

**Twenty-first Special Master Report (Filed April 17, 2012)**

| Area  | Compliance  | Source  | Page     |
|---|-------------|---|----------|
| <b>INTEGRATED BEHAVIOR TREATMENT MODEL (IBTM)</b> |             |   |          |
| Implementation on Units                           |             | Currently in Phase III and implementation in four units at OHCYCF (including 2 initial units).  | 2        |
| Staff Training                                    | Partial     | Training and coaching of staff has continued but the limited number of staff remaining on the IBTM project team has made it difficult to provide the level and type of coaching that is needed to ensure reinforcement of what is taught.<br>"Nine staff have successfully completed a Training for Trainers for Aggression Interruption Training (AIT)."<br>- Additional training will begin April 2012  | 3-4      |
| Staff Resources                                   | -           | There exists a lack of clarity in IBTM implementation around the need for elevated staff interest in this program. This is partially a result of the loss of key IBTM staff because of DJJ closures and budget cuts (more than 50 % taken from IBTM project team). Funding for training staff at VYCF (next site for implementation) is particularly challenging now.<br>"The work of the IBTM project team will likely never truly go away. Juvenile systems more advanced than DJJ are constantly refining their behavior model." | 5-6<br>8 |
| Staff Roles                                       | -           | "IBTM trained staff members, when working overtime, do not believe it is their duty to cover IBTM responsibilities."  | 8        |
| Substance Abuse Treatment                         | Non         | "A deficit noted by the Mental Health Experts and the UCCI [University of Cincinnati Correction Institute] Consultant is the lack of evidence-based substance abuse treatment program."<br>Prior management eliminated the substance abuse residential program units however implementation is recommended as soon as possible.   | 9-10     |
| Behavior Management System                        | Partial     | "Reinforcement System (RS) based on positive reinforcement has been designed and will be piloted in initial IBTM units March 2012."   | 10       |
| Program Time                                      | -           | "'Program time' is largely unstructured and spent watching TV... All the experts and consultants are in agreement that more of the youth's time needs to be in structured activities that reinforce the learning in the CBT groups."  | 11       |
| Next Steps  | -           | Next IBTM Implementation Plan is due October 2012.<br>Main areas to address:<br>Design and clarification of the model for mental health units<br>Support and coaching staff on developing Cognitive Behavioral skills.  | 13-14    |
| <b>MEDICAL CARE</b>                               |             |   |          |
| Health Care Services                              | Substantial | Ventura, N.A. Chaderjian YCF improved overall ratings in 5 <sup>th</sup> round of audits. O.H. Close YCF maintained substantial compliance.<br><br>Moving into self-monitoring phases. "Special Master [SM] urges Defendant to work closely with Medical Experts to address any concerns they may have and to facilitate a smooth transition of the monitoring process."  | 15<br>21 |

| <b>VENTURA YOUTH CORRECTIONAL FACILITY</b>  |             |   |                 |
|---|-------------|---|-----------------|
| Temporary Detention (TD)                    | Substantial | TD units declined due to transfer of youth into BTP and a memorandum stating the end of the use of TD.  | 25              |
|   |             | Decline in average length of stay on Treatment Intervention Program (TIP).<br><br>More youth transitioned from high core to low core (less restrictive).  | 26              |
| BTP (Behavior Treatment Program) Conditions | Partial     | Almost all staff vacancies, including teachers have been filled.<br>Modular classrooms began use January 2012.<br>Little change in BTP units (El Mirasol and Monte Vista) since previous visit.   | 27              |
|   |             | During SM site visits, BTP units were on Program Change Protocol (PCP) status due to group disturbance issues. PCP status lasted 20 days and is a form of lockdown.<br>During PCP status, non-high school graduates receive one hour out-of-room time and attend class. High school graduates and those with GED allowed 1 hour out-of-room time.   | 28              |
|   |             | Upon visit to BTP unit ... "all appliances and all furniture in the Day Room had been destroyed in the previous group disturbance incident." There were multiple program groups and youth needing individualized attention, including 3 on suicide watch; therefore, the SM found "It is logistically impossible to provide meaningful treatment and services under these conditions."<br><br>"Youth interviewed stated that besides attending class on a sporadic basis, almost all of their out-of-room time consisted of unstructured recreational activities. Staff informed the Deputy Special Master that they are reluctant to interact with youth due to safety concerns caused by recent staff assault incidents." | 29-30<br><br>30 |
| Improvements in BTP                         | -           | New Superintendent Almager has taken increased initiative, including the following: Adoption of a proposal to place youth the most appropriate unit in any DJJ facility based on treatment needs, by BTP treatment team members, administrative staff, and Almager.<br><br>Clarification on and creation of BTP protocols for staff and review and assessment of youth treatment plans.<br><br>Consolidation of program groups to allow staff to more easily meet with youth.   | 31-32           |
| Facility Infrastructure                     | -           | "A two-phase plan was developed to improve the appearance, cleanliness, safety and functionality of the living units." This includes "...removing and reinstalling plumbing fixtures, fixing broken windows, removing light fixtures and capping electrical outlets, painting walls and removing graffiti."   | 33              |
| <b>USE-OF-FORCE</b>                         |             |   |                 |
| Force Prevention Plan                       | Partial     | "While Defendant completed these tasks and met the literal requirement of the Force Prevention Plan, the Special Master questions the effectiveness of the implementation of some elements of the plan."  | 39              |
|   |             | "Recognizing the greatest reduction of use of force results from staff reinforcing desired behaviors in addition to sanctioning undesirable behavior, the plan was revised to focus more specifically on the skill set required by staff to do this."   | 41              |

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| Use-of-Force<br>Project Manager | - | <p>“The Special Master wishes to acknowledge and commend the efforts of the Defendant’s Use-of-Force Project Manager....this individual is uniquely qualified to spearhead Defendant’s current effort to implement a new force review model by developing training guidelines and serving as a trainer and a coach of the review model.”</p>   | 43    |
| <b>CONCLUSION</b>               |   |  |       |
| Overview of<br>Progress         | - | <p>“Dental and Medical Experts are preparing to transfer monitoring of the Medical Remedial Plan to Defendant in anticipation of achieving substantial compliance in all areas.”</p> <p>“The parties’ agreement on modifications to the DJJ Crisis Prevention and Management Plan is a critical step in defining how to prevent the use of force and when force is necessary, how it is to be imposed.”</p> <p>“The Defendant has made progress in addressing problems in the BTP units at VYCF.”</p> <p>Most of 13 recommendations from the 18<sup>th</sup> SMR have been met.</p>  | 43-44 |
| Areas for<br>improvement        | - | <p>Of the 13 recommendations the following still have yet to be addressed:</p> <ol style="list-style-type: none"> <li>1. “Conduct a pilot project that reduces the use of chemical agents on a mental health unit and substitutes the behavioral management strategies.”</li> <li>2. “Provide training regarding the IBTM to senior headquarters and institution staff as well include Youth Correctional Officers in IBTM training and Cognitive Behavioral Primer.”</li> <li>3. “This significant progress [in existing IBTM groups] is greatly jeopardized by the continued failure to adequately staff the IBTM project team and the failure to develop a clear mission that clarifies the IBTM is not a treatment program only of concern to youth counselors, psychologist and educators, but is a way of interacting with youth that must be modeled by all staff who have any contact with youth, no matter how limited.”</li> </ol> | 45    |