Plan addresses one of these major elements. In all cases, each section begins with a brief description of **The Issue**. This is followed by a **Discussion** section wherein details concerning deficiencies and required changes are presented. Each section concludes with an **Action Plan**. A plan for monitoring for compliance, including Standards and Criteria and identification of Actions Necessary to Achieve Compliance, will be filed by October 31, 2006. The October 31 document will contain completion dates for all the action plan items in this Plan that do not already have specific completion dates.

## **RELATIONSHIP TO PREVIOUSLY FILED PLANS**

DJJ will work with the Farrell Consent Decree experts in the areas of medical care, education, disability and sexual behavior treatment in order to reconcile the previously filed plans in those areas with this Plan. In the interim, as inconsistencies between this Plan and one of those plans are identified, DJJ will notify plaintiff's counsel, the Special Master and the appropriate Consent Decree expert(s) to convene a discussion to resolve the discrepancy. If discrepancies are not resolved by agreement, they will be resolved using the dispute resolution procedure under paragraphs 48 and 49 of the Consent Decree.

## **RESOURCES NEEDED FOR PLAN IMPLEMENTATION**

Reference throughout this Plan to numbers and types of staff reflect DJJ's and its expert consultants' judgments at the time the Plan was filed as to the numbers and type of staff necessary for successful implementation. References to positions are working titles rather than specific job classifications. DJJ will adjust staffing levels and types of staff when such changes are necessary to achieve programmatic compliance. DJJ shall not be found in non-compliance based solely on the number or type of staff in a particular program or function where DJJ is in programmatic compliance.

Before it makes substantial reductions in the staffing set forth in this Plan, DJJ shall provide at least sixty days notice to plaintiff's counsel and the Special Master. This notice will demonstrate that the proposed reduction will not hamper DJJ's progress towards programmatic compliance in any area covered by this Plan. Changes in types or classes of staff that result in reducing qualifications of significant numbers of staff is deemed a "reduction" in staff for purposes of this paragraph. Any dispute between the parties over reductions, whether reductions are substantial, or whether reductions are likely to hamper DJJ's progress towards programmatic compliance will be resolved pursuant to paragraphs 48 and 49 of the Consent Decree.

## **MISSION STATEMENT FOR DJJ**

The primary goal of the Division of Juvenile Justice is to enhance public safety, by providing a safe, secure, productive, and accountable system in which staff, local stakeholders, victims, the community, youth and their families work toward returning youth to the community as responsible and productive citizens. The mission of DJJ is defined by law:

*"To protect society from the consequences of criminal activity and to that purpose community restoration, victim restoration, and offender training and treatment shall be substituted for retributive punishment and shall be directed toward the rehabilitation of young persons who have committed public offenses."*

-Welfare & Institutions Code Section 1700

Ensuring community safety refers to both immediate and long-term safety. The Division of Juvenile Justice (DJJ) will place youth in secure facilities that provide treatment/rehabilitation aimed at reducing risk and increasing protective factors. Long-term safety will require ongoing efforts with local stakeholders to determine strategies to most efficiently and effectively protect communities and rehabilitate youth.

## **PRINCIPLES**

This Remedial Plan is guided by the following key principles: California's state juvenile corrections system will ensure protection and safety for victims, communities, staff, and youth by:

1. Providing safe, secure facilities;
2. Providing effective rehabilitative treatment to reduce recidivism;
3. Preparing youth for re-entry to the community and providing opportunities to address personal, social, physical, educational, and vocational needs;
4. Strengthening the juvenile justice continuum, through collaboration with stakeholders, communities, and families;
5. Implementing restorative justice practices to ensure rehabilitation includes accountability to victims, the community and themselves; and
6. Continuously evaluating program quality, outcomes, and effectiveness.

These principles mirror the goals outlined in CDCR's Strategic Plan adopted through the Department's 2004/05 reorganization effort.

The outline below identifies some of the ways in which the attached plan addresses each of these principles. Implementation will be accomplished by phasing these strategies into specific units. Outcomes will be measured to determine effectiveness during the phased implementation.

### **1) Provide safe, secure facilities**

Safety and security are the foundation of a responsible justice system. Positive change can occur only when staff and youth feel safe. To provide safe, secure facilities, the top priorities will be to:

- Increase the staff to youth ratios;
- Develop and implement a long-term plan to provide smaller living units; and
- Provide staff with specific skills to manage youth in a responsive manner.

Enhanced staffing on smaller living units will allow more time for interaction with the youth, quicker response to misconduct, and more opportunities for individual interaction.

Rehabilitation/treatment will be improved by offering additional small groups and more individual counseling. By having more staff, with fewer youth, safer units are possible.

- Staff will be trained on a variety of conflict resolution, mediation, negotiation and de-escalation techniques;
- Special emphasis will be given to addressing issues of gang involvement, gang violence, and ethnic tensions;
- Behavior management techniques will be enhanced to respond to youth through a strength-based system of graduated sanctions, contingency management, and incentives;
- Staff will be provided specific motivational enhancement strategies to work with youth who are resistant to programming;
- Each unit will combine accountability and rehabilitation components designed to deter future delinquency and protect the community.

A process will be put in place to review staff duties and the needed functions of each unit. A plan will be developed to assign responsibilities to the appropriate staff and provide training and performance support to ensure staff can adequately and safely perform the functions expected of them.

## 2) **Provide effective rehabilitative treatment to reduce recidivism**

California is committed to developing an effective model for treatment/rehabilitation of youth. Youth committed to DJJ have typically utilized and exhausted local and/or community-based behavior management and treatment resources. Their service needs can be both acute and complex. Youths committed by the Juvenile Courts will eventually be released to the community. Therefore, reducing recidivism through research-based rehabilitative programs will be a key component to long-term public safety. While the model will need to be adapted for different populations, there will be a standardized core program implemented throughout the system. The goal of the program is successful re-entry to the community. Planning for re-entry into the community will begin upon entry to the system. All staff will be trained on the core program model and quality assurance measures will be implemented that increase communication and create a process for continual improvement. This process will also facilitate sharing expertise across facilities.

A comprehensive system will be established to accurately assess the risks and needs of the youths and match rehabilitation/treatment services to meet their needs, while building on and developing strengths and protective factors. As part of the comprehensive system, DJJ will utilize assessments to identify:

- Appropriate facility/unit/program placement
- Targets for intervention (risks/strengths)
- Needs not necessarily linked to offense behavior (e.g. mental health, medical, education)

In addition, reassessments will be utilized to determine progress and modify interventions, programs, and strategies accordingly, to increase effectiveness.

The Principles of Effective Intervention (Andrews & Bonta, 1994) will provide a framework for the new rehabilitative model. These include:

***Risk Principle*** – Match the intensity of treatment/services and supervision to the risk level of the youth.

***Need Principle*** – Target criminogenic needs (dynamic risk factors that are closely linked to offending).

***Responsivity Principle*** – Deliver interventions in a style and mode that is consistent with the ability and learning style of the youth and match practitioner style and mode of intervention to the special characteristics of the youth.

***Program Integrity Principle*** – Use assessments and programs as intended; ensure staff is properly trained and there is adequate oversight/monitoring of the program to ensure quality services and evaluation of outcomes.

DJJ will use program criteria from the “What Works” literature to guide in the selection and/or improvement of programs for our youth.

***Professional Discretion Principle*** – Recognizing that no assessment, criteria, or model can account for all variables, the system must expect staff to consider risk, need and responsibility, and allow for “override” decisions to be made, as appropriate. Override decisions will be monitored and evaluated.

Youths will be required to participate in rehabilitative efforts in areas identified as strongly related to future criminal delinquency. In order to provide effective interventions, staff must be able to assess the youths’ willingness to participate in interventions and be able to motivate and engage them in treatment. Staff will be trained to assess the stage of change (Prochaska and DiClemente, 1982) for each youth, and will be provided skills training in motivational interviewing (Miller and Rollnick, 1991, 2001) to assist them in engaging youths in interventions.

### **3) Prepare youth for re-entry to the community by providing opportunities to address personal, social, physical, educational, and vocational needs**

The Division of Juvenile Justice recognizes a responsibility to promote healthy development of the youths in its custody. Therefore, in addition to addressing criminogenic needs, DJJ will provide treatment for mental health, ensure gender specific interventions, address ethnic tension and gang related issues, and promote the healthy development of youth.

- Programming will have a strong educational focus, with priority on pursuing and obtaining a high school diploma when possible, and will include opportunities for post-secondary education for youth with a high school diploma or GED;
- Vocational programs will train youth in marketable skills and will provide skills and support necessary to obtain and maintain employment;
- Recreation and religious services will be available and accessible;
- Cultural awareness and sensitivity will be promoted;
- Rehabilitation/treatment and services will build on strengths, promote independence and self-reliance, and develop competencies and life skills;
- Assessments will be done, and individual treatment will be provided, to address special needs.

#### **Female Population**

DJJ recognizes that the needs and issues facing delinquent females are different from those of delinquent males and require a gender-appropriate response. A comprehensive approach will be incorporated in programming for females to address the social context of their lives, their relationships with staff, each other, their families and communities, and to address their unique needs and issues (e.g., physical/sexual/emotional victimization, trauma, physical and mental health, pregnancy and parenting) in a safe, trusting, supportive and gender-responsive environment.

**4) Strengthen the entire juvenile justice continuum, through collaboration with stakeholders, communities, families and support networks**

Successful reintegration of youth into the community will require involvement and active participation of communities, families/other support networks, the youth, and other stakeholders. DJJ will strengthen the continuum of services through:

- Increased communication and information sharing among all stakeholders in an open, solution-focused manner, dedicated to quality improvement;
- Working with the counties and other stakeholders to ensure that the entire juvenile justice continuum is continually improving;
- Developing system improvements and finding additional ways to share resources and enhance services provided;
- Engaging family members in all aspects of the youths' rehabilitation/treatment, when not detrimental to the youth's success;
- Providing incentives to families for involvement in opportunities to increase skills and/or participate in treatment;
- Inviting families to assist in identifying opportunities of involvement and opportunities for referrals or direct services to meet needs that will assist youth in successful reintegration.

**5) Implement restorative justice practices to ensure treatment/rehabilitation includes accountability to victims, the community and themselves**

Treatment/rehabilitation interventions will incorporate restorative justice practices that will increase youths' understanding of the harm caused to their victim(s) and/or survivor(s) and the community. DJJ will require accountability of youths to be demonstrated by an awareness of the impact of their crime(s) on victims, and by their compensation to victims and communities. Youths will be expected to find ways to make amends to victims through restitution, community service, and active involvement in repairing harm caused.

- Incorporate restorative justice principles within and throughout all programming.
- Develop intervention strategies that provide opportunities for youth to increase their understanding of the harm they have caused to victims, their families, and the community.
- Increase opportunities for victims to provide information and input to staff, so victim issues can be addressed in Individual Change and Accountability Plans.
- Establish Victim Services and Restitution Specialists to ensure restorative principles are incorporated throughout each facility.
- Include victim impact and restitution information in the Orientation Program.

**6) Continuously evaluate program quality, outcomes, and effectiveness**

A strong Management Information System is necessary to efficiently measure the effectiveness of the new model. Each goal will have identified expected outcomes. A plan will be developed to track outcome measures electronically. An interim plan may need to be developed to track information manually, until the electronic, automated tracking is available. Specific measures of success will be pre-determined. Staff will be trained on what to document, who is expected to document it, how it will be documented and when it will be documented. Documented information will be periodically and randomly audited to ensure integrity of the data.

Each new component of this plan will be linked to an expected outcome. As components are implemented, auditing and evaluation measures will be put in place to measure specific achievements and short and long-term outcomes. A process improvement model will be developed to ensure DJJ can continue to make incremental progress and build on successes.

The new model must be implemented thoughtfully and incrementally. As processes and programs are implemented, the agency must ensure time for evaluation and input from experts to guide improvements and assist in building on successes.

## **SECTION 2**

### **CREATE CAPACITY FOR CHANGE**

#### **THE ISSUE**

To successfully reform its facilities to a rehabilitative model, DJJ will have to create the capacity for change. Five critical elements have significantly limited the division's ability to effect change in the past. These are:

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

The effect of these limitations is compounded by inadequate staff to youth ratios and an organizational culture that, until recently, has had limited exposure to, and knowledge of, contemporary standards of care and practices at the national level.

#### **DISCUSSION**

##### **Components of Effective Juvenile Correctional Agencies**

In addition to sufficient staffing at the management level, the administration of multiple institutional systems within an agency cannot be effectively accomplished without a foundation based on established contemporary standards of care. The foundation must include approved procedural methodologies, checks and balances which establish accountability, and measures of performance whose results are reported to the public. The core requirements to achieve such a system are:

- Policy Structure
- Training
- Quality Assurance
- Data-based Management
- Corrective Action
- Annual Reporting of Performance Measures and External Oversight

##### Policy Structure

Those states with effective juvenile justice systems have systems that are managed through an administrative system of structured policies that are based on contemporary standards of care and practice that are written in support of the agency mission. These comprehensive and uniform policies are reviewed annually and updated as needed. Policy requires that the facilities and aftercare divisions of the system institute approved practices to carry out the agency policies and that these practices be systematically and uniformly audited. It is generally the responsibility of the local facility or program to write local directives that incorporate the requirements of each policy.

The structured controls in this model are intended to systematically ensure that contemporary standards of care are uniformly achieved, periodically evaluated, well documented, and that mandatory corrective action plans are developed to address deficiencies.

Agency policy establishes definitions that are consistent between all other policies and which are uniformly taught in the training academy and incorporated into curriculums and all documents and forms. These universal definitions must also be incorporated into the local policies.

### Training

Effective juvenile justice management systems incorporate mandatory training standards to provide employees, contract staff and volunteers with knowledge and skills to implement agency policy through consistent employment of standard practices and protocols. Mandatory training is provided through a system of certified trainers using curriculums that have been approved and established by the agency training authority.

All training in approved practices is competency based. Modifications or additions to training occur based on review of performance-based outcome measures and research findings. All individual training is documented for each employee.

Collateral measures of performance are written into employee job descriptions, post orders, and duty requirements and are reflected in systems established for both probationary and annual evaluations of employee performance. Goals are established that relate to performance outcomes and measures that are linked to agency policy and performance objectives.

The agency's Training Director approves all training curricula, certification of trainers, and standards for employee certification and recertification. Where applicable, trainers will receive external certification for specific types of training.

### Quality Assurance

The requirements for conformance to performance standards are embodied in the agency's policies, supported by approved training methods, reflected in staff evaluations, and measured by the incorporation of comprehensive internal audits of all agency practices by quality assurance mechanisms. These audit mechanisms are established for each operational policy and annual reviews are undertaken for both conformance to policy, approved practices, and operational measures of performance.

Critical measures of performance are established for all levels of services and functions. These data serve to guide management decisions that are based on a systematic appraisal of outcome measures for the agency's various component systems, facilities, programs and individuals.

An annual agency audit schedule is produced for all facilities and programs. Audit teams are created from trained audit staff and from other facilities' internal auditors. This produces cross-fertilization of compliance experience and builds expertise. The facility superintendent is responsible for establishing an internal audit structure to meet the schedule of the agency. He/she is held accountable for the effective management of the audit process locally.

The performance of the facility or program is measured against the audit compliance standards to produce a measure of institutional excellence. Agency goals are incorporated into facility

improvement plans. Audit goals are incorporated into all job descriptions and performance reviews. Accountability is shifted to measurable outcomes at every level. Outcomes are reviewed, a process is in place to determine the reason for poor outcomes, and plans are put in place to address the deficiencies. Poor managers are removed.

In order for uniform expectations for the care and treatment/rehabilitation of youth to be met, everyone must be held to the same basic set of standards, trained by same basic curriculum for each relevant standard, and measured by the same methods. (Additional standards and training is needed for staff with additional or higher levels of responsibility.)

### Data Based Management

Critical management information is defined in agency policy and collected systematically by effective juvenile justice management information systems in order to provide agency managers with reports with which to monitor key indicators of a system's performance, identify and respond to emerging issues, and manage more effectively the shifting needs of the population.

Establishment of a comprehensive management information system (including having sufficient programmers needed to make changes and be responsive to user needs) is the key component that creates the capacity for effective planning and efficient management of risk.

### Corrective Action

Systems are re-built based on establishing policy requirements, providing training (certified, as appropriate), measuring outcomes through a comprehensive audit process, and applying appropriate solutions to improve outcomes, in a manner that ensures that those responsible for correcting deficiencies are held accountable.

It is important to recognize that the reasons for poor outcomes must be evaluated to determine the appropriate solutions. This is especially important during periods of substantial change. Solutions can include change in policy/procedures, additional training, on-the-job coaching, and changes in process or protocols.

An overall shift in practices is needed to move from a punitive model to a rehabilitative model. Managers and supervisors will be trained in motivational enhancement techniques, not only to assist their staff in applying the skills with youth, but to recognize the importance of, and use, the skills in their daily management practices and interactions with staff.

It is recognized that there will be a substantial learning curve for staff as the components of the new model are implemented. Staff training will include classroom training, on-the-job coaching, mentoring, and skills refresher courses. Managers and supervisors are to recognize, reinforce, and reward positive performance and, where needed, ensure that staff receive coaching and skill training. A system will be put in place to provide staff a method to identify barriers, ask additional questions, clarify expectations, and receive feedback.

An accountability system must also be put in place, to ensure policy is followed. Corrective Action Plans are written within the time frame agreed to at the external audit exit interview. A re-audit of those areas found in non-compliance is conducted by the Agency Audit Manager following reported compliance by the audited entity or after expiration of the agreed upon time frame for achieving compliance. Where non-compliance is found, corrective action is mandated

and staff is held accountable. Non-compliance is first viewed as a training opportunity. Persistent non-compliance is included in personnel evaluations linked to job performance indicators for both managers and staff.

### Annual Reporting of Performance Measures and External Oversight

Effective juvenile justice systems issue comprehensive annual reports to the public that provide detailed analysis of their system's performance, including critical indicators of performance, audit findings, and corrective action plans that are program or system related. They are subject to independent review and external oversight by independent authorities which serves to strengthen the agency's credibility and reinforce adherence to standards of care, constitutional practices and commitment to mission. These management mechanisms are supplemented by external reviews by accrediting organizations and licensing boards and through the use of ombudsmen, Inspectors General and other governmental oversight and/or audit commissions that help to establish continuous public accountability.

### **Juvenile Standards of Care and Practice**

California is in a minority, but is certainly not alone, in having its juvenile corrections agency administered from within an adult corrections agency.<sup>1</sup> Since state juvenile corrections agencies are always much smaller than state adult corrections agencies, maintaining separation between the two in critical areas is key to maintaining the identity and integrity of the juvenile authority. The issue, of course, is to prevent the juvenile authority from being overwhelmed by the adult authority and thereby being transformed into a smaller version of the adult system.

The experience of other states shows that it is possible to maintain this separation. California, however, starts with a distinct disadvantage: the challenge is not to prevent the state's juvenile facilities from becoming like adult prisons - that has already happened. The experts responsible for reviewing and refining the Safety and Welfare Plan invented new words to describe this situation: California's juvenile facilities have become "prisonized." The challenge is to transform an operational culture that has been "adultified" into something quite different.

The two areas where a firewall needs to be established between the adult and juvenile sides of the CDCR are policy and training. Generally, policies for juvenile facilities and adult prisons are fundamentally different. Because training is based on policy, as policies differ, so too must training.

The term "firewall" is generally used to describe a hardware and/or software solution used to enforce security policies pertaining to access between two or more computer networks. In the context of this Plan, the concept of firewall is used to describe a system to protect the integrity of DJJ policies, procedures, and training from inappropriate and potentially conflicting policies, procedures, and training used by the adult division of CDCR. This system requires that:

1. The resources needed to create and maintain juvenile policies, procedures, and training are capable and sufficient for those purposes, and

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<sup>1</sup> As of September 2005, 11 states had the juvenile corrections agency as a part of an adult corrections agency: California, Illinois, Indiana, Louisiana, Maine, Minnesota, Montana, North Dakota, South Dakota, West Virginia, and Wisconsin.

2. A system of checks and balances exists that ensures that DJJ policies, procedures, and training reflect contemporary standards of care and practice for juvenile correctional agencies.

Consequently, it is essential that DJJ have dedicated staff for policy development, revision, and interpretation. These staff must be knowledgeable of contemporary standards of care and practice in juvenile correctional agencies. Similarly, DJJ must have dedicated staff responsible for developing curricula and training materials consistent with DJJ policies and standards. These staff must also be specialists with knowledge of juvenile training standards and curricula and knowledge of juvenile standards of care and practice. To this end, job descriptions and qualifications for staff working on juvenile policy development, revision, and interpretation, and those for staff working on developing juvenile training curricula and standards, are to include a requirement for knowledge and experience in contemporary standards of care and practice for juvenile correctional agencies.

At the same time, there are many areas where coordinated policy planning between the adult and juvenile divisions within CDCR is reasonable - for example: most management, budget, administrative support, and health care policies could be the same or at least very similar. This is not, however, true for areas such as discipline, use of force, incentives, classification, grievances, assessment and evaluation, case planning, education, treatment/rehabilitation programs, clothing and personal property, work programs, etc.

As noted above, a policy-driven agency reviews its policies annually and updates them as needed. It is through this annual review and updating process that DJJ will establish the checks and balances needed to ensure that its policies, procedures, and associated training reflect contemporary standards of care and practice for juvenile correctional agencies. To accomplish this, those staff responsible for annual review of DJJ policies will first review the latest editions of applicable national standards. They will also confer with colleagues with similar responsibilities in states with reputations of maintaining high quality policies and with CDCR legal counsel familiar with current statutes and case law that may affect policy development.

### **Organizational Structure**

DJJ will develop or modify central office and facility organizational charts consistent with the principles and concepts discussed above and summarized below. The intent of this section is to provide a guide for central office, facility, and treatment team organization, not to prescribe a specific and immutable organizational model. DJJ shall have discretionary latitude to establish and modify its organizational structure and management methods and procedures so long as they are consistent with these key principles and concepts:

- DJJ is managed through an administrative system of structured policies that are based on contemporary standards of care and practice for juveniles and young adults under state correctional control. Policies are reviewed annually and updated as necessary.
- Each facility is managed through a set of approved local directives that incorporate the requirements of DJJ policy. It is the superintendent's responsibility to carry out agency policy and he or she is held accountable for doing so.

- Mandatory, competency based training is provided to all staff through a system of trainers using curriculums that have been established and/or approved by the DJJ training authority.
- All facilities and programs are audited at least annually for conformance to agency policy, approved practices and operational measures of performance.
- Corrective action plans are made and carried out to address all deficiencies identified through the audit process. Corrective action plans are re-audited and compliance or non-compliance is included in personnel evaluations of both managers and staff.
- Critical management information is systematically collected, analyzed, and included in reports which show key indicators of agency, facility, and program performance. Management is characterized by data-driven decision making at all levels.
- Comprehensive reports that include information on critical indicators of performance, audit findings, corrective action plans, and fiscal accountability are produced annually and provided to the Court, the Legislature, and the public.
- The Medical Director will have ultimate and final authority over matters of clinical judgment in compliance with state and federal law. The Medical Director and Superintendent of Education will have authority over matters of personnel, budget, healthcare services program content and educational program content, as delegated by the Chief Deputy Secretary and in compliance with state and federal law. Once budget allotments are made, only the chief Deputy Secretary, DJJ can approve the transfer of spending authority or positions into or out of healthcare services/mental health or educational services and obtain, as needed, authorization from CDCR administration and state governmental agencies.

#### Central Office Organization

The following description is presented as *an example* of central office organization that conforms to the principles and concepts outlined above. DJJ shall develop and maintain a central office organizational structure that similarly accomplishes these objectives.

Central office is organized into five divisions: facility operations, program services, management services, administrative services, and community and transition services. Program services include education, medical and dental, mental health, recreation, religious services, and all other programs for DJJ youths. Management services include policy, quality assurance, compliance, and research. Administrative services (budgeting, accounting, personnel, information technology, etc.) are matrix functions within CDCR.<sup>2</sup> Community and transition services include parole and community-based services for parolees. Each functional area is managed by a director who reports to the Chief Deputy Secretary, Division of Juvenile Justice.

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<sup>2</sup> Training is both a matrix function and a dedicated function within DJJ. DJJ will have dedicated staff responsible for developing curricula and training materials consistent with DJJ policies and standards.

Policy and quality assurance are coordinated within the management services division. Where technical or professional expertise is required in the development or revision of a policy, the responsibility for drafting those parts requiring expertise is assigned to the appropriate functional area within the organization. A system is in place that ensures that draft policies receive input from all relevant parts of the organization prior to review and approval by the Chief Deputy Secretary, DJJ.

Decisions regarding budget, clinical, programmatic and personnel issues in health care, mental health and educational services are made by the Medical Director, the Superintendent of Education respectively and the Chief Deputy Secretary, DJJ as described above.

### Facility Organization

The following description is presented as an *example* of facility organization that conforms to the principles and concepts outlined above. DJJ shall develop and maintain facility organizational structures that similarly accomplish these objectives. Absent compelling differences in functional components, each facility is to be similarly organized.

DJJ facilities are organized into three component parts: operations, programs, and business service functions. Each functional area is administratively managed by a facility administrator who reports to the Superintendent. The institutional organizational model reflects the central office division of responsibilities and its structure is designed to measure the performance of managers and establish their accountability.

The superintendent is responsible for his or her facility. His/her responsibility is to carry out division policy, ensure the safe and orderly operation of the facility, and ensure programs and services are provided to youth. The superintendent will ensure all staff comply with the Program Service Day schedule, unless there are safety/security reasons that preclude specific programming. Clinical decisions will be made by the top level healthcare clinician at the facility or his/her designee. Facility budgets, personnel decisions/evaluations, and program content for health care (including mental health) and education are managed as noted above.

The chief medical officer, senior psychologist (or highest ranking mental health clinician), and school principal are members of the superintendent's executive team and participate in regular briefings, facility committees, and other administrative meetings as appropriate. A protocol will be established to ensure that if staff are interfering with the clinical and/or professional judgment of health care, mental health or educational staff, those issues are addressed at these meetings. If consensus is not reached, the issues will be sent up the chains of authority for resolution. The superintendent or his/her designee may, at the superintendent's discretion, provide input to persons completing performance evaluations of all health care services/mental health and educational services staff. If the superintendent believes that the top level administrators are not performing appropriately and/or in accordance with agency policy, he or she will take the concern up her or her chain of authority.

### Treatment Team Organization

The following description is presented as an *example* of treatment team organization that conforms to the principles and concepts outlined above. DJJ will develop and maintain treatment

team organizational structures that similarly accomplish these objectives. Treatment teams for Core Rehabilitative/Treatment Programs and Behavioral Treatment Programs will be similarly organized throughout the agency. Special program units will be organized as necessary to reflect their functional differences.

Treatment teams are organized around the concept that the treatment team is responsible for addressing the behaviors and needs of the youth assigned to the team. Each team member is responsible for the progress and achievement of the youth. Teams should be multi-disciplinary and include input from living unit staff, treatment/rehabilitation service providers, education, medical, mental health, parole, family, and youth as appropriate and possible. Treatment teams make decisions and recommendations regarding individuals, but facility/central office teams make decisions that impact more than one youth or unit (e.g. priority for placement, jobs). Facility wide services support team decision making regarding each youth's behavior and monitor the effectiveness of the approaches used by the team in guiding the youth's development and conduct. Each team member has:

1. Technical or functional expertise,
2. Problem solving and decision-making skills, and
3. Good interpersonal skills.

Each team member requires all three skills for the team to be effective, but different members have different technical or functional skills as appropriate.

Treatment teams are focused on goals tied to the Agency Mission and outcomes must be defined by the Program Model.

The core ingredients that define effective treatment teams are:

Clear Goals – These are worthwhile and challenging objectives which are compelling enough to create a strong team identity and which have clear positive consequences connected with their achievement.

Results Driven Structure – The team structure is determined by the objectives to be achieved and supported by clear roles and lines of responsibility, open communication, fact-based judgments, and methods for providing feedback for both individual performance and team achievements. The objectives should be focused on assisting youths to achieve goals that build on strengths that are related to reducing risk and increasing skills.

Competent Team Members - Team members have the desire, skills, and abilities needed to accomplish the team's objectives.

Unified Commitment - Team goals inspire members to devote whatever effort is necessary to collaboratively achieve team success. Team goals are a higher priority than individual objectives.

Collaborative Climate – Team members share common values and trust each other to accurately share information, perceptions, and provide honest feedback.

Standards of Excellence - Teams adopt values which establish high standards and challenge the team to constantly improve performance.

External Support and Recognition – There are sufficient resources and external support for accomplishment of the team's objectives. This includes appropriate forms of recognition and incentives, cooperation, guidance, and performance feedback.

Principled Leadership - The treatment team leader clearly articulates team goals that are presented in a way to inspire commitment and actions. Such commitment stems from strong adherence to basic principles of trusting team members with meaningful levels of responsibility, establishing benchmarks, measuring outcomes, addressing ineffective performance and rewarding superior performance.

Each team has a single leader who has overall responsibility for unit operations and outcomes. The roles of the treatment team leader are:

1. Keep the purpose, goals and approach relevant and meaningful,
2. Build commitment, confidence and accountability,
3. Strengthen the mix and level of skills,
4. Manage relationships with stakeholders, including removing obstacles,
5. Create opportunities for others, and
6. Demonstrate and model skills with youth as a teacher and coach for staff.

### **Information Systems**

DJJ lacks effective management information systems and an organizational culture that relies on data to inform decision making. Existing resources in information technology dedicated to DJJ are insufficient to meet the MIS planning, design, and implementation needs for system reform. DJJ will develop an information system that meets these needs. Until DJJ's MIS system is sufficient to track DJJ's progress towards implementation of this Plan and measurable outcomes, DJJ will develop and utilize alternative manual and/or electronic methods for compiling and tracking relevant data.

### **Operational Data Elements**

A comprehensive management information system has the capability of providing operational data and reports at central office and at facility and program levels to support the functions outlined below. Where existing systems lack the capability, DJJ will establish manual or other means to systematically collect those data elements needed for effective operation of the agency and its programs. The categories of data required include:

- The administration of population management
  1. Intake
  2. Orientation, Rights and Responsibilities
  3. Rejection Assessment/Classification/Placement/Reassessment
  4. Assignment based on service and custody requirements
  5. Reclassification, re-assignment and transfers

6. Parole violator reclassification
  7. Transition to community services
  8. Transfers to other custody
- Management of custody and security operations
    1. Incident management and crisis prevention and response
    2. Lockdowns
    3. Investigations and prosecutions
    4. Offender management, gang intelligence and interdiction
  - Administration of case-management and planning
    1. Individual case planning
    2. Program day scheduling
    3. Program enrollments, goals, and outcomes
    4. Re-entry planning and aftercare
    5. Parole
    6. Aftercare outcomes and tracking
  - Management of programming enrollment, treatment/rehabilitation services utilization, and outcomes
    1. Core treatment programs
    2. Behavior treatment programs
    3. Specialized treatment
    4. Mental health treatment
    5. Substance abuse treatment
    6. Academic education
    7. Vocational education
    8. Work training
    9. Health care
    10. Youth work assignments
    11. Behavioral management and modification
    12. Gang interdiction
    13. Sex offender/victimization
    14. Parenting and family
  - Monitoring and managing justice and disciplinary practices and outcomes
  - Use of Force (UOF)
  - Use of Graduated Sanctions/Disciplinary System and Positive Incentives
  - Grievance System
  - Access to Courts
  - Access to Religious Services
  - Management of audits and data quality control
  - Compliance/Data Management/Evaluation
  - Management of training and staff development
  - Policy compliance tracking and audit outcome results
  - Research; management and program effectiveness
  - Short-term planning for corrective action
  - Strategic planning for five years with annual updates
  - Budget data, expenditure analysis, and cost benefit outcomes
  - Planning for efficient repair and maintenance and Capital construction
  - Annual Reports of outcomes and costs

Management information reports are to include lead indicators on key quality assurance measures both to enable managers to make changes before significant deterioration of performance and to flag issues for auditing.

To the maximum extent possible, data collection and reporting systems will be developed concurrently with reform planning and implementation. Enterprise Information Systems (EIS) staff will participate in planning discussions whenever information or reporting systems are of importance.

While it does not address all areas of need, adopting Performance-based Standards will help DJJ record and analyze critical data and improve outcomes. This system is discussed in the following paragraphs.

### Performance-based Standards

Performance-based Standards (PbS) is a nationally recognized self-improvement and accountability system used in 27 states and the District of Columbia that provides technical assistance to develop a process to collect and analyze data. DJJ has committed to implement PbS in all of its facilities.

PbS standards offer DJJ a method for periodic sampling of outcome results that are linked to expected practices. There are seven domains in the PbS system, three of which are sampled from incident reporting characteristics: measures of safety, order, and security.

These outcome measures are used in conjunction with other PbS measures to produce reports reflective of the conditions of confinement at each facility. The system has the capacity to do incident mapping and custom reporting based on these data.

Recent work related to the eight years of reported data in the PbS database provides evidence of valid correlations between standards and outcome measures. This analysis confirms the validity of the relationship between PbS standards, expected practices and positive outcomes.

PbS provides standard implementation services and technical assistance for the first 12 months while the agency begins to implement the program. Ongoing quality assurance is also provided.

PbS requires data collection and data entry at each facility as well as state-wide oversight. The program describes the resources needed for implementation and ongoing operation. Consistent with those requirements, DJJ will hire the staff necessary for statewide coordination and implementation of PbS.

### **Research**

DJJ has committed to establishing outcome measures for its managerial functions, conditions of confinement, and programmatic outcomes. Comprehensive data sets must be developed that can provide managers with periodic pictures of performance and systematic movement toward the achievement of goals and objectives. Analysis of this data can provide guidance for agency planning. Integration of measures to ascertain the extent to which the agency and its managers are achieving these goals becomes a critical function of applied research and analysis.

It is not isolated research that is needed, but practical methods for ensuring that the data and measurements are collected that integrate management, programming, and operational requirements in a way that measures outcomes, guides innovative solutions, and provides public information related to progress and success.

The research manager must be a critical advisor in the development of effective measures and reporting processes and establishment of standards for data quality and validity.

### **Planned Additions of Resources**

The number, type, and titles of staff identified here and elsewhere in this Plan are subject to the conditions and restrictions contained in Section 1.

### Program Development and Implementation Staff

Failure to develop, implement, and monitor programs is at the heart of the Farrell lawsuit.

DJJ will establish a team of staff dedicated to program development, implementation, training, and quality assurance of the new program model. This includes development of the core treatment program, developing contracts and programming for females, re-entry planning, classification, and other key components of the new model. This team will work with the trainers/quality assurance specialists in developing the model. The trainers/quality assurance specialists will be responsible for training, coaching, and mentoring staff on the new program model components. In addition to initial training, these staff will provide follow-up training and quality assurance as determined by monitoring and audits.

### Temporary Transition Team

DJJ will create a dedicated transition team that will operate for at least the first 36 months of plan implementation. The primary focus of this team will be assisting with organizational development and cultural change within the division and its facilities.

This team will assist in developing plans, contracting with experts, identifying action steps, and assisting with developing training curricula and materials. They may also help to develop treatment programs and facilitate community outreach. Team members must be strong advocates for the rehabilitative model and be trusted and respected by their peers and subordinates. This team will consult with national experts who will help devise strategies and provide guidance to promote successful organizational development and cultural change within DJJ and its facilities. The tenure and size of this team will be modified if it is required for successful implementation of this Plan.

### Temporary Compliance Team

As the reform plan is implemented, the need to collect and analyze data for purposes of documenting and reporting to the court and others will substantially increase. DJJ will establish a dedicated Compliance Team for Farrell reforms. Although the size of the team may change as workload changes, the compliance team will operate until all *Farrell* compliance matters are resolved. It is anticipated that this will take five years (the four years planned for implementation plus one additional year to address outstanding issues and address remaining problems).

### Farrell Remedial Project Director and Dedicated Staff

In order to ensure that the above functions can be carried out in a timely manner, DJJ will hire a Farrell Remedial Project Director who will be responsible for coordinating statewide implementation and court compliance, eventually including the integration of all Farrell remedial plans. As indicated earlier, the exact numbers and types of staff on these teams may vary dependent upon the demands of each implementation phase. At certain times, some team members may be directed to work in the field to assist with implementation. However, in general, the three teams mentioned above will include a minimum of 11 team members, not including analysts or support staff, plus a Project Director. Each team will have the dedicated analysts and support staff necessary to carry out its duties. In addition, there will be at least 18 trainers/quality assurance specialists.

### Administrative and Central Support Staff at DJJ Facilities

Similar changes to those described for central office operations need to be made at DJJ facilities. Those changes are to reflect the core requirements for effective management outlined at the beginning of this chapter.

By the time all living units at a facility have been converted to the reform model, DJJ will ensure that the following positions are filled:

- Program Manager(s) responsible for high-risk, low-risk, and re-entry programs as needed.
- Volunteer Services Coordinator/Positive Incentives Coordinator
- Vocational Specialist to provide vocational and career counseling and coordination with parole and re-entry specialists
- Victim Services/Restitution Specialist
- Training officer
- Conflict resolution team(s)
- Work Assignment Coordinator to seek out and develop work assignments for youth throughout the facility, monitor and assure that the maximum number of youth are attending Free Venture programs, and coordinate and develop external job assignments, work experience programs, and job furlough programs.
- Facility administrators responsible for each of the following areas: operations, programs, and business services. These administrators will report directly to the superintendent.

## **ACTION PLAN**

### **Add Central Office Resources**

To create the capacity for change in central office, DJJ will add or appoint the following staff.

1. A Director of Programs by October 1, 2006.
2. A Farrell Project Director by October 1, 2006.
3. A team of staff by October 1, 2006, who, as described above, will be responsible for program development, implementation, training, and quality assurance. A temporary transition team to assist with transition during at least the first three years of reform. Their primary responsibility will be to help facilitate implementation of the reform plan and cultural change. A Compliance Team to monitor compliance with the Farrell remedial plans until all

compliance matters are resolved. In general, these teams will include at least 11 staff plus analysts and support staff.

The program development, implementation, training, and quality assurance teams will include an administrator dedicated to matters pertaining to female youth. This person will be responsible for developing and implementing a plan to contract with local sites/vendors for females, developing a contingency plan for females in the event contracting is unsuccessful, and providing quality assurance oversight of female programs and services.

4. By a date to be specified in the Standards and Criteria section of this Remedial Plan, DJJ will have sufficient and appropriate dedicated staffing for developing and maintaining policies for juvenile corrections based on contemporary standards of care and practice. Policies will be reviewed annually and updated as necessary.

Consistent with the need to maintain clear separation between juvenile and adult training content and expectations, added staff will include dedicated personnel for developing/approving juvenile training curricula, certifying trainers for juvenile corrections as appropriate, and setting standards and maintaining records for DJJ employee certification and recertification.

5. Over the first year of this Plan, DJJ will hire at least 18 trainers/quality assurance specialists.

#### **Clarify Lines of Authority and Create a System for Auditing and Corrective Action**

DJJ will:

1. Produce an organizational chart for central office consistent with principles outlined in this section by September 1, 2006.
2. Produce an organizational chart for each DJJ facility consistent with principles outlined in this section by October 1, 2006.
3. Designate staff to act as facility compliance monitors and to develop an internal compliance schedule for all operations, by a date to be specified in the Standards and Criteria section of this Remedial Plan.
4. Develop a system for corrective action planning, implementation, and review, by a date to be specified in the Standards and Criteria section of this Remedial Plan.
5. Rewrite local directives and procedures consistent with agency policy. This will be completed incrementally as facilities are phased in, by a date to be specified in the Standards and Criteria section of this Remedial Plan.
6. Produce updated job descriptions for all living unit and management staff at the treatment team leader and above, incorporating duty requirements and performance measures consistent with agency policy, by a date to be specified in the Standards and Criteria section of this Remedial Plan.

7. Produce comprehensive annual reports substantially similar to that described above. By a date to be specified in the Standards and Criteria section of this Remedial Plan, these reports will be provided to the Court, the Legislatures, and made available to the public.

### **Improve MIS Capability**

DJJ will:

1. Complete the WIN exchange by January 1, 2007.
2. Assess its management information systems to identify the existing deficiencies and develop a plan to address these deficiencies by the date that will be specified in the Standards and Criteria Section. The plan will address the issue of having sufficient technical staff to assist in programming changes to ensure that the system is responsive to user needs.
3. Contract for implementation of Performance-based Standards by September 1, 2006. Establish a state-wide coordinator and site coordinators for PbS in time for the first data collection, by November 1, 2006.

### **Add Resources at DJJ Facilities**

As each facility is converted to the reform model DJJ will ensure that the facility has:

1. Program Manager(s) responsible for high-risk, low-risk, and re-entry programs as needed.
2. Volunteer Services Coordinator/Positive Incentives Coordinator
3. Vocational Specialist to provide vocational and career counseling and coordination with parole and re-entry specialists
4. Victim Services/Restitution Specialist
5. Training officer
6. Conflict resolution team(s)
7. Work Assignment Coordinator to seek out and develop work assignments for youth throughout the facility, monitor and assure that the maximum number of youth are attending Free Venture programs, and coordinate and develop external job assignments, work experience programs, and job furlough programs.
8. Facility administrators responsible for each of the following areas: operations, programs, and business services.

These staff will be hired on the schedule that will be specified in the Standards and Criteria Section.

### **Research**

Research will oversee, or conduct, the validation studies described in Section 4 of this Plan and the collection and analysis of information for use in the annual reports described above. Research may also assist with other data analysis and reporting requirements, such as the collection of Safety Outcome data elements in the PbS system as described in Section 3, "Reduce Violence and Fear."

## **SECTION 3**

### **REDUCE VIOLENCE AND FEAR**

#### **THE ISSUE**

Reform is not possible if youth or staff fear for their safety. Unfortunately, this is a situation that prevails throughout much of DJJ. Reducing violence and fear in DJJ facilities is therefore the first step to reform. All other objectives, including the goals of gang integration and placing youth as close to their family and community as possible, must be subordinated to this objective. Once safety and order are returned, reform becomes possible and other objectives can be pursued.

#### **DISCUSSION**

##### **Indicators of Violence and Fear**

Violence and the fear that it engenders can be seen in the data. For example, during fiscal year 2005 (July 2004 through June 2005), Serious Incident Reports were submitted for:

- 34 medical emergencies from youth-on-youth violence,
- 53 medical emergencies from youth-on-staff violence,
- 145 group disturbances,
- 266 incidents of battery of staff by youth,
- 84 incidents of youth throwing “foreign substances” at staff,
- approximately 80 incidents resulting in lockdowns of multiple youth, and
- an unknown number of incidents of youth-on-youth violence.<sup>3</sup>

Based on reported serious incidents, the most troubled facilities during the last two years are the Heman G. Stark, N. A. Chaderjian, and Preston youth correctional facilities. Based on medical emergencies related to battery of youth by youth or staff by youth, Heman G. Stark is in a class by itself with nearly half of all such incidents in DJJ during the last two fiscal years.

Perhaps more troubling still is the nature of many of the incidents that occur in DJJ facilities. Of the 67 incidents that resulted in lockdowns during the period from March 1, 2005 through December 31, 2005, nearly 80 percent were related to gang or racial violence.

##### **Use of Force**

Examples of the use of force by staff include use of oleoresin capsicum (pepper spray), chemical agents, and physical restraints. Use of force is both a response to, and an indicator of, violence in DJJ facilities.

A prevention strategy to reduce violence and the use of force is needed. This strategy is based on a continuum of interventions, a use of force review model and process, procedures for monitoring the use of chemical agents, and training.

A continuum of prevention, intervention, and use of force methods will be adopted by DJJ that includes, at minimum:

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<sup>3</sup> DJJ stopped counting youth-on-youth batteries in April 2003. Other parts of this plan require immediate resumption of collection of this and other data.

1. Prevention
2. Dialogue/verbal persuasion
3. Verbal intervention by a person not involved in the incident
4. Commands/authoritative warnings
5. Deferral of action pending supervisory presence for a controlled use of force
6. Containment or isolation
7. Controlled show of force
8. Minimal reliance on the use of physical, chemical or mechanical restraints to reduce threats to safety of staff and youth.

### Use of Force Review Model and Process

DJJ will adopt a Use of Force Review Model that distinguishes between “*immediate*” and “*controlled*” use of force. An immediate use of force is necessary and appropriate when there are no other options available except to subdue an attacker in order to defend oneself, prevent harm to another, or prevent escape. Immediate use of force must not be premature and must employ only those methods of restraint that are sanctioned by DJJ policy and training and which are sufficient to overcome resistance. Use of force ceases when active resistance is overcome.

A controlled use of force is employed when time and circumstance permits a planned intervention. Controlled use of force requires that a deliberate, step-by-step implementation process be followed and that specific staff are present before controlled force is used. It relies on methods intended to reduce the possibility of injury to youth or staff and is supported by ongoing training. It recognizes that the use of force is not an end in itself but is only one of several means to achieve an end. In all controlled uses of force it is very important to convey to the youth(s) involved that no force will be employed once they cease resistance.

A controlled use of force requires the presence and authorization of a Chief of Security or Superintendent’s designee, the presence of medical personnel, mental health personnel (when possible and if the youth is on a mental health caseload), and videotaping. All controlled use of force is to be preceded by a cooling down period to allow the youth to voluntarily comply with staff instructions. Videotapes are to be retained for five years.

The Use of Force Review Model requires that both supervisory staff and the local Institutional Force Review Committee (IFRC) conduct a mandatory review of all uses of force using a structured and consistent process that is supported by comprehensive documentation and training. The Institutional Force Review Committee is made up of the Superintendent/Assistant Superintendent, Chief of Security, a mental health professional, and at least one other manager selected on a rotational basis. A standard DJJ approved review format is used by all facilities.

In addition, DJJ will establish in each facility a facility Violence Reduction Committee (VRC) to review, map, and evaluate all incidents of violence quarterly. This information is to be used to assist in the development of local violence reduction plans to reduce youth-on-youth and youth-on-staff violence. Successful avoidance of the excessive use of force starts at the living unit level. Consequently, each VRC will create a violence reduction plan for the facility around the development of living unit treatment teams. The VRCs will submit violence reduction plans to DJJ’s Chief of Security Office for review, monitoring and sharing of the most effective practices

with other facilities. The VRCs will measure and report the impact of these efforts in violence reduction by living unit and by facility.

The Use of Force Review Model also establishes a second level *Department Force Review Committee* (DFRC). This committee is to ensure that facility administrators are conducting the required qualitative analysis of all use of force incidents following the DJJ mandated methodology and that they are maintaining an aggregate use of force database for their facility.

The Department Force Review Committee is to meet monthly and select and review at least 10 percent of use of force incidents, including incidents at every facility. The compliance unit conducts regular on-site audits of use of force incidents using audit instruments that are standardized and approved by the DJJ's DFRC. Corrective action is to be undertaken as needed and follow up audits completed to confirm compliance and accountability. Audit results are to be reported to the Chief Deputy Secretary, DJJ.

The Institutional Force Review Committee (IFRC) process and Department Force Review Committee (DFRC) process are designed to provide feedback and training to staff in a timely way to ensure that staff are following policy and to monitor the review process. The review process, when used appropriately, is a powerful tool to ensure that staff are only resorting to use of force when absolutely necessary and are selecting an appropriate use of force that will minimize injury while achieving the required objective.

As part of this process, facility management should extend recognition to staff who are properly and effectively using the alternative tools to manage incidents without resort to force or where it is clear that only the amount of force that was necessary to effect control was used. Monitoring will be done to ensure that employees have not used any type of force against a youth (including chemical or mechanical restraint) as punishment, retaliation, or for disciplinary purposes.

The power of the process derives from establishing effective communication between management and employees and through follow up training or individual correspondence with regard to those situations in which the employees were directly involved, or in situations occurring at the facility in which they work, where some form of corrective action is mandated.

This Plan does not require targeting or eliminating any specific force option as a way to reduce reliance on force. Such requirements can have negative consequences and may result in staff migrating to the use of those force options remaining or circumventing the approved methods. Selection of the proper prevention or intervention must be reinforced by training following the UOF review and, if an inappropriate selection of method occurs, by appropriate administrative actions. The reviews are to examine not only the methods employed but also the supervision extended to staff in the use of force incident and the documentation provided.

### [Monitoring the Use of Force](#)

In addition to the Use of Force Review Model discussed above, in consultation with the Plaintiffs' Attorneys and the appropriate Safety and Welfare Expert, DJJ will develop and adopt a database to track all incidences of violence and UOF until a more complete centralized MIS is implemented.

In addition, using PbS definitions, DJJ will record PbS Safety Outcome Measures numbers 2, 3, 4, 11, and 12 for every day. (Data may be entered on a regular, as opposed to daily, basis as long as all outcome measures are reported for all days.) Because PbS does not presently permit recording of information on a daily basis, these data may be recorded in a separate database from the PbS system. These data will be analyzed and the results will be included in regular staff briefings at the facility and central office level. Reports will be provided to the plaintiff's counsel, relevant Safety and Welfare Expert, and Special Master.

#### Procedures for Monitoring the Use of Chemical Agents

A pilot project will be conducted to test a means to track and quantify the use of chemical agents. In this study, chemical agents not assigned to individuals (such as material used in pepper ball launchers and gas guns) are to be inventoried on a quarterly and per use basis. Numbers are to be assigned to each pepperball launcher to permit tracking of pepperballs used by each launcher. Furthermore:

- All canisters of chemical agents will be marked with a unique identification code and that code assigned to the person to whom the canister is issued. Returned canisters, including partially full canisters that DJJ determines will not be reissued, will be destroyed.
- Staff are only authorized to carry and use chemical agents approved and issued by DJJ.
- Inventory records of pepper balls issued and returned will be maintained by pepperball launcher ID number and the name of the person to whom the pepper balls were issued.
- Accurate records will be kept on the use of all chemical agents issued and returned. Upon return, partly empty pepper spray canisters will be weighed, or fully discharged in a way to accurately determine the quantity used and remaining. Auditable records will be kept at the facility and in central office.
- All reports on the use of chemical agents are to account for the approximate quantities expended by stating how much was used (i.e., 1 second, 2 second burst, etc.). An auditable system will be in place to compare the reported quantity used with the actual quantity used as determined through weighing or measuring seconds of discharge remaining upon return of the canister.
- Use of Force reports are to identify the identification number of the launcher used and the person to whom the launcher was issued.
- Information in use of force reports and inventories involving the use of chemical agents will be monitored closely to identify underreported, unauthorized or excessive use.

This pilot project will start in September 2006 and run for six months at a facility to be selected with the approval of plaintiff's counsel. At the end of this pilot project, a determination will be made whether to use this system at other DJJ facilities, test or implement an alternative system, or discontinue the pilot project due to lack of material benefit. This determination, and identification of an alternative system, if necessary, will be made by DJJ in consultation with, and subject to the approval of, plaintiff's counsel.

#### Accommodations in the Use of Force for Mentally and Physically Ill Youth

Under situations where an immediate use of force is unnecessary, DJJ policy will include special procedures and/or alternative interventions to protect youth whose medical or mental health condition indicates the use of certain types of force are contraindicated. For example, because of

potential medical complications, oleoresin capsicum spray should not be used on youth who are on psychotropic agents. Youth with severe asthma, chronic heart conditions, or who are seizure prone are other examples where use of force methods must take into account the youth's medical condition. In addition, some individuals who are very aggressive, agitated, intoxicated, or suffer from a severe mental illness may have altered perceptions and responses to pain and therefore may not respond as desired and may become more agitated by exposure. Policy regarding accommodations in the use of force for mentally and physically ill youth will be developed in consultation with the Medical Director and Chief Psychiatrist.

DJJ will immediately implement a system to recognize and identify any youth with medical or mental health conditions that might preclude the use of some types of use of force or restraint and communicate this information to prevent exposure to control methods that are contra-indicated.

The Medical Director and/or Chief Psychiatrist for DJJ will develop a policy/procedure outlining a process of communication and documentation to ensure that healthcare and/or mental health professionals indicate if any use of force is not appropriate for a specific youth. This information will be provided to the unit staff and Duty Lieutenant who will be responsible for obtaining this information prior to a controlled use of force.

#### Use of Force Training

Training on the continuum of interventions and Use of Force policy and procedures is required of all direct care staff. DJJ will qualify at least 18 staff as trainers by a crisis management organization and/or hire an outside organization to provide this training to all direct care staff. The organization used or hired will be selected by mutual agreement of the parties. This training will be competency based and require a testing method to determine the employee's retention of information and mastery of the skills being taught.

#### Youth Gangs

The primary driver of youth initiated violence in DJJ facilities is gang culture and racial animosity. In an attempt to lessen gang and racial violence, some youth have been separated through facility or living unit assignments, based on gang affiliation. Rather than reducing gang violence, this has tended to increase gang control.

If DJJ is to regain control of its facilities and become a truly rehabilitative agency, gang membership must cease to be a dominant factor in DJJ youth culture. Because of the potential for temporary increases in violence, reintegration must be done in a careful and deliberate fashion.

DJJ will consult with nationally recognized experts to assist in design, development and implementation of strategies and procedures to integrate gangs and racial groups and to reduce gang and racial violence. Specific training in these strategies and procedures will be developed and provided to all line staff and managers involved in their implementation.

#### The Effect of Smaller Living Unit Size

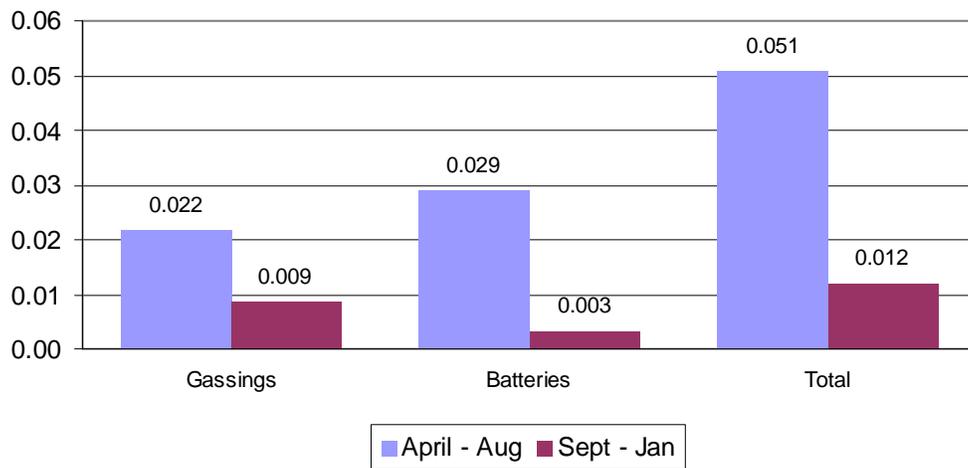
There is evidence in DJJ that making smaller living units can, by itself, reduce levels of violence. In September 2005, DJJ began to reduce the size of living units at Chaderjian by significantly reducing intake at that facility. By early 2006 all but two of the living units had only 24 youth. Staffing levels were not changed. Taking into account the lower population levels and comparing

the five months prior to the population reduction to the five months after the start of the reduction, the data show that serious incidents of youth-on-youth violence (DDMS Level 3) went down 17 percent; group disturbances went down more than 80 percent; assaults on staff decreased 76 percent; incidents involving the use of force decreased by 24 percent; and use of restraints went down nearly 45 percent.

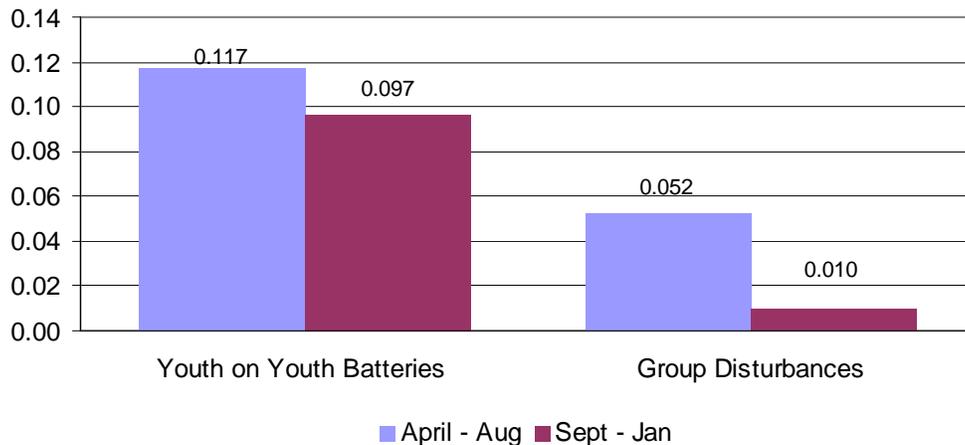
These changes are illustrated in the following graphs.

### Measures of Violence and Use of Force at Chaderjian Before and After Reducing Population Levels

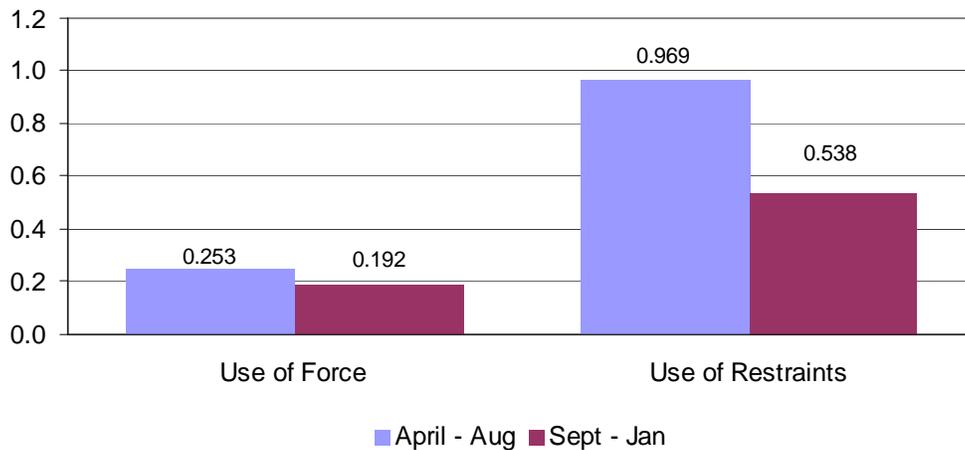
Assaults on Staff per 100 Days of Youth Confinement



### Youth on Youth Batteries and Group Disturbances per 100 Days of Youth Confinement



### Use of Force and Use of Restraints<sup>4</sup> per 100 Days of Youth Confinement



These improvements are impressive, but what they indicate is a reduction of violence – not the rehabilitation of youth. Reducing unit population levels is necessary but must be combined with other rehabilitative measures to make reform possible.

#### **Custody Classification**

The first principle of risk management within correctional facilities is to identify those individuals who have already posed a significant risk or who, based on objective factors, appear to be at a higher risk of institutional behavior that threatens others or the orderly operation of the facility. These individuals should receive special attention to control the risk they pose. Control is accomplished by separation, features of facility design (such as single room housing), supervision (such as higher staff to youth ratios) and program design (such as treatment targeted at aggressive behavior).

#### **Risk Assessment Processes and Instruments**

A preliminary risk assessment instrument to measure institutional risk at commitment was developed by DJJ research staff and reviewed by Chris Baird, a national expert in classification and assessment and one of the experts who assisted DJJ with this Remedial Plan. Following his review, Mr. Baird expressed support for DJJ's use of the instrument for initial custody classification. He found that it based initial custody level on factors demonstrably related to institutional behavior.

In June 2006, DJJ began implementing the interim custody classification plan devised in consultation with experts Chris Baird, Barry Krisberg and Christopher Murray. Under this interim plan, DJJ is using the initial classification instrument and certain reclassification factors to identify youth who pose a high risk to others and thereby separate them from low and moderate risk youth.

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<sup>4</sup> Use of restraints is generally considered to be a type of use of force. Use of restraints is shown separately in this chart for purposes of illustration. The Use of Restraints portion of the chart is based on a count of Use of Restraint Reports during the time periods indicated. The Use of Force portion is based on counts of all other reported uses of force.

DJJ will use this initial custody classification instrument for custody classification of males at first commitment and after parole revocation until such time that it demonstrates to the satisfaction of the relevant Consent Decree expert that it has a new process or instrument as described in the following paragraph that is equal or superior to this initial custody classification instrument at predicting institutional misconduct.

DJJ will develop a custody reclassification process, including a reclassification instrument, which gives significant weight to actual institutional behavior in establishing a youth's custody level. If necessary, a separate reclassification instrument will be developed for parole violators. Like the initial custody classification instrument, the reclassification instrument(s) will be short and easy for those responsible for custody classification to administer and interpret. The effectiveness of this instrument will be analyzed and validated (or revised as necessary) after a time period to be specified in the Standards and Criteria Section of this Remedial Plan.

Using this custody reclassification instrument, youth will be periodically reclassified for institutional risk based on their expected length of stay in DJJ facilities. For youth expected to stay less than 13 months, reclassification will be done at least quarterly. For youth expected to be in DJJ facilities for a longer period of time, reclassification will take place at least once every six months. Custody reassessments will also be incident driven as determined by DJJ policy which will be developed in consultation with, and the approval of, the relevant Safety and Welfare Consent Decree Expert.

In the future, DJJ will have an integrated risk/needs assessment process that will result in placements based on risks (in the community, of recidivism and to others in an institutional setting) and program needs. Part of the implementation of risk/needs assessment will include a validation process. DJJ may replace its interim custody risk classification/reclassification process and instruments with an integrated risks/needs assessment process when it demonstrates that the instruments are equal or superior to those being replaced in predicting institutional misconduct. It will keep plaintiffs' counsel, the relevant Consent Decree experts and the Special Master advised of its progress in developing the integrated assessment process and instruments with sufficient notice to permit invocation of the Consent Decree dispute resolution procedure over whether the proposed integrated risk/needs assessment process and instruments are equal or superior in providing for institutional safety to the processes and instruments being replaced.

#### [Assignment to Living Units](#)

Unless there are specific programmatic reasons supported by the DJJ Integrated Treatment/Rehabilitative Model indicating otherwise, male youth classified as high risk for institutional violence through the initial custody classification instrument, the custody reclassification process, or the interim classification plan will be separated from youth classified as low risk. Moderate risk youth will be placed as appropriate by the classification tool. Because they have higher staff to youth ratios and use single rooms, this restriction will not apply to mental health units, sex behavior treatment units, and intake units. DJJ will develop a policy to allow out-of-level placement for specific programmatic reasons supported by the DJJ Integrated Treatment Model. This policy will include required documentation and headquarters review.

Housing youth with high institutional risk in dormitories, if necessary, will be temporary. These dormitories will operate only until such time as they are replaced by new construction or the

opening of other suitable single-room living units. Until replaced, dormitories with high risk youth will be operated in ways designed to reduce overall levels of violence. Levels of violence will be monitored as described below under "Performance Measures for Custody Classification." If levels of violence in high risk dormitories do not meet the targets set by these performance measures, DJJ will implement alternative risk management strategies whose elements and schedule will be developed in consultation with, and be approved by, the relevant Safety and Welfare Consent Decree Expert.

DJJ will provide all of its program components to youth of all risk levels.

#### Performance Measures for Custody Classification

In consultation with, and subject to the approval of, the relevant Safety and Welfare Consent Decree Expert, DJJ will develop and adopt a system of performance measures related to violence reduction in its facilities. This system will specify the data elements to be tracked, the method(s) by which baselines are established, and the target levels and dates which will be used to determine success or failure in reducing violence.

This system will be put in place no later than 30 days after DJJ begins using dormitories for high risk youth.

#### **ACTION PLAN**

1. DJJ will work with Safety and Welfare Consent Decree Expert Barry Krisberg to develop a schedule for implementing the custody classification, living unit assignment, and performance measure processes described in this section by August 1, 2006. The dates agreed to by DJJ and Dr. Krisberg will be incorporated in the Standards and Criteria Section of this Remedial Plan which will be filed in accordance with the schedule described in Section 1.
2. By a date to be specified in the Standards and Criteria Section of this Remedial Plan, DJJ will revise the Use of Force policy as necessary to be consistent with this Plan, including policies and procedures relating to accommodations in the use of force for mentally and physically ill youth.
3. By January 1, 2007, DJJ will implement the Use of Force Review Model and create and begin operating Violence Reduction Committees at each facility.
4. By July 1, 2007, DJJ will qualify at least 18 staff as trainers by a crisis management organization agreed upon by the plaintiff's counsel and/or hire an outside organization to provide this training to all direct care staff. Direct care staff of at least two facilities will receive this training by November 1, 2007. Staff in all remaining facilities will receive this training by July 1, 2008.
5. By January 1, 2007, DJJ will, in consultation with the plaintiff's counsel and the relevant Consent Decree expert, develop and adopt a database to track all incidences of violence and use of force. DJJ will use this system until a more complete centralized MIS is implemented.
6. DJJ will implement a system to regularly record the data elements collected for PbS Safety Outcome Measures 2, 3, 4, 11, and 12 for every day of the year by November 1, 2006. DJJ

will develop formats and procedures for reporting results and share these quarterly with plaintiff's counsel, the relevant consent Decree expert, and Special Master April 1, 2007.

7. By September 2006, DJJ will implement a six month pilot program to monitor the use of chemical agents as described above. In consultation with, and subject to the approval of, plaintiff's counsel, a determination will be made whether to use this system at other DJJ facilities, test or implement an alternative system, or discontinue the pilot project due to lack of material benefit.
8. DJJ will consult with a national expert by June 1, 2007 to help develop by January 1, 2008, strategies and procedures to safely integrate gangs and racial groups. DJJ will provide training in these strategies and procedures to all staff involved in their implementation by July 1, 2008.
9. DJJ will open Behavior Treatment Program units as specified in the Standards and Criteria Section of this Remedial Plan. DJJ will use improved data from the new assessment instruments and process, disciplinary review process, and monitoring systems established to measure violence and use of force, to make annual estimates of the number of BTP units that will be needed for the following two years. By July 1, 2008, DJJ will have sufficient capacity in BTPs to provide treatment/rehabilitation for the estimated number of youth requiring BTP level treatment/rehabilitation during fiscal year 2008-2009.
10. DJJ will consult with national expert(s) to develop methodology for training impartial observers to conduct regular surveys of youth and staff using the PbS Staff Climate Survey and Youth Climate Survey or similar instruments at each facility. DJJ will begin producing twice yearly reports on staff and youth attitudes about facility safety by a date to be specified in the Standards and Criteria Section of this Remedial Plan. The sample size for each survey will be established by the national experts to ensure that changes observed from one time period to the next are statistically significant at a level designated by the experts.

# SECTION 4 IDENTIFY A REHABILITATIVE TREATMENT MODEL

## THE ISSUE

The core requirement of the January 31, 2005 stipulated agreement in the *Farrell* lawsuit is that DJJ will reform its system to a rehabilitative model. DJJ must clearly define the model it will use before it can develop and implement the training needed to become a rehabilitative agency.

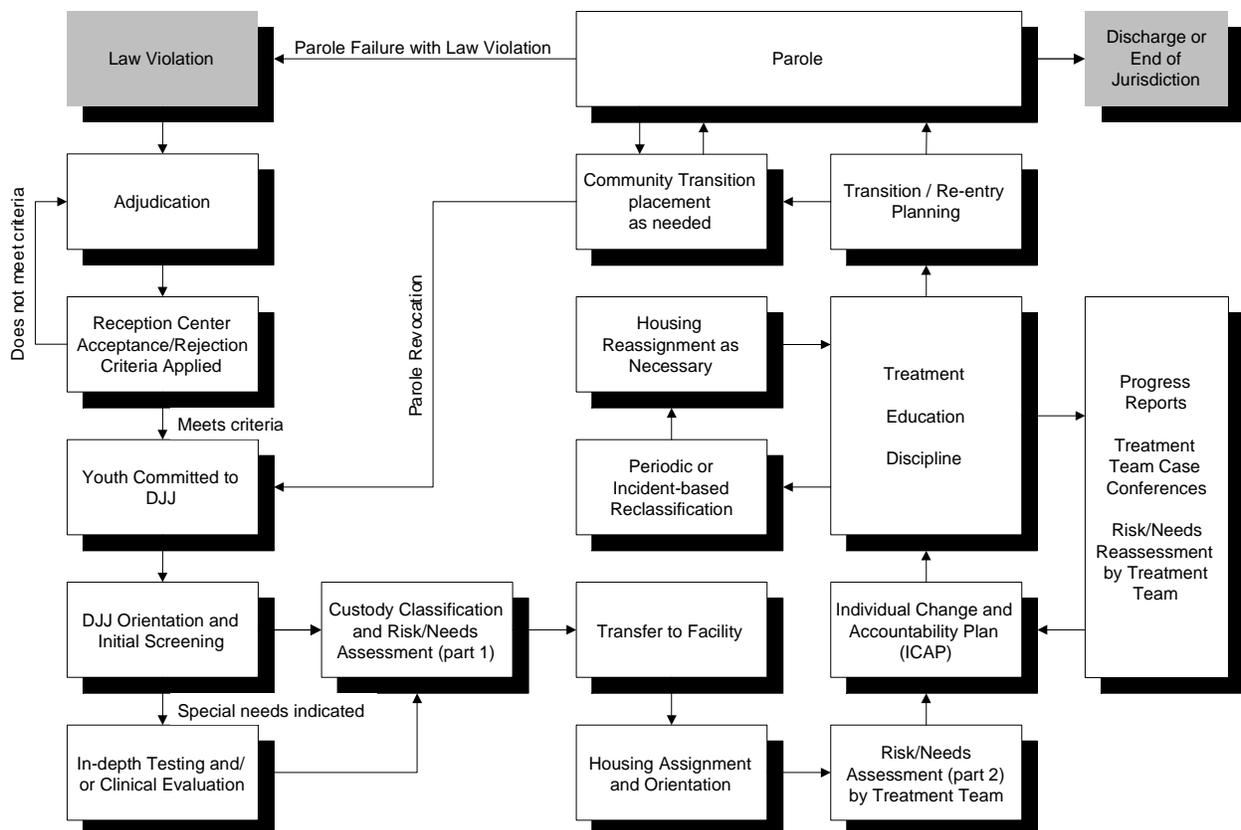
## DISCUSSION

This section defines the components of a rehabilitative model and outlines a well documented and successful approach used by one state that DJJ will adapt to meet its needs.

### System Overview

Figure 4.1 shows how a youth committed to DJJ would move through a system that incorporates all of the elements of a rehabilitative model.

**FIGURE 4.1: A REHABILITATIVE MODEL FOR DJJ**



### Acceptance and Rejection Criteria

Under state law, DJJ “shall accept a person committed to it ... if it believes that the person can be materially benefited by its reformatory and educational discipline, and if it has adequate facilities to provide that care.” Both state and local governmental entities in California have a

great interest in how it is determined if a person can materially benefit from DJJ’s “reformatory and educational discipline.” This issue is discussed in Section 8, “Other Issues.”

### **An Integrated Approach to Assessment and Treatment/Rehabilitation**

Because the research literature and experience support it, successful rehabilitative programs in other states base their treatment/rehabilitation philosophy and interventions on cognitive-behavior treatment. DJJ is committed to implementing a treatment/rehabilitation program based on this approach.

While the particulars may differ, because they are based on the same treatment approach, the concepts behind the treatment model in states with successful rehabilitative programs are more or less the same. As the agency with the most fully documented model, the Integrated Treatment Model developed by the Washington State Juvenile Rehabilitation Administration (JRA) is used to illustrate these concepts. It conceptually unites evidence-based programs in a coherent, clearly articulated way. It is principle-based and open-ended. Consequently, this model can embrace any evidence-based intervention consistent with a cognitive-behavior model. Because of existing documentation, the model is replicable and has existing materials – including training materials and an implementation plan – that DJJ will modify and tailor to its needs.

### **Treatment/Rehabilitation is Pervasive and Universal**

The Integrated Treatment Model provides the central guiding vision uniting screening, assessment, case planning, treatment/rehabilitation, transition, and aftercare. The concepts are used across all parts of the agency – including the core treatment program, special treatment programs, academic and vocational education, work, recreation, mental health, and parole.

At different levels of detail, everyone – administrators, line staff, treatment/rehabilitation providers, and support staff – receives training in the model. This not only structures the environment to help promote success in changing behavior, it also creates a common vocabulary for all parts of the agency and facilitates continuity of treatment/rehabilitation when youth move between facilities and living units.

In DJJ, a comprehensive vision describing such a model might be something like this:

*The DJJ cognitive-behavioral treatment model pervades every aspect of the agency, its facilities and aftercare. Its principles are transparent, effective, recognizable, and universal. Everyone provides treatment/rehabilitation.*

## Assessment and Reassessment

Initial screening is done to identify issues requiring further testing or clinical evaluation. In addition, everyone receives a risk/needs assessment which, together with other testing and clinical evaluation, identifies issues to be prioritized for behavioral analysis and treatment/rehabilitation interventions.

A risk/needs assessment tool identifies risk and protective factors in a variety of domains. The following example is taken from Arizona Department of Juvenile Corrections assessment tool. It has 12 domains. (This is two more domains than the JRA model which does not have a separate domain for sexual offending and includes aggression under attitudes and behaviors.) The 12 domains in the Arizona system are:

- Risk to Reoffend / Criminal History
- Medical and Mental Health
- School
- Employment
- Family
- Alcohol and Drugs
- Aggression
- Sexual Offending
- Social Influences
- Use of Free Time
- Skills
- Attitudes / Behaviors

Most of these domains have both static and dynamic factors. Static factors are those that cannot be changed through any intervention. For example, it is a static risk factor to have been the victim of sexual abuse or to have grown up in an environment where the parent or caregiver rarely responded appropriately to negative behavior. Dynamic factors are those that can be changed, such as a youth's attitudes about drugs or school or authority figures. They can also include factors over which other people have control, like having pro-social role models.

Most domains have both risk and protective factors. For example, a history of being expelled from school is a risk factor, but having positive school experiences or rapport with teachers are protective factors. Being fired from work or having uninvolved parents are risk factors, but pro-social work experiences or caring parents are protective factors.

In this kind of assessment, skills refer to personal or social skills such as the ability to control impulses or tolerate frustration. Defined this way, all skills are dynamic factors and mitigate risk.

In an integrated system, the same instrument used for initial assessment is used for re-assessment. Reassessments only address dynamic factors. They measure the progress (or lack of progress) of an individual against all changeable factors in all domains. This provides objective feedback on how well a youth is doing. Taken in aggregate, reassessments provide insight into the effectiveness of a particular intervention in strengthening the protective factors and/or ameliorating the risk factors that are the intended targets of the intervention.

As this Plan is implemented, part of the assessment may be done at a regional reception center and the remainder after the youth has been transferred to a facility.

Different people may be responsible for different parts of the assessment. For example, someone from parole may be assigned the responsibility for doing assessment and reassessment in the Family Domain; someone from education may be assigned the School Domain. Those individuals who do the reassessments can constitute the multi-disciplinary team that periodically meets to review a youth's progress and adjust his or her treatment/rehabilitation plan accordingly.

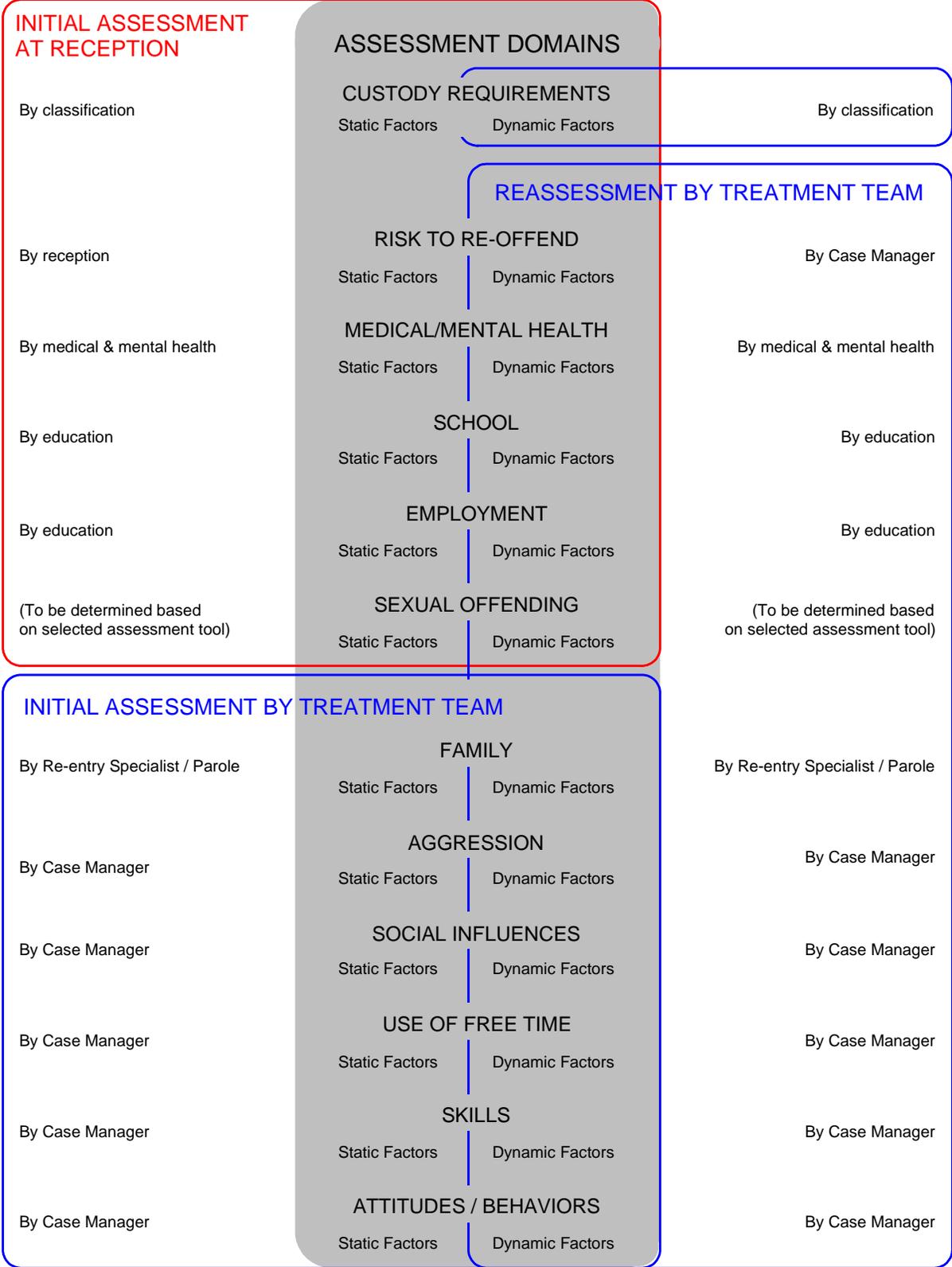
Figure 4.2 shows how this system works. The domains, domain names, locations where initial assessment takes place, and the people assigned to each domain are *for illustration purposes only*. It is the concepts that are important. DJJ will adapt this system to its own needs.

It should be noted that Figure 4.2 also includes initial assessment and reassessment for custody classification. Custody classification/reclassification will be conducted and used as described in Section 3, "Reduce Violence and Fear."

**FIGURE 4.2: AN INTEGRATED APPROACH TO ASSESSMENT & REASSESSMENT**

Initial assessment evaluates static and dynamic risk and protective factors

Reassessment measures changes in dynamic risk and protective factors



### Validity of Assessment Instruments

The primary outcome variable that DJJ is trying to influence through its rehabilitative model is future criminal behavior. The assessment and reassessment model described here only works if the items assessed and scored are truly predictive of risk and protective factors correlated with future criminal behavior. Such assessment tools cannot be constructed in an arbitrary way or by vote of a committee. Questions must be developed based on research findings and scoring values (weights) for each question established through a validation study by a competent researcher. DJJ will contract for a risk needs assessment and ensure that a validation study is conducted based on the population it serves and adjustments are made accordingly.

### Case Management Planning

For each area in which treatment/rehabilitation services are indicated – either by court order, parole condition, or assessed need – the treatment team will prioritize the targets for treatment/rehabilitation and develop an individualized case plan based on the youths’ goals for the future, motivation for change, strengths, skills, and risks related to re-offense. Periodic reassessments will be conducted and modifications to the plan will be made as necessary.

DJJ will establish a method to document the treatment/rehabilitation needs of youth upon their entry to the system and update this upon reassessment. In the long term, this system will be electronic. DJJ will use aggregate information from this system to identify aggregate treatment needs, trends, and to plan for future services.

The case management plan will include elements that are not specifically cognitive-behavioral treatment including academic and vocational education, work experience and work skills training, and asset-based programs related to interests and abilities in music, literacy, culture, art, leadership, recreational activities, etc.

### Treatment/Rehabilitation Planning

An individualized treatment/rehabilitation plan is developed for each youth and regularly updated. The plan should include identification and prioritization of the issues for which the youth needs services.

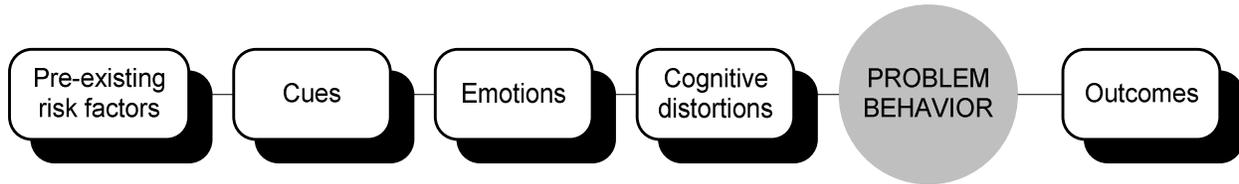
A central feature of the Integrated Treatment Model is the use of behavioral analysis in planning for treatment/rehabilitation. Behavioral analysis has a long history as a research and assessment tool in psychology. It examines the links in the behavior chain, which are:

- Pre-existing risk factors
- Cues
- Emotions
- Cognitive distortions (“thinking errors”)
- Behavioral responses
- Outcomes that reinforce the behavior

Figure 4.3 illustrates the links in the behavior chain.

### FIGURE 4.3: THE BEHAVIOR CHAIN

(Adapted from *JRA Integrated Treatment Model*, September 2002)



Behavioral analysis is used to discover what the youth’s problem is and to understand how the problem behavior the youth engages in “solves” the problem from the youth’s perspective. Once the purpose of the problem behavior is understood, staff and the youth can begin to develop a plan that attempts to break the behavior chain at multiple points.

#### The Treatment/Rehabilitation Hierarchy

Virtually all youth committed to DJJ have multiple problems. While more than one problem can be worked on at a time, it may be necessary, based on circumstances, to prioritize what will be addressed. The following is an example of a system to prioritize targets of intervention. DJJ will develop a process to prioritize treatment/rehabilitation needs.

#### *Sample Treatment/Rehabilitation Hierarchy*

- self-injurious behavior,
- aggressive behavior,
- escape ideation, threats or behavior,
- treatment-interfering behavior,
- research-based risk and protective factors relating to recidivism
- significant quality of life issues<sup>5</sup>

#### Treatment

Cognitive-behavioral treatment includes a wide variety of interventions which are applicable to some, or multiple, parts of the behavior chain. The treatment/rehabilitation plan identifies the problem behavior(s) and the links in the behavior chain where interventions should have the best results. The treatment/rehabilitation hierarchy identifies which problems are to be addressed first.

Thus, for example, if a youth has aggressive behavior that is linked to severe anxiety and fear, the treatment/rehabilitation plan would include interventions related to emotions. Examples of these are exposure-based interventions and skills training in emotional regulation and distress tolerance. If something in the current environment “solves” the problem from the youth’s point of view but does nothing to remove the problem behavior, then interventions addressing the outcomes portion of the behavior chain are needed. Many types of interventions are available for such situations. The term used in cognitive-behavioral treatment for this collection of interventions is “contingency management.”

Most cognitive-behavioral interventions involve the teaching of skills. In the JRA model, skills deficits are addressed following a decision tree as illustrated in Figure 4.4. (It should be noted

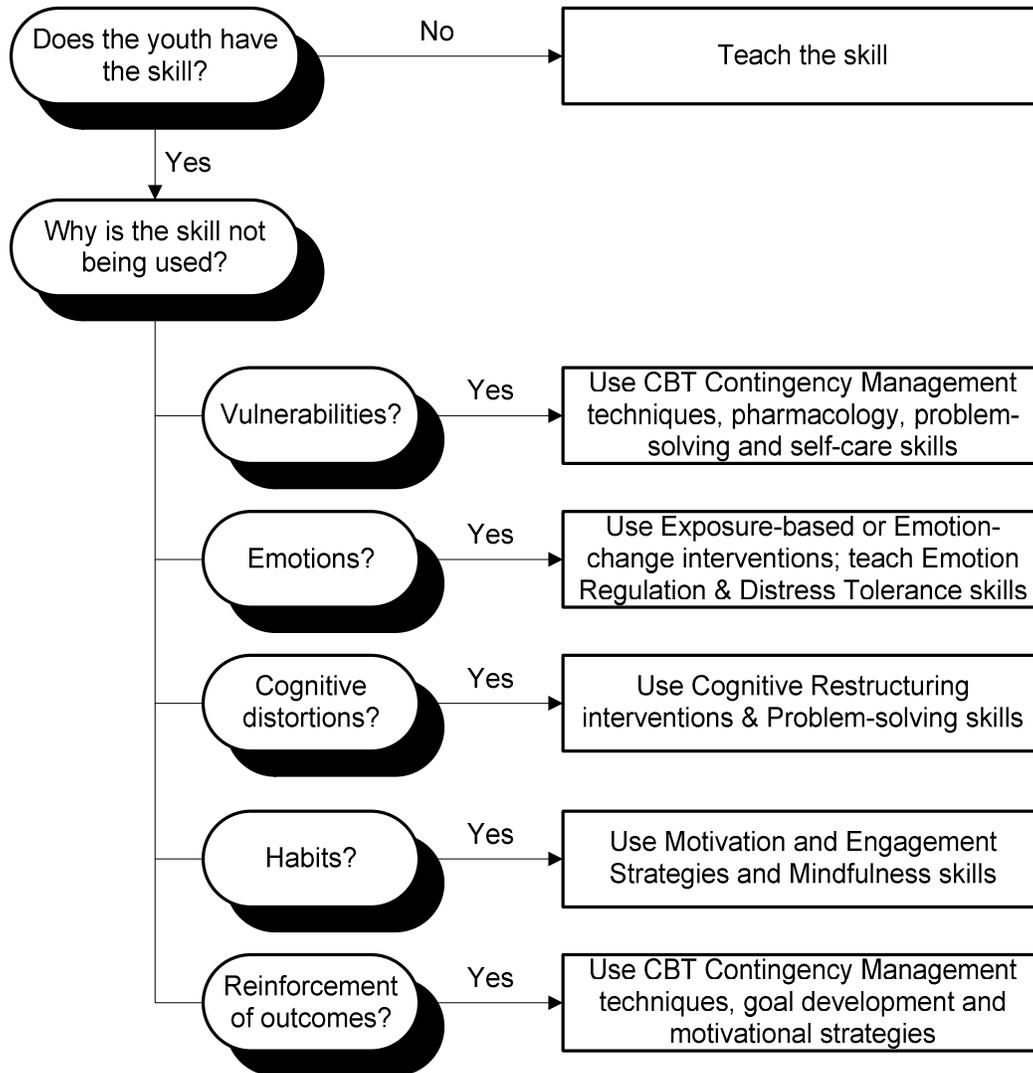
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<sup>5</sup> Quality of life issues include such things as being homeless, being unemployed or unable to maintain employment, being expelled from school, lacking friends or having inconsistent relationships, having excessive unstructured time, having anti-social peers, etc. Most of these elements are correlated with recidivism.

that any appropriate evidence-based cognitive-behavioral intervention can be substituted for those listed here.)

**FIGURE 4.4: CBT SKILLS DEFICIT DECISION TREE**

(Adapted from *JRA Integrated Treatment Model*, September 2002)



[Applicability to DJJ’s Treatment Modalities](#)

The Integrated Treatment Model is applicable across all cognitive-behavior treatment/rehabilitation settings in DJJ, including the core program, the behavior treatment program, and specialized programs such as sex behavior and mental health. The original concepts were developed for chronically suicidal women and can be applied in gender specific and culturally relevant ways. The model can also be used in parole.

[Training](#)

Training in the Integrated Treatment Model is provided to all staff at different levels of intensity. For example, JRA has developed initial training materials for residential and line staff that focus on:

- Cognitive-behavior treatment overview
- Behavior modification components
- Interactive behavioral analysis
- Treatment/rehabilitation hierarchy
- Treatment/rehabilitation planning
- In-depth skill set overview
- Cognitive-behavioral Treatment documentation

The JRA training module for managers is a 16 hour course that includes all of the above. Support staff receive four hours of audio-visual training that includes a brief overview of behavior modifications components and cognitive-behavioral research, treatment/rehabilitation planning, and cognitive-behavioral treatment documentation. Line staff receive more intensive training plus on-going coaching from, and consultation with, clinical psychologists who are specialists in cognitive-behavioral treatment.

### **Transition Services and Aftercare**

Re-entry planning will begin at the onset of the youth's arrival at the reception center and continue throughout the facility placement. The individual treatment/rehabilitation plan will include a re-entry component that will be periodically updated with input from the Re-Entry Specialist and community Parole Agents.

Transition services are more fully discussed in Section 6, "Convert Facilities to Rehabilitative Model." Aftercare is discussed in Section 8, "Other Issues."

### **ACTION PLAN**

1. DJJ will issue an RFP for a risk/needs assessment tool by October 1, 2006. As living units are converted to the reform model, all case managers, casework specialists, and other staff involved in risk/needs assessment will be trained in use of the instrument.
2. Consistent with the implementation schedules in Section 5, "Lay the Foundation for Treatment Reform," DJJ will consult with experts in cognitive-behavioral treatment for juvenile offenders to adapt the Washington Integrated Treatment Model to the needs of DJJ with specific emphasis on modifications needed for:
  - Older youth
  - Gang involved youth
  - Youth with racist attitudes and behaviors
  - Any other area DJJ deems necessary
3. DJJ will produce a written description and manual for its adopted treatment/rehabilitation model consistent with implementation schedules in Section 5, "Lay the Foundation for Treatment Reform."

## **SECTION 5**

### **LAY THE FOUNDATION FOR TREATMENT REFORM**

#### **THE ISSUE**

Section 4 of this plan defines the core elements and principles behind the rehabilitative model which DJJ will employ. Turning this definition into actual programs that DJJ can implement will require a great deal of work. This includes hiring of experts to assist with program development and training; obtaining and implementing a risk/needs assessment tool; fleshing out the details of the core program and the behavior treatment program; developing training curricula and training trainers; reconciling the Safety and Welfare Plan with other Remedial Plans; revising existing policies and procedures and developing new ones; and creating new or modifying existing job classifications.

#### **DISCUSSION**

If DJJ were implementing reform in a logical step-wise fashion, all of the elements described in the first paragraph of this section would be in place before DJJ rolled out the treatment/rehabilitation model a few living units at a time. Instead, because of the urgency of the situation and the timing of appropriations, DJJ will start rolling out smaller, fully-staffed living units before all elements of the treatment/rehabilitation model are in place. As elements of the model become fully developed, future living units will open (or be converted) with those elements in place and staff working in previously opened or converted units will be trained to operate their units using newly learned procedures and skills.

While not ideal, as discussed in Section 3, “Reduce Violence and Fear,” simply making living units smaller and improving the ratio of staff to youth will be a significant step forward. Only as staff are trained in the fully developed treatment/rehabilitation model will DJJ truly be able operate as a rehabilitative agency. Full implementation of this plan will take a great deal of time, effort and money.

#### **ACTION PLAN**

In order to lay the foundation for treatment/rehabilitation reform, DJJ must:

1. Consult with subject matter experts by May 2007 to help develop program designs and content.
2. Develop an adapted treatment model which will incorporate the following components by August 1, 2007:
  - a. DJJ’s Integrated Treatment Model
  - b. Risk Needs Assessment
  - c. Treatment/Rehabilitation Plan Development
  - d. Motivational Interviewing
  - e. Normative Culture
  - f. Interactive Journaling
  - g. Other formal treatment/rehabilitation programs adopted by DJJ

3. Develop or obtain the training curricula and materials for the components listed above and establish a schedule for training by a date to be specified in the Standards and Criteria Section of this Remedial Plan.
4. Hire or train trainers in each of the areas noted above by a date to be specified in the Standards and Criteria Section of this Remedial Plan.
5. By a date to be specified in the Standards and Criteria Section of this Remedial Plan, establish new job classification(s) or modify existing ones for treatment team staff, including treatment team leaders, case managers and treatment team members as necessary. The new classification(s) or changes are to ensure that:
  - a. Treatment teams have qualified leadership and participants,
  - b. Salaries are competitive and attractive to new recruits and promoting staff, and
  - c. There are opportunities for promotion.

## **SECTION 6**

# **CONVERT FACILITIES TO REHABILITATIVE MODEL**

### **THE ISSUE**

If population levels remain the same, 70 to 80 living units will have to be converted, opened, or constructed to provide rehabilitative programming for all males in DJJ facilities. DJJ will do this over the next four years. This section describes the types of treatment/rehabilitation programs that will occur in these living units and presents the schedule for their implementation.

### **DISCUSSION**

As a rehabilitative agency, DJJ will have two types of core treatment programs: a rehabilitative treatment program for most youth and a behavior treatment program for aggressive youth without significant mental health problems. In addition, there will be intensive treatment programs for youth with significant mental health issues. DJJ will provide all treatment/rehabilitation services, including sexual behavior and substance abuse treatment, at all levels as necessary to ensure that all youth identified as needing such services receive them without having their parole consideration delayed because the program was not available to them.

#### **Facility-wide Program Services**

Most treatment/rehabilitation services are provided at the living unit level. These services will be supported by various positions at each facility. These include:

- Program Manager(s) responsible for high-risk, low-risk, and re-entry programs as needed.
- Volunteer Services Coordinator/Positive Incentives Coordinator
- Vocational Specialist to provide vocational and career counseling and coordination with parole and re-entry specialists
- Victim Services/Restitution Specialist
- Training officer
- Conflict resolution team(s)
- Work Assignment Coordinator to seek out and develop work assignments for youth throughout the facility, monitor and assure that the maximum number of youth are attending Free Venture programs, and coordinate and develop external job assignments, work experience programs, and job furlough programs.
- Facility administrators responsible for each of the following areas: operations, programs, and business services.

Other facility-wide program services (education, medical, dental, mental health, and sex behavior treatment) are described in the Education Remedial Plan, the Health Care Services Remedial Plan, the Mental Health Remedial Plan, and the Sexual Behavior Remedial Plan.

#### **Program Service Day**

The Program Service Day is a coordinated schedule for each facility and the programs it operates. The intent is to provide flexibility in scheduling youth into school, individual counseling, groups, case conferences, and the like, during hours when program staff are on duty. The “Program Service Day” is intended to minimize conflicts while ensuring that youth receive necessary treatment/rehabilitation services and are constructively active during most of their

waking hours. Although treatment may be incorporated into regular education curriculum, students will not ordinarily be removed from education for scheduled treatment/rehabilitation services.

As necessary to provide treatment/rehabilitation services, supervision and support services and to ensure that youth are constructively active for most of their waking hours, DJJ will ensure that coverage by every discipline – including psychologists, case managers, teachers, and other service providers – includes some evening and weekend time. The Program Service Day schedule does not have to be identical at each facility, but must be consistent with minimum requirements for program access as established by central office. The administrator for programs at each facility will be responsible for coordinating development of the Program Service Day schedule for the facility that is consistent with these requirements. Schedules will be developed in consultation with each of the program disciplines.

Each youth will also have an individual schedule coordinated with the Program Service Day schedule to ensure that he/she will be able to participate in all required activities with minimum disruption to the school schedule or other mandated activity. The youth's Case Manager will be responsible for coordinating development of his or her individual schedule.

### **Core Rehabilitation/Treatment Program**

DJJ will establish core treatment programs to replace existing general population units. The program in these units will be based on DJJ's adaptation of the Integrated Treatment Model as described in Section 4, "A Rehabilitative Treatment Model." The DJJ Integrated Treatment Model may be supported by any or all of the following components:

- Risk Needs Assessment
- Motivational Interviewing
- Normative Culture
- Interactive Journaling
- Intensive Needs Curriculum (in development by The Change Company) - content to include anger management, criminal thinking and behavior, parenting, exiting gangs, victim empathy, coping with trauma, and alternatives to violence
- Strategies for Juvenile Supervision/Client Management Classification
- Additional cognitive behavioral interventions as identified in consultation with court and nationally recognized experts – especially in the areas of violence reduction, gang integration, substance abuse/dependence, normative culture, and gender specific programs for females.

### **Placement in a Core Program Unit**

Unless a youth is identified as having special needs (e.g. mental health), he or she will be assigned to an appropriate core treatment/rehabilitation program consistent with his or her custody classification as described in Section 3, "Reduce Violence and Fear." The initial placement decision is overseen by central classification while the youth is at the reception center.

### **Staffing Standards for Core Program Units**

In existing living units converted to the Core Rehabilitation/Treatment Program there will be no more than 36 to 38 youth per living unit. These units will have the following coverage:

- .5 Clinical Psychologist
- .5 Treatment Team Supervisor
- 2 Case Managers
- 1 Senior Youth Correctional Counselor
- 3 Youth Correctional Counselors on the second watch
- 3 Youth Correctional Counselors on the third watch
- 1 Youth Correctional Officer on the first watch
- .5 Re-entry Specialist

These staffing standards are for use in converted existing living units until such time as they are replaced by new construction. Planning for new facilities and new living units will take place through the Juvenile Justice Operational Master Plan and the Facilities Master Plan discussed in Section 8 of this document. Living unit size in new facilities for core program units will be guided by national standards for juvenile correctional facilities and the risks and needs of the population and will be in the range of 16 to 25 youth for general core program living units. Living units for special populations will be smaller. The size of units for special populations will be guided by national standards for juvenile correctional facilities and, if standards are not available, the recommendations of national experts.

#### Core Program Treatment Team

Living units will operate under the unit team concept.

The Treatment Team Supervisor is responsible for supervision of two core program units. This person provides oversight of the daily operations of the living units, including staff supervision, scheduling, discipline, grievances, and reports. This person is the primary liaison between the living units and upper-level institutional management.

The Clinical Psychologist provides outpatient mental health services for youth in two core program units. These psychologists also provide training, coaching and consultation in cognitive behavioral treatment and interventions to Youth Correctional Counselors and other treatment providers in these units. For some psychologists, consultation is a significant part of their work. Clinical Psychologists are part of Mental Health Services and report to the facility's Senior Psychologist.

The Case Manager is responsible for facilitating monthly case conferences of the multi-disciplinary team, conducting the majority of the risk/needs assessment, developing an Individual Change and Accountability Plan (ICAP) tailored to the risk and needs of each youth, coordinating and prioritizing interventions, documenting progress in the ICAP, communicating with parents, guardians, parole officers, and others, and providing weekly individual and/or group counseling.

The Senior Youth Correctional Counselor is responsible for the living unit schedule and supervising the Youth Correctional Counselors on the unit. The Senior Youth Correctional Counselor is accountable for the cleanliness, security, and order of the living unit. This position is off-post.

Youth Correctional Counselors provide direct supervision, behavior management, skills training and maintain a normative culture on the unit. As part of the normative culture model, YCCs

facilitate group meetings daily. YCC staffing will be sufficient to ensure that small groups or activities can be run simultaneously during the day or evening, as needed.

Re-entry Specialists, as described below under “Re-entry Planning,” may have a variable workload depending upon where they are located. Since youth closer to their expected release date will require more services than those recently committed, DJJ will conduct a workload study for these positions and develop caseload standards based on that analysis. Staffing levels for re-entry specialists will be subsequently adjusted to reflect these caseload standards.

#### Staff Schedule for Core Program Units

The staff coverage schedule for core program units is to accomplish the following objectives:

- The Clinical Psychologist schedule will overlap that of the two shifts of Youth Correctional Counselors. This will allow coaching and consultation with all YCCs.
- The Case Managers will have overlapping shifts so that Case Manager coverage is provided during day and evening hours as necessary to cover the program day.
- The Senior Youth Correctional Counselor’s hours will be such that he/she is able to provide direct supervision of all Youth Correctional Counselors at least once a week.
- There will be no fewer than three Youth Correctional Counselors assigned to a living unit on the second and third shift, seven days a week.

#### Example of Daily Schedule for Core Program Units

Prior to conversion of any living unit to the reform model, a daily schedule will be developed for the unit to ensure that all youth receive a minimum of 10 hours of treatment per week. Daily schedules will be coordinated with facility’s Program Service Day schedule as described above. What follows is a sample schedule.

Under normal circumstances, all youth in the core rehabilitative/treatment program are to be out of their rooms and busy in scheduled activities for most of the day. Scheduled activities include meals, small and large groups, school, vocational education, work, recreation, one-on-one counseling, case conferences, visiting, participating in asset-based programs (music, literacy, culture, art, leadership, etc.), and all other scheduled activities.

DJJ will have a core treatment program which provides interventions based on risk and needs. Services will be more intensive for youth with a higher risk of reoffense. Daily schedules will be developed to ensure that each youth gets appropriate treatment services in a manner that minimizes interruption of educational programming. Each youth in the core program has weekly one-on-one contact with the YCC assigned to work with him or her to review behavioral progress and set goals. Lower risk youth will see his or her case manager one-on-one twice a month, and higher risk youth four times per month, to review progress on ICAP objectives and set new objectives as appropriate. Individual counseling and family treatment may be provided by the psychologist or contract treatment provider on an as-needed basis. Each youth is to have a Treatment Team case conference each month.

A large-group meeting will take place in the morning and in the evening to respectively plan and review the day. The evening meeting will include review of positive behavior for the day and assignment of extra privileges for the evening.

The schedule will include a variety of facilitated group meetings including treatment group, journal group, and volunteer group. Treatment groups will be led by Case Managers, psychologists, youth correctional counselors, and/or contract treatment providers. These groups will focus on the offense cycle and development of behavior chain analyses. Volunteer groups will be led by volunteers from the community. These may include AA and NA groups, although no youth will be required to attend a faith-based program that he/she finds objectionable. Volunteer groups will be scheduled by the Volunteer Coordinator.

A large group meeting takes place each week to review unit goals from the past week, brainstorm strategies for improvements, and decide how to celebrate successes. In addition, a large group celebration of unit progress takes place each week, as appropriate.

Visiting and religious programs may take place throughout the week.

Asset-based programs such as music, literacy, culture, art, leadership, and recreation will be provided on weekends and evenings during the week as time permits. DJJ will use local community based organizations, faith-based groups, and volunteers to assist with these programs. Some of the evening time with volunteers and weekend time will be devoted to development, practice, demonstration, and celebration of these asset-based skills and knowledge.

#### Core Treatment Program

In the long run, different living units may have a specific treatment focus - such as substance dependence, violence reduction, or sexual behavior treatment. These units will offer programs, such as Aggression Replacement Training, which will be developed during the first years of the plan with the assistance of outside consultants.

Until other programs are developed and implemented, the core treatment program will be based on the existing interactive journaling program (including additional workbooks being developed by The Change Company) and the DJJ Integrated Treatment Model. The number of program components will increase in the second and third years of plan implementation to include the treatment programs identified in this Plan.

#### School for Youth in the Core Program

The education program is addressed in the Education Remedial Plan. For youth in the core program this will occur in academic and vocational classrooms located outside the living unit. School is provided throughout the year.

In response to the California Welfare and Institutions Code, the Education Remedial Plan calls for a curriculum “infused with values-based character education.” The Education Remedial Plan further states that each high school “shall use a structured positive behavior management system ...”

As noted in Section 4, “A Rehabilitative Treatment Model,” the Integrated Treatment Model is designed to be implemented across all parts of DJJ and its facilities, including the classrooms where DJJ youth receive education services.

### High School Graduates in the Core Program

About 30 percent of the youth in DJJ facilities over the age of 18 are high school graduates. The training focus for these youth will either be post-secondary education through the use of remote learning and other strategies, or acquisition and practice of skills that will help them get a job when paroled to the community. This includes job readiness skills as well as learning specific skills associated with a trade or other line of employment. Vocational education offerings will, whenever possible, be coordinated with the needs of free venture program employers and jobs that can be performed by youth while in the facilities.

A transition course will be developed and will be available to youth prior to parole (including high school graduates) and will include job readiness curriculum and a job search program. This course and job search program will be in place by September 2006.

A Work Assignment Coordinator at each facility will help youth who are not in school or other time-consuming activities find a job with four to six hours of on-campus work each weekday.

### Older Core Program Youth Who Haven't Graduated from High School

About 70 percent of the youth in DJJ facilities who are 18 years and older have not graduated from high school or completed the requirements for a GED. By statute, each of these youth are required to have a high school graduation plan which may include a diploma, GED, high school proficiency exam, or certificate of completion. This plan will include the same opportunities for work and work training described above for high school graduates.

### **Behavior Treatment Program**

The Behavior Treatment Program (BTP) is an intensive behavior treatment intervention for youth exhibiting violently disruptive behavior who do not meet the criteria for intensive mental health treatment or a higher level of mental health care. The Behavior Treatment Program is not punishment, although it may contain fewer privileges and more restricted movement than the core treatment program living units as necessary for security reasons. Instead, it is a more intensive cognitive-behavioral intervention for youths who are not able, or do not choose, to manage their aggressive behavior in a less restrictive environment.

Referral to a BTP will be made by the treatment team, which will include a mental health professional. If significant mental health problems are detected, the youth will be evaluated for mental health treatment need. A youth who meets the criteria for mental health treatment at a higher level of care than outpatient treatment will be referred to the appropriate mental health program instead of a BTP, or transferred to the appropriate mental health treatment program if the treatment need is detected after the youth has been admitted to a BTP.

Youth in Behavior Treatment Program units will receive treatment/rehabilitation services, including appropriate educational and vocational programming, in the least restrictive manner possible. If, for any youth, safe delivery of the services cannot be accomplished through normal procedures, an alternative schedule or procedure will be developed. At 45 days, a staffing will evaluate the need for continued stay in the BTP or return to core treatment unit. For youth expected to continue in the BTP, staff will modify the individual treatment plan to account for a lengthier stay and to ensure a comprehensive program is provided, including all board ordered programs as necessary.

DJJ will not tolerate any conditions of confinement or practices in the treatment of youth that are degrading or humiliating. Limiting clothing to underwear will not be tolerated in BTPs or anywhere else in DJJ facilities. Practices not justified as necessary for security when there are effective alternatives that are more respectful of the youth will be discontinued.

### Staffing Standards for BTP Units

The Behavioral Treatment Program will have a maximum of 24 youth per living unit. These units will have the following coverage:

- 1 Clinical Psychologist
- 1 Treatment Team Supervisor or equivalent
- 1 Casework Specialist or equivalent
- 1 Senior Youth Correctional Counselor
- 3 Youth Correctional Counselors on the second watch
- 4 Youth Correctional Counselors on the third watch
- 4 Youth Correctional Counselors to assist in the classroom during the school day
- 4 Teachers during the school day
- 1 Youth Correctional Officer on the first watch

Through the master planning process and replacement of antiquated facilities as discussed in Section 8, future BTP living units will be limited to eight to 16 youth as guided by contemporary standards of care and national standards for special populations.

### BTP Treatment Team Organization

BTP living units will operate under the unit team concept with the Treatment Team Supervisor operating as the leader of the unit team.

The roles and responsibilities of BTP treatment team members are the same as described for core treatment program teams. In the BTPs, the Casework Specialist or equivalent performs the same functions as Case Managers in the core program.

### Staff Schedule for BTP Units

The staff coverage schedule for BTP units is to accomplish the following objectives:

- The Clinical Psychologist and Casework Specialist schedules will overlap that of the two shifts of Youth Correctional Counselors. This will allow coaching, consultation, and treatment team coordination with YCCs.
- The Senior Youth Correctional Counselor's hours will be such that he/she is able to provide direct supervision of all Youth Correctional Counselors at least once a week.
- There will be no fewer than three Youth Correctional Counselors on the second shift seven days a week.
- There will be no fewer than four Youth Correctional Counselors on the third shift seven days a week.
- Every occupied classroom will have a teacher and a Youth Correctional Counselor. No class will have more than six students.

A Program Day Schedule will be developed for each BTP to maximize out of room time and to ensure structured activity based on evidence-based principles for 40 to 70 percent of waking hours.

### BTP Referral Criteria

While subject to refinement, in consultation with national experts, DJJ's initial criteria for referral to a BTP are that a youth having one or more of the following behaviors within the last 90 days would be eligible for referral to a Behavior Treatment Program. Youth who meet the criteria do not have to be referred; youth who are referred are not automatically placed in a BTP.

- Battery on a staff member
- Battery on a youth with a weapon
- Serious battery on a youth without a weapon
- Aggressor in a group physical attack
- Aggressor in a group disturbance
- Possession or manufacture of a weapon
- Return from a CDCR adult facility where the youth was last assigned to a Security Housing Unit (SHU) because of aggressive or violent behavior
- Based on significant evidence, youth is identified as currently involved in the direction, promotion, or encouragement of violence.

A youth will not be admitted to a BTP if he or she is in imminent danger to self, gravely disabled, or requires clinical restraints to maintain safety. In these cases, the youth will be referred for appropriate mental health/healthcare services.

### BTP Acceptance Process

Referrals for placement in a Behavior Treatment Program must be made by the treatment team (which includes a mental health professional). If significant mental health problems are detected, the youth will be referred to a more intensive treatment setting such as Intensive Behavior Treatment Program (IBTP). (The IBTP is described in the Mental Health Remedial Plan.) A centralized multi-disciplinary team, chaired by the Classification Administrator, reviews referrals and makes a determination if the referral is consistent with entrance criteria and if the placement is appropriate.

### BTP Exit Criteria and Process

The length of stay in BTPs will vary widely. Many youth will respond with diminished aggressive behavior sufficient to warrant return to the core treatment program within days or weeks. Stays longer than 180 days will be rare. The length of stay will vary depending on referral behavior, current treatment/rehabilitation concerns, behavior within the BTP, and the history of previous transfers from this level of care.

Upon admittance to a BTP, the treatment team will establish specific goals and behavioral expectations to be met prior to release. These goals will primarily focus on the reasons behind the behavior(s) that resulted in referral to the BTP. A youth will be transferred to a less intensive level of care upon determination of the treatment team that the youth has met these goals and has demonstrated significantly diminished aggressive behavior of sufficient duration.

Detection of a significant mental health problem directly related to aggressive behavior that requires more intensive mental health services than can be provided within the BTP unit will also be grounds for transfer out of a BTP.

If a youth has been in a BTP for four months or longer, treatment team reviews of his or her progress will include at least one clinician who is not regularly involved in the youth's treatment.

When the youth has met treatment goals and behavior expectations, a plan for transition back to an appropriate living unit will be developed. Transition activities may include:

- Regular visits to the designated home living unit
- School attendance in the core treatment program school area
- Attendance in small group with the home living unit
- Identification of any unresolved gang or transfer issues that may affect transition
- Written agreement not to promote, direct, or participate in further violent or disruptive behavior

### [BTP Treatment Programs](#)

The Behavior Treatment Program is a behavior modification program based primarily on skills training and positive reinforcement for improvements in behavior. Program components emphasize cognitive and behavioral skill acquisition in anger control, emotional regulation, conflict resolution, effective communication, and behavior analysis related to the maladaptive behavior that led to the youth's referral to the program. These are all elements of DJJ's Integrated Treatment Model. BTPs also provide a safe, secure environment within which youth received full educational and other constructive programmatic activities.

### [School for Youth in BTP Units](#)

Education is provided for youth in the BTP who do not have a high school diploma or GED. Using the same criteria as applied in core programs, education directed at gaining a GED rather than a High School diploma will be provided when appropriate.

Education for youth in the Behavior Treatment Program will take place on the unit in small classrooms with no more than six students. Each occupied classroom will have one teacher and one Youth Correctional Counselor assigned to it.

### [High School Graduates in BTPs and those with GEDs](#)

About 30 percent of the youth in DJJ facilities over the age of 18 are high school graduates or have their GED. The kind of behavior that leads to a referral to a BTP is generally high on the treatment/rehabilitation hierarchy. Consequently, the treatment program for high school graduates will address behavior that caused them to be admitted to the BTP and the skills they need to understand and control their behavior. Additionally, the treatment/rehabilitation program will include meaningful post-secondary education through the use of remote learning and other strategies, or acquisition and practice of job-related skills as appropriate.

High school graduates may be assigned to a part-time job within the BTP living unit.

### Older Youth in BTPs Who Have Not Graduated from High School

About 70 percent of the youth in DJJ facilities who are 18 years and older have not graduated from high school or completed for the requirements for a GED. By statute, each of these youth is required to have a high school graduation plan which may include a diploma, GED, high school proficiency exam, or certificate of completion. This plan will include the same opportunities for work and work training described above for high school graduates in the BTP as appropriate.

### Implementation of BTPs

Implementation of BTP units will be phased in and will require facility modifications and/or the addition of modular buildings to ensure adequate space for treatment, education, and recreation.

### **Substance Abuse Treatment Program**

DJJ research staff estimate that up to 80 percent of youth in the division's facilities have some level of substance abuse treatment needs. Consequently, evidence-based substance abuse treatment will occur throughout the core rehabilitation/treatment program. Youth with significant comorbid mental health issues will receive substance abuse/dependence treatment as described in the Mental Health Remedial Plan.

### Assessment for Substance Abuse

The need for substance abuse treatment will be determined using a valid substance use screening/assessment tool.

### Program Content

Because of their developmental stage, interventions for juveniles require somewhat different content and emphasis than those for adults. Motivation and engagement strategies are particularly important with a youthful population. DJJ will train Youth Correctional Counselors and others in Motivational Interviewing to promote motivation and engagement in substance abuse (and other) treatment/rehabilitation programs.

Behavioral analysis – a basic component for all DJJ cognitive-behavioral interventions – will be used to identify the function of drug using behavior for each youth in treatment. As with other maladaptive behaviors, an understanding of the function of drug using behavior is the mechanism by which specific interventions are identified that will teach the youth skills appropriate to his or her specific needs.

Skills generalization interventions are also an important component of cognitive-behavioral treatment. The key elements for skills development and generalization in substance abuse are: understanding the function of drug use through behavioral analysis, developing skills for abstaining or reducing the likelihood of relapse, and developing relapse prevention plans.

Training of all residential/line staff in cognitive-behavioral treatment – particularly in the area of skills acquisition – is an important part of effective substance abuse treatment. Use of this model will enable DJJ to deliver most of its substance abuse treatment in core program.

Substance abuse/dependence treatment will be evidence-based and all staff providing such treatment will have competency-based training as required by the relevant evidence-based treatment program. Notwithstanding the requirement for evidence-based treatment, traditional

12-step programs may be used as a support for skills generalization and relapse prevention, except that no youth will be required to attend faith-based programs involuntarily.

### **Sex Behavior Treatment**

The Sexual Behavior Treatment Program is described in the Sexual Behavior Treatment Program Remedial Plan that has already been accepted by the court. DJJ will reconcile the Sex Behavior Treatment Program with the Safety and Welfare Plan as necessary.

### **Mental Health Treatment**

Policy, staffing, and programs for mentally ill youth are addressed in the Mental Health Remedial Plan. DJJ will reconcile the Mental Health Remedial Plan with the Safety and Welfare Plan as necessary.

### **Incentives**

Positive incentives and negative sanctions are an integral part of the integrated treatment model discussed in Section 4. A continuum of rewards and consequences is needed to teach and reinforce the insight and skill needed for youths to make lasting changes in behavior. An incentive system— in which privileges are “purchased” through accumulation of points awarded for positive behavior and effort – will be incorporated into the treatment model.

#### Positive Reinforcements

Youth will receive positive reinforcements when they attain long and short-term objectives. Youth need additional reinforcement through strong social approval and support of the accomplishment. In general, positive rewards should outnumber negative sanctions by a ratio of four to one.

Achievement of primary objectives, such as high school graduation or a GED, will be recognized within the Ward Incentive System through activities such as entertainment, special events, or ceremonies with extensive family and community involvement. Positive Program reinforcements will also be applied as a youth demonstrates progress with his/her treatment plan.

This may include large and small gains. Accomplishments that might be taken for granted by some youth, such as going to school every day for a week, may be important to reinforce for other youth. By reinforcing this particular step, the likelihood of the youth taking the next step - going to school for two weeks straight - is enhanced. Reinforcements for such accomplishments will be individualized and can include such things as special dorm activities, dorm awards, or other reinforcements consistent with the treatment program.

Special rewards may be arranged and coordinated by the Volunteer/Positive Incentives Coordinator at each facility.

Although the variety of rewards is limited only by staff creativity, care should be taken to select a reward that is meaningful to the youth while retaining a sense of proportion both in relation to the accomplishment and in relation to the rewards received by other youth for similar accomplishments.

Persons other than program staff must also reinforce accomplishments through praise and other appropriate reinforcement. Line staff will work with parents, mentors, teachers, and others in the

youth's support network to assure that they too are sensitive to gains and that they provide their own forms of recognition.

### Sanctions

As with the reward system, potential sanctions will be clearly identified in advance and applied in a consistent and timely fashion. Sanctions will be tied to the severity of the behavior.

### **Transition Services**

DJJ will make improvements to transition services by establishing a transition program and increasing contact with parole agents, community providers, and families as youth near parole. New or redirected positions will be created for these purposes at central office, in the community, and at each facility.

### Staffing for Transition Services

The following new or redirected positions will provide services related to transition planning and re-entry:

- A dedicated position for re-entry and transition services
- Re-Entry Coordinators assigned on a regional basis
- Re-Entry Specialists at each facility
- Vocational Specialist at each facility
- Victims Services/Restitution Specialist at each facility

Among other things, a central office coordinator will be responsible for establishing protocols for working with community providers to provide transition services.

The Re-Entry Coordinators will work on a regional basis. These staff will work with the re-entry specialists and be responsible for developing working relationships and linkages with community-based service providers, including group homes, county mental health departments, alcohol and drug treatment providers, education agencies, etc. They will assist parole agents in coordinating with local service providers for parolees who are receiving services. They will communicate with facility staff prior to parole to identify placement issues and assess needs for community-based services and develop systems for referring youths, families and parole agents to resources in the community.

### Re-Entry Planning

Each youth within the facility will be assigned a Re-Entry Specialist. The Re-Entry Specialists will participate in case conferences and be responsible for casework guidance for re-entry planning, including help with development of individualized parole plans. Re-Entry Specialists will provide liaison to the parole offices, families, other agencies, systems and organizations to improve transition of youth back to the community. These positions will be phased in as the new units are brought on line.

Where needed, DJJ will add vocational specialists at all facilities with vocational programs. (Some facilities already have vocational specialists.) Among other things, these staff will be responsible for vocational and career counseling and coordination with parole and Re-Entry Specialists in transition planning for future employment in the community.

As described in Section 1, consistent with its key principles relating to victims, DJJ will hire Victims Services/Restitution Specialists at each facility to ensure that victim impact information is included in youth programming in a manner consistent with Restorative Justice principles. Incorporation of victim impact and substantial injury information into the ICAP is necessary in order to hold youth accountable and to develop detailed intervention strategies that provide opportunities for youth to increase their understanding of the harm they have caused to their victim(s), survivor(s) and their community.

#### Preparation for Parole

Ultimately, all of the programs and services a youth receives in DJJ facilities will be geared toward preparing the youth for successful transition to the community. In preparing a youth for parole, programs are designed to:

1. Re-establish and/or strengthen the youth's bonds to conventional values, persons, activities, and institutions,
2. Provide the youth with the skills and opportunities to be successful in traditional settings,
3. Teach the youth the social and interpersonal skills necessary to maintain positive involvement with family, school, work, pro-social peers, and community institutions,
4. Develop the youth's competence in life skills, education, and employment,
5. Address individualized risk factors related to risk of reoffense,
6. Consistently apply graduated rewards and sanctions that recognize achievement and provide immediate accountability for violations.

#### Case Planning for Transition to Parole

Re-entry planning will begin with a Community Assessment Report at intake. This report will include contacts and interviews with parents and/or close relatives and other people in the community who can provide significant information about the youth. The Individual Change and Accountability Plan will be modified to include specific re-entry goals developed and signed by the youth and his or her Parole Agent.

Risk and need factors most closely tied to the possibility of re-offending will be addressed in the ICAP. Consequently, the re-entry portion of the case plan will identify intervention priorities, and relapse prevention strategies.

Where available and appropriate, the case plan will include:

1. Involvement with mentors or other persons serving as role models,
2. Involvement with community organizations that provide recreational, cultural, or ancillary educational experiences,
3. Participation in family or group counseling, both therapeutic and educational,
4. Continuation in programs designed to address needs such as substance abuse, mental health or sex offender treatment issues, and
5. Intensive involvement with parents or guardians to strengthen parenting and discipline skills.

The case plan is to provide for direct external control over the youth until the locus of control can be shifted to traditional socialization units, such as the family, school, place of employment, and ultimately, to the youth.

What happens after release from confinement is central to the success of juvenile justice reform. Master planning for such a comprehensive system is discussed in Section 8, "Other Issues."

#### Transition Plans for Youth in Special Treatment Programs

Transition planning for youth in the Sexual Behavior Treatment Program and Mental Health Programs is addressed in their respective remedial plans. DJJ will reconcile these plans with the Safety and Welfare Plan as necessary.

#### **ACTION PLAN**

1. DJJ will phase in the rehabilitative model one facility at a time. It will convert N.A. Chaderjian to a special treatment facility by April 1, 2007. It will convert at least one facility to the rehabilitative model as described in this Plan by July 1, 2007. It will complete conversion of all facilities to the rehabilitative model by July 1, 2010.
2. DJJ will establish statewide minimum standards for the Program Service Day by October 1, 2006 and establish a Program Service Day schedule for N.A. Chadjerian by November 1, 2006. DJJ will establish the Program Service Day schedule for the first facility converted to the rehabilitative model by December 1, 2006. The Program Service Day schedule will be implemented at each facility as it is converted to the rehabilitative model.
3. DJJ will designate an administrator of programs at each facility prior to starting conversion of the facility to the rehabilitative model.
4. DJJ will hire necessary program managers, volunteer/positive incentives coordinators, and conflict resolution team members prior to conversion of a facility to the rehabilitative model.
5. DJJ will have sufficient BTP units to meet the needs of its population and will eliminate all Special Management Program units by July 1, 2008. BTP units will be phased in on the schedule specified in the Standards and Criteria Section of this Remedial Plan.
6. DJJ will develop a Program Service Day Schedule for each BTP unit to maximize out of room time and to ensure structured activity based on evidence-based principles for 40 to 70 percent of waking hours at a date to be specified in the Standards and Criteria Section of this Remedial Plan.
7. DJJ will complete training on its Integrated Treatment Model, including the Risk Needs Assessment, Motivational Interviewing, Normative Culture, and other key treatment components by a date to be specified in the Standards and Criteria Section of this Remedial Plan.

## **SECTION 7**

### **SYSTEM REFORM FOR FEMALES**

#### **THE ISSUE**

DJJ has solicited interest by local providers to provide services for females at facilities other than Ventura.

Regardless of where females committed to DJJ are housed in the future, parity requires that females receive services under a rehabilitative model that are gender specific and equal to those provided to males.

#### **DISCUSSION**

Females presently occupy only five of 12 single-room living units at the Ventura facility. If females are removed from Ventura, the facility can become an all male facility. If DJJ is unable to contract for services for females, it may be necessary to open a portion of the Ventura facility for males.

Based on information received in response to a formal request for Letters of Interest, and contingent upon necessary legislative approval and funding, DJJ will consult with experts for adolescent and young adult female offenders to develop and issue a Request for Proposals to provide services for females in secure placements outside of DJJ's facilities.

As recognized by DJJ, successfully contracting for services for females is by no means certain. In the event DJJ is not successful, a contingency plan for implementing reform for females is needed. Alternatives may include continued use of all or part of the Ventura facility for females, conversion of all or part of other DJJ facilities, or construction of a new facility. A combination of contracting for services for some females and the state providing services to others may also be a feasible alternative.

DJJ will consult with one or more female offender experts to assist with gender specific programs for adolescent and young adult females.

#### **ACTION PLAN**

1. DJJ will issue a request for Letters of Interest from local governmental entities and qualified private parties to provide secure residential and rehabilitative services to females committed to DJJ by July 1, 2006.
2. DJJ will consult with one or more national experts to begin development of gender specific programs for females and adaptation of the Integrated Treatment Model to the DJJ female population by August 1, 2006.
3. The administrator for female programs described in Section 2 will develop an implementation plan and schedule and ensure that gender-specific services for females are provided at contracted facilities and/or one or more DJJ facilities that are equal to those provided to males under the rehabilitative model described in this Plan by a date to be specified in the Standards and Criteria Section of this Remedial Plan.

4. DJJ will request legislative authority and funding to issue a Request for Proposals by July 1, 2006 and enter into contracts for services for females upon successful negotiation with responsive bidders.
5. In the event DJJ is unable to contract for services for some or all females, DJJ will convert all or part of an existing facility, or build one or more new facility, to provide rehabilitative services to females by a date to be specified in the Standards and Criteria Section of this Remedial Plan. The size and mission of the state facility, or facilities, will be affected by the number and type of females for whom services are provided through contracts.

## **SECTION 8 OTHER ISSUES**

### **THE ISSUE**

There are a number of issues in addition to the primary objective of reforming DJJ to a rehabilitative model that are addressed by this Plan. This section discusses those other issues.

### **DISCUSSION**

#### **Acceptance/Rejection Criteria**

The Consent Decree required DJJ to “develop formal criteria for accepting wards into the CYA pursuant to Welfare and Institutions Code Section 736” by November 2004. It further prohibits DJJ from accepting “more wards than can be materially benefited by the CYA’s reformatory and educational discipline” and it prohibits the division from accepting “wards for whom the CYA does not have adequate facilities.” DJJ’s interpretation of these Consent Decree requirements is disputed by the plaintiff. The plaintiff reserves her right to challenge DJJ’s interpretation through the dispute resolution procedures under the Consent Decree. The Acceptance/Rejection Criteria section of this Plan is based on defendant’s interpretation of the Consent Decree which governs defendant’s planning unless and until the dispute resolution process results in a different construction.

DJJ is working with state and local partners to develop, by September 1, 2006, a formal acceptance/rejection process to address particularly those youth with complex medical conditions, persistent and serious mental health care needs and/or developmental disabilities who could not materially benefit from a commitment to DJJ who may not be able to materially benefit from the type of rehabilitative/treatment program outlined in the Safety and Welfare or other remedial plans and who could better be served in alternate programs.

As confirmed by the September 1, 2005 Status Report to the Legislature, DJJ believes that the state’s facilities should be used for only the higher risk and/or higher need youth in the statewide juvenile justice continuum. DJJ will clarify its policies to accept only youth who are appropriate for the state’s facilities (i.e., those who are higher risk/higher need) and will work with the counties to develop strategies to ensure that youth who do not meet the criteria for commitment to DJJ, but have exhausted all local options, are appropriately served.

DJJ will work with state and local entities, including DMH, DDS, probation, and private community based organizations to identify those kinds of youth who would be more appropriately served outside a state correctional setting.

For those youth who are accepted, DJJ will physically admit only those new commitments who arrive with required documentation and thorough review and assessment of their significant mental health problems, medical conditions, developmental disabilities, and/or sexually violent offenses.

DJJ will begin working with counties on statewide definitions related to “risks” and “needs” and will explore long-term strategies for conducting initial classification /assessment while the youth is in county custody. This is intended to facilitate counties recommending the most appropriate commitments to DJJ. Counties conducting initial assessments would also help expedite the DJJ

Reception Center process and encourage quicker placement into a DJJ facility for youth committed to the state. Intake/rejection criteria should be fluid so that they are reevaluated annually to take into account progress in implementation of the rehabilitative model and the master plans. This way the criteria can change as the programs and facilities that are contemplated come on line. A process to do this is discussed below in the section titled “Master Planning.”

In addition to a master planning effort, DJJ will improve communications and relations with county juvenile justice agencies through a number of initiatives including the following:

- Dedicated Community/Court Liaisons staff to work in counties to improve communication, relationships and collaboration with the community, courts, probation and law enforcement. The responsibilities of Community/Court Liaisons will include, among other things, interpreting and clarifying intake policies and procedures and assisting counties with identifying alternative strategies for youth rejected by DJJ.
- The Community/Court Liaisons will track cases that are rejected, identify trends in commitments, and monitor requests for court documents and corrections to commitment orders. They will also help expedite the flow of information between committing counties and DJJ and facilitate the physical acceptance of new commitments.

DJJ will work with counties to analyze the effectiveness of the current “sliding scale” fee schedule and make recommendations for alternative strategies that would better serve the state’s public safety needs.

### **Orientation**

While DJJ policy requires that an orientation be provided within 10 days of arrival at a DJJ facility, the current process varies significantly by facility. The information provided is not standardized nor does it include any information about restitution obligations or victim impact. Furthermore, little information is provided to youth on what to expect at DJJ prior to their arrival. This lack of information may contribute to the belief held by many youth coming to DJJ that they must fight or join a gang to avoid becoming the victim of physical or sexual assault.

When a youth is accepted at the Reception Center, written notification is sent to the family and/or next of kin notifying them of the youth’s arrival along with detailed information about visiting, mail procedures and contact information. Additionally, the Parole Office where the youth will eventually be paroling sends a letter to the family and/or next of kin to notify them of the Community Parole Orientation Program. This program includes a monthly meeting where parole staff provide information regarding the Department and answer questions from family members and other interested parties.

Every facility also has a Family Council which provides a forum for parents to meet on a monthly basis with the Superintendent and management staff. Unfortunately, both the Community Parole Orientation Program and the Family Council meetings are often poorly attended.

## **Family Involvement**

Treatment/rehabilitation outcomes for youth are enhanced by successful involvement of parents, guardians, and/or other significant adults in the youth's life. Family involvement is therefore a key principle of this Plan.

There are various points in the course of confinement which provide opportunities to involve families. These include at the county level prior to placement in DJJ, during the reception process, during confinement at a DJJ facility, and during and after transition to the community. Family members may serve as an important resource at any or all of these times in the youth's confinement.

Involvement of families will be supported by DJJ by measures that include placement of youths as close to their home community as possible (taking into account all the factors affecting placement decisions), regularly scheduled family meetings, regular telephone contact, assistance with transportation for family meetings, and the use of video-conferencing in situations where family members are not able to travel to DJJ facilities.

It should be noted that the definition of "family" varies considerably in different racial/ethnic communities and that it often extends beyond the nuclear family. In this Plan, relevant family members may include grandparents, aunts, uncles, neighbors, religious officials, and other community people. Engaging and involving individuals using this broad definition of family is not only desirable, but may be necessary for a youth whose nuclear family is either unavailable or non-receptive to participation in the youth's rehabilitation.

It is recognized that in some instances a youth's parents or caregivers may be unavailable due to impairment, other family priorities, and/or other reasons. However, the majority of families are likely to be receptive to participating in some aspect of their youth's rehabilitation. Small increments of improvement by the youth should be highlighted in interactions with family.

## **Disciplinary System**

Under the current disciplinary system, misconduct is categorized into three levels: Level 1, minor misconduct; Level 2, intermediate misconduct; and Level 3, serious misconduct. Each level of misconduct is processed in a different manner with each having different timeframes and levels of review and response. Misconduct that is very serious in nature may be referred to the District Attorney's Office for possible prosecution.

The disciplinary system includes a list of graduated sanctions, including "time adds" for serious misconduct. If the sanction for misconduct includes a time add, DJJ can extend the youth's Projected Board Date by one to 12 months (the maximum allowed by statute for any single violation).

Under state law, if a youth's Projected Board Date is extended as a result of misconduct, he or she may earn back half of the time received for the last offense by remaining free of serious misconduct for a specified period of time. Some offenses are excluded from this "earn back" provision.

Success in the Ward Incentives Plan can also result in advancement of a Projected Board Date or offset of part of a time add. This system was modified in May 2005 to allow youth to earn a maximum of 15 program credits per month. Fifteen program credits per month is equal to advancing a Projected Board Date by one month for every two months of success at the 15-day program credit level. At the time this was written (June 2006), 232 youth were earning program credits at this level.

The issue of time adds and program credits is discussed at further length in the section titled "Time Adds," below.

### Problems with the Current Disciplinary System

Prior to recent budget proposals, five of the eight facilities do not have a dedicated Disciplinary Coordinator. Sanctions for Level 3 serious misconduct are often delayed due to the workload of the investigators, fact finders and disposition makers. This delay decreases the impact and effectiveness of the sanction in modifying behavior.

The lack of dedicated Disciplinary Coordinators and support staff also adversely affects the quality of behavior reports, investigation reports, fact finding reports, and disposition reports. Quality is also adversely affected by insufficient training and limited monitoring.

In the past the system was not able to address providing assistance for youth with disabilities, including youth with cognitive or other disabilities that limit reading and writing abilities.

The current disciplinary system does not include an appeal process for Level 1 minor misconduct due to the minor nature of the prescribed sanctions. However, minor misconduct is now being used to determine privileges and the ability to earn program credits, thus increasing the consequences and the need for an appeal system.

Finally, until recently, there has been little or no consistency in the program credits system between or among facilities.

### Grievance System

The intent of the Grievance System is to provide a fair, simple, and expeditious method for the resolution of complaints by youth as required by Welfare and Institutions Code (1766.5.) There are three types of grievances under the current system: regular, emergency and staff action. (The latter are complaints alleging staff misconduct.) Each type of grievance is processed differently with each having different timeframes and levels of review and response.

To file a grievance, a youth obtains the appropriate form from the Grievance Clerk, completes the grievance and then returns it to the Clerk for processing. Under the current system, the Grievance Clerk is a youth elected by his/her peers.

### Problems with Current Grievance System

There is minimal oversight and monitoring of the grievance process and, as a result, grievance responses often exceed timeframes, responses are inadequate and many grievances are lost in the process. A youth cannot file a grievance without obtaining the form from the Grievance Clerk and they have no way to ensure that the clerk submits the grievance for processing.

Mixing complaints alleging staff misconduct with grievances is ineffective and has proven to be difficult to handle within the Grievance System. Complaints alleging staff misconduct require a more formalized investigatory process than the older tradition of dispute resolution that was the origin of the Grievance System. The manner in which complaints alleging staff misconduct are processed varies by facility.

Training for staff and youth in the grievance system is inadequate.

The system does not include a process for youths with disabilities to submit grievances that request accommodations or allege discrimination, nor does it address providing assistance for youths with disabilities.

### **Time Adds**

California law directs DJJ to “promulgate regulations to implement a table of sanctions to be used in determining parole consideration date extensions” (Welfare and Institutions Code 1719). “Parole consideration date extensions” (called “projected board dates” elsewhere in this Plan) are time adds. Time adds may be set by DJJ for a “sustained serious misconduct violation if all other sanctioning options have been considered and determined to be unsuitable...” The length of any single time add can be one to twelve months “based on the seriousness of the misconduct, the ward's prior disciplinary history, the ward's progress toward treatment/rehabilitation objectives, the ward's earned program credits, and any extenuating or mitigating circumstances.” The law also allows DJJ to develop regulations to establish a process for enabling youth to earn back up to 50 percent of time adds acquired for disciplinary matters. By departmental policy, only Level 3 infractions are subject to time adds.

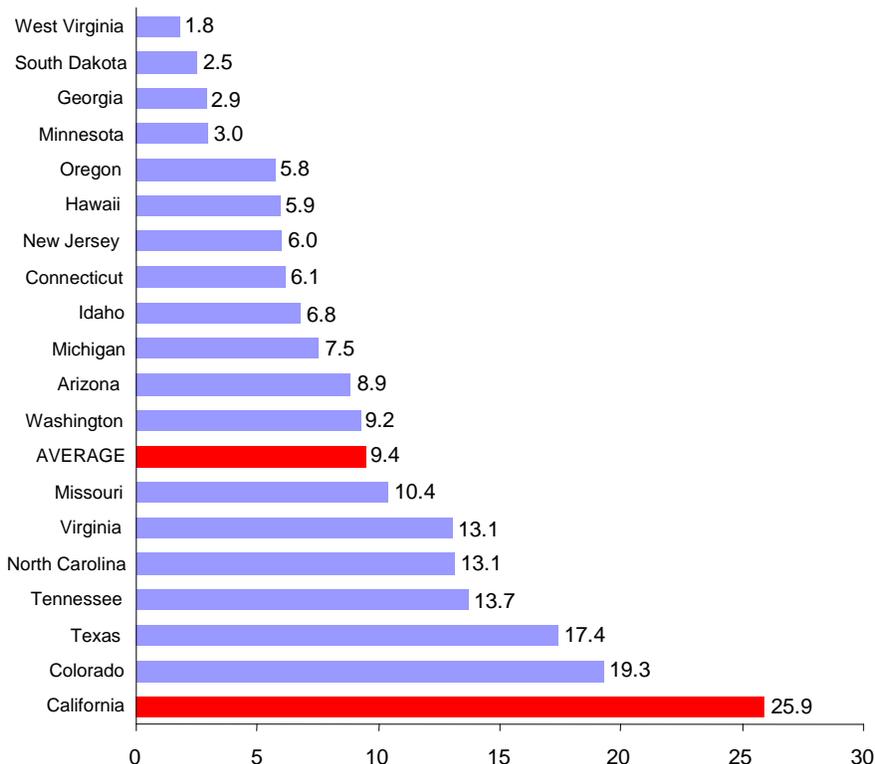
Christopher Baird, a member of the Safety and Welfare Planning Team, analyzed the use of time adds for all first commitments since April 1997 and for the current (2005) DJJ facility population. Among his conclusions was that in 2005 the male youth in DJJ facilities on a new commitment had an average of about 8.2 months of time adds. With an average length of stay on a new commitment of just over 36 months, time adds are therefore responsible for about 23 percent of the time young men stay in DJJ facilities ( $8.2/36 = .228$ ). Since length of stay is proportional to average daily population, time adds are consequently responsible for about 23 percent of the non-parole violator male population in DJJ facilities.

No other state has a longer extended age of jurisdiction for juvenile offenders than California. This lengthy extended age of jurisdiction, combined with extensive use of time adds, contributes to the longest reported average length of stay in a nationwide survey conducted by the Council of Juvenile Correctional Administrators. For males, California's 2004 average length of stay of 25.9 months<sup>6</sup> was nearly three times as long as the average for the 19 states that took part in the survey. The accompanying chart shows the average length of stay for the states that reported data.

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<sup>6</sup>This average includes parole violators who have a much shorter average length of stay than new commitments.

**Average Length of Stay in Months  
2004 - Males**



### **Access to Court and Law Library**

DJJ policy mandates that, irrespective of program status, a youth will not be denied or obstructed in his/her efforts to obtain legal materials and present a petition or legal document to the courts. Youth and departmental staff are provided information regarding new court decisions which are identified by the departmental legal office as affecting a substantial number of youth. The fundamental constitutional right of access to courts requires DJJ to assist youth in the preparation and filing of meaningful legal papers by providing them with adequate legal libraries or adequate assistance from persons trained in law.

Policy further stipulates that staff may not subject visits between an attorney and his/her client to auditory supervision. To the extent practicable, attorney visits take place in a private room. Where such a room is not available, the attorney visit may occur in a regular visiting room, provided the youth and his/her attorney have a degree of separation from other visitors.

The Superintendent must allow a youth to contact and retain attorneys. Furthermore, the Superintendent may not apply frequency limitations on youth's telephone calls to attorneys when the youth demonstrates that communication with attorneys by correspondence, visiting, or normal telephone use is not adequate.

The Department provides each youth with several methods to maintain confidential contact with his/her attorney. For example:

- Attorney-client correspondence is covered under the non-reviewable mail provisions;

- Private visits with attorneys are provided; and
- Youth are afforded the opportunity to place an occasional unmonitored call to their attorney.

#### Problems with the Current System of Court and Law Library Access

Currently, there is no startup or refresher training for facility staff concerning providing access to the law library and courts.

Both the Orientation Packet and the Youthful Offenders' Rights Handbook lack information regarding access to the law library and courts.

Law libraries are managed by two branches of DJJ: Education handles operations and Institutions and Camps administers the budget. This creates a lack of coordination.

The Division's law libraries currently use printed text that poses problems with storage, dated materials, and acquisition of new and/or revised materials.

Attorneys for youth have expressed concern over attorney telephone and visiting access.

#### Access to Religious Services and Programs

DJJ recognizes the constitutional and statutory rights of youth to hold religious convictions and practice religion. By policy, all youth are afforded a reasonable opportunity to participate in religious services and programs. Exercise of religion without discrimination or preference is guaranteed unless it is inconsistent with the safety and/or security of the facility.

DJJ staff have a legal obligation to ensure that youth are afforded their constitutional and statutory rights and must allow access to religious services/programs without prejudice or preferences to all youth, regardless of level or program status.

DJJ revised its policy on religion in 2003 to be consistent with The Religious Land Use and Institutionalized Person Act (RLUIPA). The revised policy was submitted to all facilities for mandatory training of all staff affected by the implementation. This training was completed in early summer 2003 and the revised policy was implemented September 1, 2003.

#### Problems with the Current System

There is no dedicated position to provide oversight of religious programs and functions. There is no system to monitor access to religious programs or demonstrate compliance with the law.

An audit completed in March 2005 identified the following staff attitudes and beliefs about religious rights for youth:

- Some staff are "suspect" of a youth's religious belief.
- Some staff view use of the "Change of Faith Form" by some youth as a manipulative tool to disrupt the safety and security of the facility.
- Some staff believe that youths on the lowest program level can be denied religious services.

The same audit determined that religious services schedules are sometimes in conflict with other mandated services and that some staff and religious providers do not consistently enter information into the Ward Information Network (WIN) system.

Volunteers for some belief systems, such as Jehovah Witness, are lacking in many facilities.

The Youthful Offenders' Rights Handbook does not include specific information regarding religious access.

### **Physical Plant Improvements**

There is great variability in the condition of buildings and grounds between facilities and, often, within facilities. While much of the deteriorated physical condition of many of the buildings can be attributed to age, conditions such as poor sanitation, graffiti, peeling paint, and dark dreary rooms and corridors, cannot. The same can be said for outdoor recreation yards closed because of holes from ground squirrels.

Situations where there are clean, bright, well-maintained living units in close proximity to dirty, dark, neglected units suggests that, at least at some facilities, the standards of living unit staff have more to do with physical plant condition than senior management – either at the facility, or in central office.

### **Master Planning**

#### Juvenile Justice Operational Master Plan

DJJ recognizes that what happens to a youth after release from confinement, and what resources are available in the community to promote success and intervene before little problems become major problems, is central to the success of juvenile justice reform. At the same time, it has not been possible within the time and resources available to address deficiencies and develop a reform plan for parole and community services.

DJJ also recognizes that keeping a youth close to his or her family and community whenever possible, and providing quality services locally, improves outcomes and reduces the number of youth in state confinement.

As noted above, under “Acceptance/Rejection Criteria,” these issues are also related to the central question of who should be committed to state confinement.

A Juvenile Justice Operational Master Plan for the State of California is needed to address these broader questions. By involving county participation, as well as participation by other interested stakeholders, the Juvenile Justice Operational Master Plan can become the vehicle to create comprehensive juvenile justice reform in California. Among the issues that might be addressed in such a plan are:

- Common risk/needs assessment definitions used by both the state and county juvenile justice agencies.
- A profile of the youth population at both the local and state level by risk and needs to the extent that information is available
- Identification of resources available locally to meet the needs of youths

- Identification of services and programs that the DJJ can develop/improve to meet the needs of high risk youth who cannot be served locally.
- Evidence-based prevention and early intervention programs delivered in the community that are designed to reduce future criminal behavior
- Cost sharing of prevention and early intervention programs in proportion to avoided future costs to state and local government.
- Identification of the reasons why lower risk youth are sent to DJJ.
- Creating alternative placements for lower-risk/high-need youth in the community.
- Creating secure regional treatment/rehabilitation centers as alternatives to state confinement.
- State subsidy of local treatment/rehabilitation programs when they are alternatives to state confinement.
- Review and revision of the sliding fee schedule for commitments to DJJ.
- Lowering the extended age of jurisdiction for juvenile offenders in line with practices in the vast majority of states.
- Developing transitional facilities and programs for parolees – including short term secure confinement, day reporting, and alternative schools.
- Developing a full range of graduated sanctions for technical parole violations.

Such a plan should be a first step. Intake/rejection criteria may change over time in response to increased capability at the state or local level, or both. Consequently, this dynamic process should continue as collaboration between the state and local components of the California juvenile justice system improves and matures.

### Facilities Master Plan

Good programs can take place in bad buildings – but it is harder to do and harder still to sustain. Unfortunately, given the age, condition and design of DJJ’s facilities, reform will first have to take place under less than ideal circumstances. Planning for replacement of these facilities needs to begin now.

DJJ has begun planning for a new prototypical juvenile correctional facility. While this is an important step, a broader statewide planning effort is needed. With the exception of Chaderjian, all of DJJ’s facilities have long exceeded their useful life. None of DJJ’s existing facilities meets the long-term programmatic needs set forth in this plan.

The kind of facilities master plan needed for DJJ is less about architecture and engineering than it is about a systematic description and quantification of future facility needs based on a projection of future demand, demographics, projected program needs, and the geographical distribution of commitments. Planning for future living units will be based on contemporary standards of care for juvenile correctional populations. Living unit size in new facilities for core program units will be guided by national standards for juvenile correctional facilities and the risks and needs of the population and will be in the range of 16 to 25 youth for general core program living units. Living units for special populations will be smaller. The size of units for special populations will be guided by national standards for juvenile correctional facilities and, if standards are not available, the recommendations of national experts.

The facilities master plan will address the deficiencies identified in this Plan and be coordinated with the juvenile justice operational master plan described above. The results of that process will affect the size, nature, and location of future demand. It will also likely expand the facilities requirements of DJJ by highlighting the need for community based transitional facilities for parolees. Finally, the facilities master plan will also highlight the need for variations on the initial prototypical design on which the agency is presently working.

## **ACTION PLANS**

### Acceptance/Rejection Criteria

1. DJJ will promulgate a process and criteria for determining whether youth with certain medical conditions, persistent and serious mental health care needs and/or developmental disabilities are accepted into DJJ for potential material benefit, by September 1, 2006.
2. DJJ will designate Community/Court Liaison staff, as described above, by December 1, 2006.
3. DJJ will clarify its policies to accept only youth who are appropriate for the state's facilities (i.e., those who are higher risk/higher need) and will work with the counties to develop strategies to ensure that youth who do not meet the criteria for commitment to DJJ, but have exhausted all local options, are appropriately served. This will be accomplished by a date to be specified in the Standards and Criteria Section of this Remedial Plan.
4. DJJ will begin working with counties on statewide definitions related to "risks" and "needs" and will explore long-term strategies for conducting initial classification/assessment while the youth is in county custody. This will be accomplished by a date to be specified in the Standards and Criteria Section of this Remedial Plan.
5. DJJ will work with counties to analyze the effectiveness of the current "sliding scale" fee schedule and, if appropriate, make recommendations for alternative strategies to better serve the state's public safety needs. This will be accomplished by a date to be specified in the Standards and Criteria Section of this Remedial Plan.

### Orientation

1. DJJ will standardize orientation processes for all youth and add material on victim impact and restitution, the disciplinary system, and on the positive incentives program.
2. DJJ will develop strategies to improve outreach and inclusion of parents and families immediately upon a youth's commitment to DJJ.
3. As described above in the Action Plan for Acceptance/Rejection Criteria, DJJ will hire Community/Court Liaison positions who, among other things, will educate families, probation, and court personnel about DJJ programs and services so that families are advised about what to expect once their child is sent to DJJ and informed about how to remain involved in their child's rehabilitation/treatment.
4. Pending available resources, DJJ will provide orientation at the county/juvenile hall level. Information provided there will give youths an opportunity to learn about and understand the

resources available within DJJ. Reliable information should help alleviate youth's fears and dispel the myths about DJJ.

5. DJJ will improve orientation by developing curriculum, providing training, and updating the Youthful Offenders' Rights Handbook. All materials used for orientation to DJJ (as opposed to facility orientation materials) will be standardized.

#### Family Involvement

1. By July 1, 2007, DJJ will begin conducting Community Assessment Reports for each youth at intake which will include contacts and interviews with parents, close relatives and community service providers who are available and willing and who can provide significant information about the youth. The Community Assessment Reports will include measures to assess family background, strengths, and functioning.
2. By November 1, 2006, telephone contact between the youth and his/her family will be facilitated within 24 hours of arrival at the reception center to assist the youth in the early adjustment to his/her confinement. By December 1, 2006, ongoing telephone contact between the youth and his/her family will be facilitated on a regular basis during the entire period of the youth's confinement.

Strong efforts will be made to maintain contact with and engage the youth's family after placement in the appropriate DJJ facility. DJJ will consult with a nationally recognized expert to develop a model for re-entry and transition services that are strength-based and family focused. This model will be phased in as facilities are converted under this Plan.

3. DJJ will organize quarterly "Family Visiting Days" to encourage further participation of families in the youth's treatment/rehabilitation at a date to be specified in the Standards and Criteria Section of this Remedial Plan.

#### Disciplinary System

By the dates specified in the Standards and Criteria Section of this Remedial Plan:

1. DJJ will hire Disciplinary Coordinators and support staff for all facilities that currently do not have them. Training for Disciplinary Coordinators and others involved in the disciplinary system will be reviewed and updated as needed. A standard duty statement will be written for Disciplinary Coordinators. New hires and current disciplinary staff will receive full or refresher training on a competency basis.
2. Along with this expansion of resources, the length of time it takes to process Level 3 serious misconduct cases will be reduced. For fact finding hearings, instead of 24 days, the maximum time before a hearing is held will be reduced to 14 days. The current standard of 14 days for disposition hearings will be reduced to seven days.
3. DJJ will provide assistance for youth with disabilities consistent with the Wards with Disabilities Remedial Plan.
4. DJJ will add a process for appeals of Level 1 infractions.
5. DJJ will develop a standard for presentation of court cases to district attorneys.

6. DJJ will increase the ability for youths to earn back disciplinary time with good behavior. (See “Time Adds,” below.) Eligibility for restoration of disciplinary time will be reviewed at each youth’s case conference.
7. DJJ will take steps to promote participation in the Ward Incentives Plan and to standardize and expand the ability to earn incentive points through restorative justice projects. (See “Time Adds,” below.)
8. The Chief Deputy Secretary will establish a team of internal and external experts to develop a broader array of graduated sanctions and to propose additional positive incentives. This team will explore the possibility of further reducing projected board date extensions as a disciplinary measure in the long-term.

### Grievance System

The following will be accomplished by the dates specified in the Standards and Criteria Section of this Remedial Plan:

1. Forms on which to file grievances or complaints alleging staff misconduct will be made available on all living units in a location accessible to youths without requiring assistance from staff or clerks.
2. A lock box will be installed on every living unit for submission of forms to prevent lost grievances.
3. The role of the clerk will be redefined to ensure this position is no longer responsible for issuing, recording, submitting and tracking grievances, but rather is responsible for ensuring that there is an adequate supply of forms on the living unit and educating and assisting youths in the grievance process.
4. Youths will be notified upon receipt of grievances and complaints alleging staff misconduct.
5. Each facility will have one or more grievance coordinator who, among other things, will prepare monthly reports on grievances and grievance trends for use of the superintendent and his/her management team. The design and content of these reports will be developed in consultation with the Safety and Welfare Court Expert. The superintendent will review all allegations of staff misconduct.
6. A process will be developed to address abuse of the grievance system with regard to excessive filing, inappropriate statements (profanity, obscene language), excessive verbiage (pointless verbiage or voluminous unrelated documentation), and lack of cooperation (refusal to be interviewed or cooperate with the reviewer).
7. Monitoring will be improved at the facilities by scanning, tracking and monitoring all grievances and complaints alleging staff misconduct, as well as by collecting and presenting data to the local management team on a monthly basis for review of trends and development of intervention strategies. Weekly and monthly reports will be developed and automated.

8. Headquarters will improve oversight by reviewing timeframes and quality of responses on a regular/random basis as well as by collecting and evaluating data, reporting findings, and assisting facility staff with the development of action plans to address deficiencies.
9. A standardized duty statement will be developed for staff responsible for monitoring and processing grievances. Duties will include monitoring timeframes, reviewing and ensuring adequate responses, training staff, holding monthly meetings, training grievance clerks, preparing reports, reviewing data for trends, developing intervention strategies, and conducting inquiries into complaints alleging staff misconduct.
10. Complaints alleging staff misconduct will be separated from grievances.
11. All staff whose job responsibilities include direct, ongoing contact with youths will be trained on the Grievance System. Staff responsible for tracking, monitoring, conducting inquiries and responding to grievances will be provided specialized training.
12. Orientation will be improved by developing curriculum, providing training, and updating the Youthful Offenders' Rights Handbook.
13. Youths with disabilities who require accommodations, including youths with cognitive or other disabilities that limit reading and writing abilities, will be provided assistance in the grievance process consistent with the Wards with Disabilities Remedial Plan. Staff who assist youths with disabilities and staff who respond to grievances filed by youths with disabilities will be provided adequate training consistent with the Wards with Disabilities Remedial Plan.

#### Time Adds

It is anticipated that time adds will become much less frequent as Safety and Welfare Plan reforms are implemented. As DJJ moves to a rehabilitative model, positive incentives will significantly exceed negative incentives. The following steps will be taken:

1. Effective immediately, when disciplinary time adds are being considered for youth exhibiting significant mental health issues, a mental health staff familiar with the youth will determine if the behavior for which a disciplinary time add is being considered is related to the youth's underlying mental illness or its treatment. Upon a positive determination, the mental health staff will be responsible for determining the appropriate disposition.
2. DJJ will expand its earned program credit policy to allow youths (not excluded by policy from the 50 percent earn back provision described below) to contract for program credits in an amount not to exceed the number of months added to his/her parole board date for disciplinary reasons. Conditions to be met to earn such program credits are to be recorded in a behavior contract signed by the youth, the senior supervisor in the youth's living unit, and others as deemed necessary or appropriate. Conditions are to be based on successful improvement in specific behaviors tailored to the youth's developmental stage, abilities, and behavioral issues. Conditions are to be specific and realistically attainable by the youth in question. Time periods for performance will be relatively short. They should be proportional to, but not exceed, the length of the time add. An appropriate range of time periods will be

specified by policy. Conditions will require positive conduct, not just the absence of misconduct.

Whenever possible, youth correctional counselors and others who come in contact with the youth are to coach him or her in strategies to help successfully meet the conditions of the contract.

3. DJJ will revise the earn back policy for time adds so that 50 percent of disciplinary time adds can be earned back following six consecutive months of good behavior, except for those behaviors excluded from current policy.<sup>7</sup> This provision shall not preclude any youth from earning program credits as described above. In addition, if the youth's Projected Board Date is extended an odd number of months, DJJ will revise its policy so that the number of months restored would be rounded up, rather than down. Both parts of this proposal will be implemented as part of this Plan.
4. DJJ will increase offsets to time adds through increased use of positive reinforcement for good behavior.

DJJ has a system – the Ward Incentive Program – that, among other things, provides for an accelerated projected board date as an incentive for good behavior. The Ward Incentive Program was modified by DJJ in 2005 to allow a youth to earn up to 15 days of “program credit” a month. For every 30 days of program credit earned, the youth's Projected Board Date is advanced by one month. In theory, this allows a youth to cut the time to his or her Projected Board Date in half. Program credits can also be used to reduce the maximum amount of time added due to a disciplinary action.

There are three levels in the Ward Incentive Program. In the highest level (Level A) a youth earns between 11 and 15 days of program credit each month. A youth on Incentive Level B can earn up to nine program credits per month. On Level C, the maximum is six.

On Level A, to receive 15 days of program credit, a youth must have no documented gang activity in the last six months and meet the following criteria for the previous 30 days:

- a. have no sustained Level III or any serious Level II infractions<sup>8</sup>
- b. have at least 27 days free of any DDMS action (i.e. no Level I infractions)
- c. be either a) making satisfactory progress toward a high school diploma, b) pursuing college classes and working part time with positive evaluations, or c) working full-time with positive evaluations (high school graduates only)
- d. meet all applicable treatment requirements such as completing journal work in a timely manner, meeting Individual Change and Accountability Plan goals and participating in small groups, acknowledging that past behavior was criminal, and participating in specialized treatment if required and available.

On Level B, to receive up to nine program credits per month, during the previous 30 days a youth may have

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<sup>7</sup> “Good behavior” is defined as lack of involvement in serious misconduct (i.e. no Level 3 infractions). Prior policy required 12 months good behavior to earn back half of the time added.

<sup>8</sup> “Serious Level II” infractions are defined in policy.

- no sustained Level III infractions
- no sustained serious Level II infractions
- no more than two sustained (less serious) Level II infractions
- at least 20 days without DDMS activity (i.e. no Level I infractions for at least 20 of the last 30 days)

The policy is unclear about school, work, and treatment requirements to receive Level B or C program credits.

The Ward Incentive Program also allows superintendents to approve additional incentive points for restorative justice projects. While the program description provides examples of such projects, it provides no guidance as to how many incentive points can or should be awarded for restorative justice work.

Changes and improvements need to be made to the Ward Incentive Program in order to increase participation and the number of program credits earned. DJJ will develop means to increase participation and the number of program credits earned by implementing the following changes:

- The description of the Ward Incentive Program will be simplified. Posters, flyers, and handouts to promote understanding and participation will be created and distributed. Once a clear narrative description is written, DJJ may use a competition for youths to create posters and flyers describing and promoting the program. If used, this competition will be a restorative justice project for which program credits can be earned. DJJ may repeat the competition from time to time to create new posters and flyers.
- DJJ will provide full program credit when failure to participate in school, work, or treatment occurs through no fault of the youth.
- Standards will be developed for award of incentive points for restorative justice projects. For example, working x hours on a restorative justice project might be worth one program credit, participating in a blood drive might be worth several credits, etc.

There is no tracking system in place to measure changes in the net amount of time added to Projected Board Dates. Acceleration of Projected Board Dates through the Ward Incentive Program should be considered an offset to time adds. To measure this, DJJ will develop a system to simultaneously report on time extensions by type of time add and accelerated projected board dates. A separate report will be prepared every month for each facility and for the division as a whole. Each report will show the total number of months of time adds by type of time add for that month and for the year to date, the total number of months of accelerated projected board dates as a result of earned program credits and restoration of disciplinary time for that month and for the year to date, and the net amount of disciplinary time added (or subtracted) for the month and for the year. These reports will show data both numerically and graphically and be included as part of the regular agenda at staff meetings at facilities and headquarters.

DJJ research will conduct an analysis of program time adds and identify the reasons, and the frequency of these reasons, for them. DJJ will use this analysis to develop a plan to address the

needs identified in the analysis. The goal of this plan will be to reduce the frequency and duration of time adds based on inadequate access to programs.

#### Access to Court and Law Library

DJJ will ensure that youths are aware of their rights regarding access and that each library has a full complement of updated legal materials by making the following changes:

1. Education Services Branch (ESB) will assume full responsibility for the operations of DJJ law libraries, including the budget. ESB will track the need for updated/current materials, manage the budget regarding purchases, ensure the development and submission of invoices to the accounting office, and conduct annual audits of access and materials compliance.
2. DJJ will revise the Youthful Offenders' Rights Handbook and orientation program to include information regarding access to the law library and attorneys, specifically addressing concerns raised in the Expert's Report, Summer 2001.
3. DJJ will conduct annual School Site audits to determine compliance and will purchase needed law library materials.
4. DJJ will develop a tracking system within WIN to indicate the number of times the law library is used at each site and whether a youth visited the library or information was gathered for him/her.
5. DJJ will replace existing print libraries with either electronic (CD) or internet libraries.
6. DJJ will develop clear and consistent policies and procedures regarding access to courts and law library and will develop compliance measurements for monitoring performance in the area of access to courts.
7. DJJ will develop, and train staff on, curriculum addressing access to courts and law library. In addition to the initial training, refresher training will be developed.
8. DJJ will develop a plan in consultation with plaintiff's counsel and attorneys for youth to ensure appropriate access to attorney visits and phone calls.

#### Access to Religious Programs and Functions

DJJ will ensure that the existing religious policy complies with current law and that staff are knowledgeable about DJJ's policies and practices pertaining to access to religious services and programs. DJJ will ensure that youths are aware of their rights and are made aware of the practices pertaining to access to religious services and programs. DJJ will take the following steps to accomplish this.

1. DJJ will have a system in place to provide oversight to monitor and ensure compliance with policies and regulations regarding Access to Religious Programs in a Correctional Setting.
2. A Religious Coordinator will oversee uniform enforcement of legally mandated religious programming to youths in all DJJ facilities. The Religious Coordinator will also monitor all facilities through WIN and field visits to ensure that:

- Religious services/programs are provided for various faith groups.
- All youth have access to religious services/programs and materials.
- There is proper documentation of services/programs in WIN.
- State, Federal (Faith Based Initiative), and other grants are pursued.
- The Department is represented at various interdepartmental meetings, professional chaplain organizations, and conferences such as the State Advisory Council on Institutional Religion (SACIR), Association of Chaplains in State Services (ACCESS) and Bureau of Prisons (BOP).
- An Internship Program for DJJ's chaplaincy is developed.

The Religious Coordinator will also be responsible for oversight of religious policy, manual revisions, and chaplain training.

3. DJJ will revise the Youthful Offenders' Rights Handbook to reflect changes in policy and regulations. The Handbook will be a primary vehicle for informing youth in DJJ of their constitutional religious rights and how they may practice their beliefs within the correctional environment. The revised Handbook will be available to youth on all living units and will include information such as:
  - Procedure to sign up for any religious services/programs in Core Rehabilitation/Treatment units.
  - Procedure to sign up for any religious services while in Behavior Treatment Programs or special treatment program.
  - How to obtain access to chaplains.
  - What personal religious materials are permitted.
  - How to notify staff/chaplains of special religious needs (dietary, identification, etc.).
4. Refresher training will be developed and provided to staff on revisions to the religious programming policy, reporting requirements, and modifications to WIN.

#### Physical Plant Improvements

All youths will be housed in rooms and buildings that are clean, well lighted and graffiti free. Occupied single rooms will have a fully functioning sink and toilet and adequate heat and ventilation. Common showers, lavatories, toilets and urinals are to be clean, well lighted, and adequately heated and ventilated. DJJ will take the following steps to ensure that this happens.

1. The Director of Juvenile Facilities will provide a quarterly report to the Chief Deputy Secretary outlining a complete inspection of DJJ facilities, identifying deficient sanitary and physical conditions by type and location and including recommendations to remedy those deficiencies. The Chief Deputy Secretary will provide an annual report to the Facilities Division of CDCR with recommendations necessary to remedy the identified deficiencies. The first quarterly report will be submitted the first week of January 2007.
2. The superintendent of each facility is responsible and accountable for the sanitary and physical condition of every occupied building and outdoor area at his or her facility. A copy of each quarterly inspection report, and any other written finding relating to physical plant condition, will be kept in a working file in the office of the Director of

Juvenile Facilities. The Director of Juvenile Facilities will include these findings in a written annual performance review.

3. The senior supervisor on each shift will be responsible and held accountable by the facility superintendent for the sanitary and physical condition of the building or area he or she supervises. Each superintendent will adopt such means as he or she thinks necessary to monitor the condition of every occupied building and outdoor area and take measures to see that findings are incorporated in the personnel file and written annual performance review of the responsible supervisor.

When a supervisor or superintendent identifies deficiencies that cannot be remedied without outside assistance, he or she will document that finding in writing and make a request for assistance from the appropriate party. A supervisor or superintendent will not be held responsible for failure to remedy a deficiency that requires outside assistance, provided that the appropriate documentation and request for assistance have been completed in a timely way.

#### Master Planning

1. DJJ will prepare a Juvenile Justice Facilities Master Plan, by July 1, 2007.
2. DJJ will prepare an Operational Master Plan, in substantial conformance to the description provided above by July 1, 2008.
3. DJJ will prepare a proposal for the first prototypical facility by July 1, 2007.
4. DJJ will assign a person to be a dedicated project coordinator for these master plans by September 1, 2006.