

**Appendix E**  
**Facsimile of Email sent by Donna Brorby, March 3, 2009**

From: Donna Brorby

To: William Kwong; Michael Brady

CC: Rachel Stern; Sara Norman; Don Specter; Barry Krisberg; Barbara Schwartz, Ph.D.; Eric Trupin; Terry G Lee; Aubra Fletcher; Zack Schwartz

Subject: IBTM -- experts' high level issues

DJJ and the safety and welfare, mental health and sexual behavior treatment experts have had a number of discussions of the IBTM. It is not clear whether DJJ will agree to do what the experts' think is necessary to succeed in the development and implementation of a reasonable treatment model and system. This is to summarize the highest level issues as I said I would for you. I have worked closely with the experts in order to accurately represent their views. This distillation also is consistent with notes of the YASI and IBTM discussions August 2008 - February 2009. As I have said, I think that we need to determine whether DJJ fundamentally agrees or disagrees with the experts. If it agrees, will DJJ move forward accordingly? If there is a fundamental disagreement, we should have that resolved by the court.

1. In the series of conversations between DJJ, Orbis and the mental health experts that concluded October 15, 2008, it became clear that DJJ did not intend to adapt the integrated treatment model from Washington state's juvenile corrections system. The mental health, sexual behavior treatment and safety and welfare experts all previously had thought that DJJ was going to adapt the Washington model. The mental health experts strongly recommended the Washington model and they continued to believe that it would be easier for DJJ to adapt the Washington model than to proceed with the development of the model that DJJ was working on with Orbis Associates. They thought that DJJ could copy Washington to a large extent, based on extant documentation, where the approach it was taking required the creation of something new. But, they also accepted the DJJ risk/needs assessment and case planning approach to treatment (with a set of appropriate programs that evidence did or might show were effective) as an equally reasonable approach, if it were executed properly. They and DJJ agreed that all treatment interventions and all elements of DJJ's system and program (WIP, UOF, DDMS, anti-gang strategy, etc.) would have to be woven together into a whole. The safety and welfare expert did not participate in all of the calls but he said that he would defer to the mental health experts on issues related to the treatment model and programs.

2. In the opinion of the experts, DJJ has not articulated a plan to integrate all treatment interventions and all elements of DJJ's system and program into a whole "IBTM." It has

said that all of its treatment interventions will be cognitive behavioral and will have a common language. It also has noted that it is training its staff in the cognitive behavioral approach and the common language of the programs that DJJ uses or will use. This does not satisfy the experts. First, staff training is not enough. DJJ must direct staff in how, when and where they are supposed to use their training, by policies and/or program guides and supervision. For example, DJJ doubtless intends to discourage some behaviors that it anticipates youth will engage in and to encourage other behaviors. That will require consistency in how staff respond to those behaviors, whenever and wherever they occur. In order to get staff to respond consistently, DJJ needs to tell them how they are expected to respond. It needs to give them a coherent framework for understanding how to respond to and guide youth. Second, DJJ has not addressed how its basic systems and programs are integrated into the IBTM, e.g., DDMS, Youth Incentive Program, school, Change Company journals, etc. DJJ needs to integrate all treatment interventions and elements of its system and program in a whole IBTM that staff understand. Also, the integration is necessary if DJJ is to mold and control facility environments and the positive and negative incentives that affect youth behavior. Facility environments, including youth and staff behavior, will create/affect positive and negative incentives that will affect youth behavior. They are the setting/context within which DJJ will deliver treatment interventions. DJJ has to have a strategy/plan for controlling them. The concept of an IBTM includes such a strategy/plan. DJJ has not yet articulated such a strategy/plan.

3. The point of difference between the experts and DJJ may have been illustrated in the discussion of normative peer culture during the February 5, 2009 expert/DJJ IBTM conference call. Bernie Warner said that normative peer culture provides tools to and develops skills in youth and staff that promote youth function in the DJJ institutional environment at the highest possible level. It develops coping skills and life skills and promotes a “normal” environment. He said the IBTM, by way of contrast, targets the risk to re-offend and reduces delinquency. He said this as if there might be an overall treatment program or philosophy that was entirely separate from and unaffected by the institutional environment and as if the institutional environment is irrelevant to the risk to re-offend. The experts strongly believe that the treatment programs and everything else in the environment are part of one whole. DJJ needs to fit them into a coherent paradigm.

4. The experts and DJJ agree that DJJ is trying to do something particularly challenging in trying to “fix the bus while driving it.” In the ordinary reform, the model would be designed before implementation commenced. The pressure of the Farrell lawsuit requires DJJ to implement reforms while continuing to design its treatment model and before adequate facilities are in place. DJJ probably sees itself as doing the best it can, working with Orbis to develop the California YASI and identify promising cognitive behavioral programs and training staff in cognitive behavioral and other techniques for managing and molding youth. It plans to pull all the pieces together into a coherent whole in the future. The experts believe that DJJ is headed for a cliff, driving the bus without the context of an IBTM plan. They do see that DJJ is trying very hard to succeed in its reform. They do not think that all the effort can be either efficacious or efficient without an overall plan that encompasses all of DJJ and its staff and its programs and activities.

This is the same position they took on October 15, see paragraph 1 above.

5. The safety and welfare plan requires a written description of the IBTM and the experts believe that it is essential for DJJ to develop that description immediately. They envision a description at the level of detail of the 120+ page description of Washington JRA's ITM. They will offer their advice to DJJ as DJJ develops the description. (Dr. Krisberg offers the services of a skilled and experienced NCCD staffer to put DJJ's model into a draft writing for it.) They hope to be able to approve what DJJ develops. If they cannot, the OSM and parties will determine what to do about that.

6. The experts believe that DJJ would increase its likelihood of success if it identified an existing documented (replicable) model and adapted it for DJJ rather than creating its own model.

7. The experts believe that DJJ needs to have a solid plan for a piloting and evaluating the IBTM that is developed and executed by research staff. This has to be developed now as a part of the model.

8. The experts and DJJ have agreed that DJJ's IBTM must encompass family engagement and involvement and be linked and consistent with transition and re-entry services and strategies.

## Appendix F

**Excerpt from Barry Krisberg, revised informal report on January 2009 central office site visit (summary), submitted April 10, 2009**

### **4.0 And 5.0 Identify Rehabilitation and Treatment Model: Lay the Foundation for Reform**

Absolutely central to the DJJ reforms is the development and implementation of a model treatment model or Integrated Behavior Treatment Model (IBTM). This model should fundamentally alter how DJJ operates, improve outcomes for youth, and provide the underlying framework for all policies and programs.

DJJ has successfully contracted with a Canadian for-profit company, Orbis Partners, to develop a risk needs assessment tool, offer case management training to staff, and to help introduce “evidence-based” treatment programs into DJJ. This contract does not appear to cover all of the areas involved in implementing the IBTM. DJJ has consulted with the Farrell Experts in the development of the IBTM, although the consultation with the S&W Expert has been limited and less than satisfactory in terms of full engagement and responsiveness to my concerns.

The IBTM is currently an undeveloped and very generic approach. It is my view that DJJ has not assigned the proper staff to develop the IBTM and the Division may lack the in-house expertise to conceptualize and articulate the IBTM. The contract with Orbis Partners, while providing needed services, does not appear sufficient to assist DJJ in developing and launching a comprehensive IBTM. The lack of progress in this area is concerning and seems to be frustrating many of the Farrell Experts. To date, several top DJJ managers have responded by my observations and those of other Farrell Experts with defensiveness and resistance. On its current path, I believe that DJJ will be out-of-compliance with the Farrell requirements for the foreseeable future.

There are many problems in the DJJ approach to the IBTM. Most basic is that there is only a very sketchy description of the IBTM. The S&W Remedial plan contemplated a detailed and thorough description of the program and model, similar to documents shared with us from Washington State. According to DJJ top management, the IBTM is no longer a specific program but an overall philosophy of operations. I do not know what this means!

DJJ has not reached out to national experts from the most progressive juvenile corrections systems such as MO, MA, or CO for specific help in formulating the IBTM. It is my opinion that Orbis Partners can only provide some guidance in this area in part because the firm’s track record is mostly in probation or reentry and appears to have far more limited experience with institutionalized, serious and violent juvenile offenders. But, even if Orbis Partners had a wider skill set, the DJJ desperately needs to develop staff and management expertise in model treatment approaches.

A second concern is that DJJ promised to mount a pilot test of the IBTM at two facilities this year. This is not occurring and instead DJJ is “piloting different parts of the IBTM in different places”. This is a no substitute for a carefully implemented pilot that is accompanied by careful

research and evaluation. The IBTM is a very complex undertaking and a pilot would help DJJ understand the critical ingredients to success and the barriers to proper implementation. DJJ has repeatedly been unable to articulate an answer to a simple, but fundamental question: How will things be changing for the youth when the IBTM is fully operation?

At this stage, the development of the ITBM does not appear to be data-driven. Neither the CA YASI nor other DJJ data sources seem accessible to planners working on the components and central parts of the IBTM. Despite over 3000 hours of staff time devoted to administering the CA YASI, there are seemingly no data apart from individual youth reports that can be used to guide DJJ planning for the IBTM. Further, I see little evidence that DJJ possesses an actual implementation timeline for the IBTM. Issues of staffing, facility needs, budget requirements, and other core issues seem unresolved. DJJ managers seem intent on rolling out a new approach and training their staff in parts of it, but there seems a lack of strategic vision. Training is being offered to staff, but we don't know if it is the right training, or being delivered to the right number of staff in the proper positions. At its base the DJJ performance in the IBTM looks like the proverbial “ire, Ready, Aim” approach.

DJJ should be required to produce a detailed written description of the IBTM that should be approved by the Farrell Experts. Once approved the IBTM should be reflected in a well developed implementation plan that contains timelines, milestones, budget requirements and capital needs. There should be an IBTM Logic Model similar to the one developed by the Expert Panel for CDCR Adult Rehabilitation Programs. DJJ should not be permitted to abandon its commitment to a carefully evaluated pilot test of the IBTM.

DJJ has contracted for substantial training of its staff on several of the components of the IBTM. The OSM is monitoring the delivery of this training. One big area in which critical training has been delayed is in the area of Normative Culture. While more training is a positive step forward, there is little evidence of a DJJ strategic approach to training as it relates to the full implementation of the IBTM. To my knowledge there is not a current written DJJ training plan. Further, the DJJ training should be connected with strategies to institutionalize the treatment reforms via ongoing management, supervisor coaching, and personnel reviews. The DJJ has supplied rosters of training sessions and some anecdotal evidence that the staff enjoy the training (most staff do!), but there is little objective evidence that the desired competencies underlying the training are actually being enhanced.

DJJ also reported that it has not completed the adjusted staffing positions to add the treatment team leaders, case managers, and other team members that are envisioned in the S&W team. DJJ reports that it has not yet approved and fully adopted the job descriptions related to the model treatment aspects of the S&W Remedial Plan.

DJJ committed to implementing a statewide service day for its core treatment unit. There has been a pilot of the program service day at Preston. DJJ is still analyzing the results of the pilot. Full implementation of a statewide service day is still planned in the future. No such program service days have been piloted for the BTPs since these program units have not been implemented yet.

Michael Brady has now invited Dr. Angela Wolf, a community psychologist who is very knowledgeable about juvenile justice nationwide, to work with a team of DJJ staff to improve progress in the definition and documentation of the LBTM. Mr. Brady has also reached out to staff from Washington State to provide information about that model. I am also collecting descriptions of model approaches from Missouri and other states to share with DJJ staff.