

## **Appendix I**

### **Experts' Priorities for Fiscal Year 2009-2010**

In August 2009, the *Farrell* experts identified priorities areas for fiscal year 2009-2010 and provided this information to the parties.<sup>1</sup> The priorities are listed by subject area below.

#### A. Education Priorities

1. Restructure and fill vacant leadership positions as noted on the DJJ organizational chart.
2. Provide access to a 240-minute school day to all eligible students.
3. Increase vocational enrollment.
4. Provide more access for all youth to the GED program.
5. Provide a full and meaningful school day for restricted units.
6. Adjust to downsizing, evaluate and re-compute all educational staff allocations. (Teacher mandated ratios are 1/12 for regular education, 1/10 for special education and 1/5 for restricted units.)
7. Establish a reliable interface between the WIN system and special education data-collection systems.
8. Monitor the development and implementation of the special education program.
9. Assure that IEP progress benchmarks and transition plans are completed and reviewed as required under IDEA.<sup>2</sup>

#### B. Health Care Services Priorities

##### *Dental*

1. Finalize the draft dental policies and standard operating procedures.
2. Bring the new dental record format and folders on-line.
3. Develop meaningful and properly tracked dental QAMP studies.
4. Streamline administrative procedures and reduce meetings in preparation for reduced dental staffing specified in the new DJJ Business Rules.

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<sup>1</sup> See, e.g., memorandum of Zack Schwartz and *Farrell* experts to parties, August 31, 2009.

<sup>2</sup> The experts made the following changes to their 2008-2009 list of priority areas: the experts removed priority 8 (fill Superintendent of Education position) and 9 (fill vacant central office education positions); the experts added priorities 4 and 8 (see above). See Ninth Report of the Special Master (June 2009), Appendix A (Experts' Priorities for Fiscal Year 2008-2009).

5. Add the DJJ Chief Dentist to the organizational chart, reporting to the Chief Medical Officer of DJJ.
6. Develop a QAMP study on infection control procedures to track compliance with state and federal regulations and guidelines.<sup>3</sup>

### *Medical*

1. Develop and implement standardized nursing protocols and related training program.
2. Develop and implement standardized health record manual that contains policies and procedures and related health record and ancillary forms. Provide training to the field.
3. Develop and implement the standards and compliance program, consistent with the Health Care Remedial Plan.
4. Conduct a study to compare the results of internal peer review with the experts' peer review results. Address any discrepancies.
5. Provide ongoing, interactive training to primary care clinicians regarding management of chronic diseases.
6. Adjust staffing to appropriate levels, in consultation with the medical experts and based on Chris Murray's staffing analysis.
7. Develop a complete set of health care policies that address all NCHC Juvenile Health Care standards. Review and revise initial policies.
8. Develop and implement a structured and standardized orientation manual for facility health care staff.
9. Resolve the discrepancies, in consultation with the medical experts, between the Health Care Services Table of Organization and the Health Care Remedial Plan.<sup>4</sup>

### C. Mental Health Priorities

1. Improve management and treatment of self-harming youth. Over this next year, train all staff and implement DBT on two mental health units for pilot. Train additional MH clinicians in preparation for system-wide dissemination. Evaluate Suicide Prevention,

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<sup>3</sup> The dental expert did not identify priorities for fiscal year 2008-2009. *See id.*

<sup>4</sup> These priorities are identical to those identified by the experts in fiscal year 2008-2009. *See id.*

Assessment, and Response policy; modify and streamline policy and procedures as indicated.

2. Develop and train staff on the IBTM. Although some of the *Farrell* experts are now tasked with writing the IBTM; DJJ will, in collaboration with the *Farrell* experts, need to implement the IBTM.
3. Reduce use of force and DDMS (disciplinary) sanctions in response to behavior related to mental illness. This will eventually be part of the IBTM.
4. Increase integration of all DJJ staff efforts in support of youth rehabilitation.
5. Improve psychopharmacologic practice, including empirically supported prescribing practice, informed consent and psychiatric peer review/quality management.
6. Implement policies, practices and treatments that increase family engagement and involvement in treatment.
7. Ensure appropriate access to licensed bed care for all youth who need it, including males in the north and females; and adequate quality of care on the licensed mental health beds.
8. Improve the quality and accuracy of mental health management data on self-injurious behavior.
9. When Stark closes, ensure that the mental health treatment is not compromised in the youths' new settings.
10. Acquire or develop a mental health monitoring system in order to analyze efficacy of treatment interventions and the treatment needs of the DJJ population.
11. Continue to analyze the efficacy of intake screening and assessment instruments, and modify procedures accordingly.<sup>5</sup>

#### D. Safety and Welfare Priorities

1. Complete the design, implementation plan, and manual for the IBTM.
2. Design and implement a successful comprehensive gang control strategy.
3. Implement appropriate gender-responsive programs.
4. Reduce the rates of violence and use of force in all DJJ facilities.

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<sup>5</sup> The experts made the following changes to their 2008-2009 list of priority areas: the experts edited priorities related to self-harming youth (1), IBTM (2), integration of staff efforts (4), psychopharmacology (5), and licensed beds (7). The experts added priority areas related to the closure of Stark (9). The experts removed priorities related to the potential closure of Ventura and to staffing patterns. *See id.*

5. Establish a realistic plan for the closure of current DJJ facilities and their replacement.
6. Successfully pilot and refine the BTP model.<sup>6</sup>

#### E. Sexual Behavior Treatment Program (SBTP) Priorities

1. Finalize program guide.
2. Simultaneously, develop SBTP curriculum.
3. Complete a mental health policy on confidentiality and informed consent that addresses the SBTP.
4. Finalize revision of remedial plan.
5. Revise audit tool.
6. Produce a meaningful organizational chart.
7. Improve relations between clinical and nonclinical staff.
8. Implement full comprehensive assessment.
9. Mandate treatment hours.
10. Train staff in new curriculum.
11. Ensure that facility staff assigned to SBTP units are assigned based on skills and preference; staff who prefer not to work with SBTP youth should not be assigned to these units.<sup>7</sup>

#### F. Youth with Disabilities Program Priorities

1. Develop a system to document the provision of accommodations afforded to wards with disabilities in implementing security procedures, including use of force, searches and property, and in providing alternatives to use of force, as described on pages 40-44 of the WDP remedial plan.

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<sup>6</sup> The expert made the following changes to his 2008-2009 list of priority areas: the expert edited the priorities related to IBTM (1), gender-responsive programs (3), master planning (5), and BTPs (6). The expert added priorities related to gangs (2) and violence and force (4). The expert removed priorities related to the disciplinary decision-making system and the incentive program. *See id.*

<sup>7</sup> The expert made the following changes to her 2008-2009 list of priority areas: the expert edited the priorities related to curriculum (2), organizational chart (6), assessment (8), and treatment hours (9). The expert added priorities 1, 4, 5, and 7. The expert removed priorities related to filling the SBTP coordinator position, resource groups, and charting treatment and progress. *See id.*

2. Establish policies to assure that placement of wards with disabilities into restrictive programs is not based either directly or indirectly on a ward's physical or mental disability, or on manifestations of that disability.
3. In consultation with the disabilities expert, the CYA will conduct a study regarding the need for a residential program for wards with certain developmental disabilities. The study will commence within 6 months from the date that the Disabilities Remedial Plan is filed with the court. The CYA shall develop a screening tool to assess the current ward population in order to identify any developmentally disabled wards who may not have been previously identified. The CYA shall complete this assessment by December 2006. As part of the clinic screening and assessment process, all wards shall be screened at the reception centers, and as indicated, throughout their stay in the Department, to determine whether they have a developmental disability which may make them eligible under criteria set forth in the ADA and/or may make them eligible to receive services from a Regional Center.
4. Within 12 months of the court approval of the plan, all staff will receive training, prepared with the assistance of an outside disability advocacy organization or consultant, and in consultation with the disability expert in sensitivity, awareness, harassment. This training will be provided to all staff on an annual basis.
5. Efforts to identify wards with disabilities within youth correctional facilities shall be continuous, and shall include self-referrals, staff-referrals, facility ADA screening and assessment, and special case conferences. A ward may make a self-referral requesting an accommodation for a documented or perceived impairment through an assigned PA, Casework Specialist, or by completing the Referral for Sick Call (RSC) form.
6. A ward may make a self-referral for an accommodation for a documented or perceived impairment through an Education Advisor by completing the Self-Referral to the School Consultation Team (SCT) form. Assigned Casework Specialists shall use a Referral to School Consultation Team (SCT) form to refer a ward to an educational professional to verify the existence of a learning impairment that may limit a major life activity.
7. The principal shall ensure that wards with disabilities enrolled in educational programs have equal access to educational programs, services, and activities.

8. For each special program or activity, evaluate eligibility criteria to assure that wards with disabilities are not excluded when they can perform the essential functions of the activity.<sup>8</sup>

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<sup>8</sup> The expert made the following changes to his 2008-2009 list of priority areas: the expert added priority 1 and removed former priority 1 (system to document disabilities and reasonable accommodations), 5 (self-referrals), and 10 (fill vacant WDP coordinator positions). *See id.*