

Compliance with Mental Health Requirements: Preston Site Visit Report
January 28, 2009
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The Mental Health Remedial Plan assigns monitoring of some requirements to the office of the special master (OSM). Donna Brorby and Aubra Fletcher visited DJJ's central office on October 26-27, 2009 to audit compliance with these requirements. The parties had the opportunity to provide comments on a draft of this report, and this final version reflects consideration of comments received.

We interviewed the facility's senior psychologist and four staff psychologists. We spoke briefly to a fifth psychologist and also interviewed relevant non-clinical staff. We reviewed documentation provided by central office and facility staff. Specific documents are cited where appropriate.

We selected ten youth from the 79 names on an August 12, 2009 mental health caseload list, by selecting every eighth name. We interviewed eight of the ten youth and reviewed certain case file contents for all ten. The eight interviewed youth represented six of Preston's ten living units.

5.11:¹ Outpatient MH staffing consistent with MH Remedial Plan. Positions filled/assigned.

The remedial plan staffing requirements have changed since OSM's May 2009 informal report for Preston.² The Court's July 2009 order requires the following staffing levels:

- 1 senior psychologist;
- 1 psychiatrist;
- 0.25 psychologists assigned to the intake unit;
- 0.25 psychologists assigned to the parole detainee unit;
- 1 psychologist for two high-risk core units;
- 1.5 psychologists for three low-risk core units;
- 0.5 psychologists assigned to the residential substance abuse treatment unit;
- 2 psychologists for two behavior treatment program units; and
- 2 office technicians.

Preston is compliant with these staffing requirements.³

¹ This number and others throughout this report correspond to the line-item numbers in the Mental Health Remedial Plan's "Standards and Criteria" document.

² See Order, July 31, 2009.

³ See document entitled "Psychologists, Programs, & Lodges," undated (provided October 26, 2009); statements of senior psychologist during site visit, October 26, 2009; statements of office technician during site visit, October 27, 2009; memorandum of Todd Irby to special master, et al., December 24, 2009 (providing comments on a draft of this report).

Rating: Substantial compliance

5.20: Collaborate with DMH [Department of Mental Health] to expedite transfers and facilitate transitions. DJJ periodically meets with DMH regarding transfers to DMH facilities and transitions back to DJJ. Written protocols describing DJJ's actions to expedite transfers and facilitate transitions as appropriate are in use. *This item is also monitored by the mental health experts.*

According to Preston's senior psychologist and DJJ's senior supervising psychiatrist, the only licensed beds to which Preston transfers patients are at Sierra Vista Hospital and the Correctional Treatment Center (CTC) at Stark. If a youth needed to be transferred to DMH, Preston would transfer him to the CTC, and the CTC would transfer him to DMH (but, see below for youth transferred to Sierra Vista and then to the intermediate care facility (ICF) operated by Metro State Hospital at SYCRCC). Preston's senior psychologist considers the CTC at Stark to be Preston's primary option for licensed bed care. He believes that the CTC will take youth with a history of violence that Sierra Vista will not take. This is consistent with other comments of DJJ's northern California clinicians in the past.

DJJ's "Trackable Mental Health List" shows 3 transfers from Preston to licensed bed care between January and September 2009. Preston sent one youth to Sierra Vista Hospital on January 30, 2009, and Sierra Vista Hospital sent him to the ICF at SYCRCC on February 9. Preston transferred two other youth to the CTC, on April 20, 2009 and May 15, 2009, respectively.

Rating provided at the central office level only.

6.3: If feasible, implement evidence-based model for family engagement. Appropriate family engagement model implemented (if feasible); **6.5:** If feasible, implement parent partner program. Appropriate parent partner program implemented (if feasible); **6.8:** If feasible, develop plan to continue Family Integrated Transitions and Family Justice Model.

6.3 and 6.5: Central office has drafted a project charter for compliance with these requirements.⁴ See 6.8, below.

Ratings provided at the central office level only.

6.8: The project charter mentioned above

Central office is drafting a project charter that addresses family engagement.⁵ It will include the Family Integrated Transitions requirement.⁶ Also, interdisciplinary work groups at all facilities

⁴ Statements of senior supervising psychiatrist during site visit, October 26, 2009.

⁵ *Id.*

worked last year with Family Justice to improve family involvement.⁷ Family Justice went out of business in October 2009, but DJJ is continuing its efforts based on its prior work with the organization. Preston staff have received the initial Family Justice program training.⁸ Youth and family survey forms have been developed, and surveys at Preston are planned for the near future.⁹ Facility and central office personnel are working together to generate ideas for enhancing family involvement.

Currently, family involvement at commitment includes one to two brief calls to the family by youth and non-clinical staff, and “as needed” contacts by psychiatrists to gain parental consent for youth medications.¹⁰

Preston does not currently use its videoconferencing equipment for family therapy or family visits. The facility possesses few speaker phones, which limits opportunities to talk with youth and family members together. A senior YCC on one of the interim BTP units described two treatment team meetings held with youth and their families together. He and the psychologist assigned to his unit consider these sessions, valuable and he intends to increase efforts to bring in other families. Another BTP psychologist also described contacts with families and youth together. DJJ’s senior supervising psychiatrist and Preston’s senior psychologist stated that they would work to incorporate family therapy, particularly on the BTP units.

DJJ’s lack of a unified system to track family contact prevented us from reporting on the frequency of contact between non-clinical staff and families. Aubra Fletcher reviewed the medical charts (unified health records, or “UHRs”) of ten youth on the mental health list. Her review sought documentation of family contact within one month of intake and documentation of clinician-family contact since January 1, 2009. Apart from psychiatrist phone contacts related to medication consent, only three other instances of clinician-family contact were documented over a total of ten months:

- Youth 5: In 2009 a psychologist facilitated the youth’s call to his mother in Georgia—through the youth’s parole agent—to discuss possible parole placements.
- Youth 7: In September 2009, a psychologist met with the youth, his parents, his case work specialist, his senior YCC, and his treatment team supervisor in the visiting hall for 60 minutes. The discussion related to the youth’s parole plans and other matters.
- Youth 10: This youth’s mental health evaluation form (2009) indicates that his mother spoke to the senior YCC regarding the youth’s therapy. The senior YCC referred the mother to the psychologist.

⁶ *Id.*

⁷ Eleventh Report of the Special Master (November 2009), Appendix H (Schwartz and Fletcher Report), p. 8. The remainder of this paragraph is based on this source.

⁸ Statements of senior supervising psychiatrist and Preston senior psychologist during site visit, October 26, 2009.

⁹ See statements of program manager during teleconference, October 28, 2009. The following sentence is also based on this source.

¹⁰ *Id.*; statements of senior supervising psychiatrist and Preston senior psychologist during site visit, October 26, 2009.

Transfers of southern Californian youth to Preston in the wake of Stark’s closure will render family involvement a greater challenge. The superintendent informed us that one of the chaplains is attempting to secure local hotel discounts for visiting families, and another staff member is seeking the use of local state houses for families’ overnight lodging. The superintendent stated that Preston will also open visiting on the week days. Preston already sends some youth for temporary visits to SYCRCC so that they can more easily see their families.

Rating provided at the central office level only.

6.10: Fund ongoing training and attendance at national/regional conferences. Key mental health staff attend appropriate national and regional conferences.

DJJ’s bargaining agreements make limited continuing education funds available to psychologists and psychiatrists.¹¹ DJJ allots psychologists \$200 a year and psychiatrists up to \$1000 a year. Psychologists are allotted five paid training days per year and psychiatrists, seven.¹²

Rating provided at the central office level only.

8.1a5: Youth informed of [policy] changes as appropriate. Information materials and/or briefing provided within 30 days of change in accessible formats.

In June 2008, DJJ’s director of facilities instructed facility superintendents to archive “signature pages” signed by youth confirming that they were notified of designated new policies.¹³

Relevant mental health policies implemented in 2009 are SPAR (March 2009¹⁴), psychopharmacology (April 3, 2009¹⁵), and WIC § 1800 (June 1, 2009¹⁶).

Preston provided no documentation that youth were informed of changes to the SPAR policy. The earliest youth signature sheet for the psychopharmacology policy was dated July 22, 2009, and three units did not inform youth of this policy change until November 2009, the week following OSM’s request for these documents. The earliest youth signature sheet for the WIC § 1800 policy was dated August 4, 2009, and the latest was dated November 2, 2009.

¹¹ See, e.g., statements of senior supervising psychiatrist during site visit, October 26, 2009.

¹² E-mail of chief psychiatrist to special master, October 29, 2009 (attaching document containing classifications and CME allotments).

¹³ Ninth Report of the Special Master (June 2009), Appendix D (Schwartz and Fletcher Report), p. 8.

¹⁴ See e-mail of Robert Rollins to Mark Blaser, et al., March 19, 2009.

¹⁵ See DJJ, Institutions and Camps Manual, Section 6267.6 (Psychopharmacology), January 20, 2009, p. 2.

¹⁶ See DJJ, Institutions and Camps Manual, Section 3320 (“Forensic Evaluation – Welfare and Institutions Code 1800/1800.5”), April 2, 2009, p. 2 (PoP #440, June 17, 2009).

Some signature sheets were undated; some clearly did not account for all youth; and the Fir unit provided no documentation that youth receive policy updates. The remaining units all use different forms, and only one unit provides a form that lists all youth whose signatures should appear. Without such a list, it is impossible to determine how many youth receive no formal information about policy changes.

Rating provided at the central office level only.

11.1: Implementation plan for offices and MH treatment rooms. Sufficient office space to exist so that all MH staff requiring offices have space and, where appropriate, that space is in, or adjacent to, the living unit. Sufficient space to exist so that no regular MH programs have to be canceled due to lack of space. Treatment space to be appropriate for treatment, providing a therapeutic milieu and areas for confidential conversations.

Office space for mental health clinicians

Most Preston living units lack adequate office space for clinicians. Redwood (BTP), Oak (BTP), and Sequoia (high-risk core) have office space for clinicians.¹⁷ The psychologist assigned to Sequoia is also assigned to the nearby Arbor unit. The two psychologists assigned to Ironwood (high-risk core, formerly the SMP), Fir (low risk, gang-exiters, others), and Manzanita (low-risk core) have offices on Redwood rather than on the living units they serve. The three psychologists assigned to Buckeye (intake), Hawthorne (parole detainees), and Ponderosa (low-risk core) have offices in the “program center,” about a ten minute walk from Buckeye and Hawthorne. The Buckeye and Hawthorne psychologists’ offices are, however, near the “Receiving” section of the building, which new intakes and parole detainees frequent in their first days at Preston.

When psychologists deliver services on living units where they do not have offices, they compete for space used by other staff, and youth who see them must do so without visual privacy. Sometimes youth are transported to the program center to see psychologists in private offices, but this is not always possible.¹⁸ The BTP psychologists value their offices on the BTP units, not only for their ease in seeing youth, but particularly for enabling them to work with staff to improve staff/youth interactions and the environment on the units.

Both of Preston’s psychiatrists have offices in the facility’s Outpatient Housing Unit.¹⁹

¹⁷ *Id.*; document entitled “Psychologists, Programs, & Lodges,” undated (provided October 26, 2009). The remainder of this paragraph is based on these sources.

¹⁸ Statements of two staff psychologists during site visit, October 26-27, 2009.

¹⁹ Statements of senior psychologist during site visit, October 26, 2009. The following paragraph is also based on this source.

Two golf carts are assigned to mental health personnel to facilitate clinicians' movement throughout the grounds. One of the carts is reserved for the duty psychologist assigned each day to address youths' self-harming behavior.

Treatment space

Preston also lacks adequate program space. The availability of space that is conducive to confidentiality depends on the level of activity on the living units.²⁰ Clinicians generally hold group sessions in the living units' day rooms or outdoors. Suicide risk reduction interventions are now held on the Outpatient Housing Unit.

Two psychologists, when asked about space for groups, explained that certain senior YCCs on their units either failed to support or actively discouraged small group sessions, which made it more difficult to hold groups. One related numerous incidents in which non-clinical scheduling or staffing issues prevented him from convening uninterrupted group sessions with the youth. The other was deterred from engaging any YCC in groups he led.

This item is not ratable at Preston.

6.7: DJJ to provide training to all direct care staff in certain areas. New or reassigned staff are to be trained within ninety days of assignment to a living unit. All supervisory and management staff are required to complete the training as required by DJJ policy. Training areas: **6.7a:** DJJ IBTM (August 15, 2009). **6.7c:** Treatment plan development (August 15, 2009). **6.7d:** Motivational interviewing (per interim training schedule). **6.7e:** Normative culture (per interim training schedule). **6.7f:** Interactive journaling (per interim training schedule). **6.7g:** Other key treatment components (August 15, 2009).

6.7a: The IBTM has not yet been developed.

Rating: Non-compliance

6.7c: Orbis Partners is training DJJ staff in "case planning."²¹ As with the YASI-CA trainings, training has thus far focused on case work specialists.²² DJJ has not provided updated training data for Preston as of this writing, though it has produced very useful training statistics for most other facilities. Central office staff have indicated that training statistics for Preston are forthcoming.²³

²⁰ *Id.*; statements of clinical staff during site visit, October 26-27, 2009. The remainder of this paragraph is based on these sources.

²¹ Ninth Report of the Special Master (June 2009), Appendix D (Schwartz and Fletcher Report), p. 32.

²² *See, e.g., id.*

²³ *See* e-mail of Maria Young-Ramirez to Aubra Fletcher, November 5, 2009.

The IBTM experts have recommended the discontinuation of the Orbis training,²⁴ for which reason OSM declines to assign a rating at this time.

Rating: Not rated

6.7d: Eight of Preston's ten psychologists (including the senior psychologist) have undergone motivational interviewing (MI) training.²⁵ As noted above, updated training statistics for non-clinicians are not yet available. Until new training data is provided, Preston's prior partial compliance rating remains.

OSM rates this item based solely on the number of staff who have attended MI trainings to date. This rating is not a reflection of the quality or efficacy of the training, and the mental health experts have not to date observed or evaluated MI training or implementation.

Rating: Partial compliance

6.7e: DJJ pursued a contract for normative peer culture training in 2009, resulting in a contract that Dr. Krisberg and the other IBTM experts now advise DJJ to cancel.²⁶ In light of Dr. Krisberg's recent recommendation that the normative culture requirement be removed from the remedial plan, OSM declines to rate this item at present.²⁷

Rating: Not rated at this time

6.7f: This training has not yet begun.

Rating: Non-compliance

6.7g: Preston mental health clinicians have received training in Safe Crisis Management (5 of 10 psychologists), Orbis Partners' Cognitive Behavior Treatment Primer (2 of 10), and Understanding and Preventing Suicide (7 of 10).²⁸ As noted above, updated training statistics for non-clinicians are not yet available. Until new training data is provided, Preston's prior partial compliance rating remains.

²⁴ Statements of Barry Krisberg and Eric Trupin during teleconference with special master, parties, and IBTM experts, October 26, 2009; e-mail of Eric Trupin to Michael Brady, et al., October 22, 2009 (attaching recommendations).

²⁵ See document entitled "Tracking Log: PYCF MH Staff Trainings," undated (provided October 26, 2009).

²⁶ Statements of Barry Krisberg and Eric Trupin during teleconference with special master, parties, and IBTM experts, October 26, 2009; e-mail of Eric Trupin to Michael Brady, et al., October 22, 2009 (attaching recommendations).

²⁷ See statements of Barry Krisberg during teleconference with special master, parties, and IBTM experts, October 26, 2009.

²⁸ See document entitled "Tracking Log: PYCF MH Staff Trainings," undated (provided October 26, 2009).

OSM assigns a rating for this item based solely on the number of staff who have attended trainings to date. This rating is not a reflection of the quality or efficacy of the trainings. Additionally, DJJ and the experts may select or substitute other treatment components once the IBTM description is finalized.

Rating: Partial compliance

8.3.1: *Intake process to include documentation of family interviews and assessment. The written report at intake must document contacts and interviews with parents, close relatives, and community service providers during the intake process for each youth. The reports include measures to assess family background, strengths, and functioning. Deadline is July 1, 2007. This item is also monitored by the mental health experts. 8.3.2a:* *By November 1, 2006, DJJ is required to facilitate family phone contact within 24 hours of youth arrival. 8.3.2b:* *By December 1, 2006, DJJ is required to facilitate ongoing family phone contact. 8.3.3:* *By March 1, 2007, DJJ must arrange for family visiting days at least four times per year. These items are monitored solely by the mental health experts who have requested that the OSM gather information for them.*

8.3.1: Central office has developed Community Assessment Reports (CARs) for statewide use.²⁹ OSM received a copy of the CAR policy and report form after the Preston site visit and awaits the judgment of the mental health experts.

The reports are completed by field parole agents designated by central office prior to the youth's arrival, then are provided to the facility at the time of intake.³⁰ The facility's case work specialist completes a "clinic report" which draws from the CAR, if received, and from information provided by the county of commitment; often the county information includes information about youths' families. Case work specialists often speak with youths' families at the time of intake to provide them general information and to obtain missing information, such as dates of birth and addresses.

In November 2009, OSM requested verification that a CAR is completed for each new intake and has not yet received it.

According to Dr. Arguello, the future mental health evaluation process will also include a family interaction component.

Rating provided at the central office level only.

²⁹ Statements of program administrator during teleconference, October 28, 2009; statements of field parole staff during central office site visit (safety and welfare audit), November 2, 2009.

³⁰ Statements of program administrator during teleconference, October 28, 2009. The remainder of this paragraph is based on this source.

8.3.2a: OSM selected ten youth from Preston’s list of 79 youth who receive mental health services.³¹ We interviewed eight of the youth.³² We requested WIN-generated phone call records for each of the ten youths’ date of arrival. Records were provided for eight youth. The records for five of those eight youth confirmed that each had placed at least one phone call to family on the day he arrived at Preston. The records for the three remaining youth did not clearly establish their arrival dates, though each arrived at least one year ago.

Central office later provided documentation reflecting that 55 of 55 youth who arrived at a DJJ facility between August 1, 2009 and October 28, 2009 had the opportunity to make a phone call within one day of arrival.

Rating provided at the central office level only.

8.3.2b: State law requires DJJ to provide youth with “a minimum of four telephone calls to his or her family per month.”³³ Though the measure by which OSM judges compliance is the more vaguely worded remedial standard (see above), the statutory provision is a useful yardstick.

OSM requested WIN phone logs for the same set of ten youth, for the period between September 1, 2009 and October 26, 2009. All ten youth had arrived at Preston prior to September 1, 2009. According to the documentation, only two of the ten youth had made or attempted an average of one call per week. One youth had only made one phone call in 7.5 weeks. Two had only made two phone calls during that time, and one had only made three calls.³⁴ Some calls were direct calls, and others were collect. WIN documents do not reflect whether youths’ families are able or unable to receive collect calls, but at least four of the eight interviewees’ families could not receive collect calls.

Inconsistent documentation practices among staff may account for some of the problem. For instance, of eight interviewed youth from five living units, six reported daily access to a telephone to make collect calls. Two youth whose phone logs each reflected four phone calls since September 1 stated that staff provide at least once-a-week opportunities to make direct calls and daily access to the pay phone.

Documentation practices alone do not explain the problem. Of the four identified youth whose families could not receive collect calls, one reported that he was allowed two direct calls per month; another reported that he was allowed one direct call per month; and a third reported that

³¹ See PYCF Mental Health Youth Master List, August 12, 2009.

³² A staff member in charge of Redwood one evening resisted the special master’s request to hold a private interview with one youth; by the next day, we did not interview him because of time constraints and because we had gathered a good deal of information about him. A second youth was working when we wanted to interview him, though we did interview someone else from his housing unit.

³³ See WIC § 1712.1(b).

³⁴ The third youth stated in an interview that staff provide the opportunity to make a direct call once per month and collect calls four times per month. He added that some youth are allowed more than one collect call per week. His incentive level is A.

he had been allowed one direct call in two months. The fourth youth had been permitted to place only two calls since September 1, 2009, and he remembered the approximate dates of each. According to him, his assigned YCC has never provided him with a phone call, despite his repeated requests and the YCC's promises to do so. The WIN log confirmed that his assigned YCC had not provided him with any calls since September 1. The youth stated that the issue is straining their ability to work together. He added that as a disciplinary measure, staff are withholding his mail until mid-November. He further stated that on one occasion, his YCC refused to give him a chance to call home because he had received a disciplinary "check" over the weekend.³⁵

Central office is developing a new policy regarding youth phone calls.³⁶ The policy will mandate a minimum of 4 collect calls per month per youth and only one direct call per month for youth whose families cannot receive collect calls.³⁷

The remedial requirement is to facilitate ongoing telephone contact between youth and families. The mental health and safety and welfare plans emphasize the importance of family engagement. Substantial compliance requires taking all reasonable steps to support family telephone contact.

Rating: Partial compliance

8.3.3: According to the family visiting day schedule provided, Preston is not permitting youth on the Redwood and Oak units with opportunities to attend family visiting days.³⁸ All other units have quarterly days scheduled between October 2009 and April 2010.³⁹

As OSM noted in a prior report, family visiting days that are open to all incentive levels are held less than once per quarter.⁴⁰

Many interviewed youth spoke highly of Preston's family events. One youth was looking forward to an upcoming family night and enthusiastically described a family night six months earlier. The very impressive culinary arts instructor and her students at the FEAST, Preston's restaurant and culinary arts vocational program, have long volunteered to host the events.⁴¹ This provides families and their youth to enjoy a visit over good food in a restaurant atmosphere. It

³⁵ Such disciplinary measures are contrary to state law; WIC § 224.71(g) provides that DJJ youth have a right to "maintain frequent and continuing contact with parents [and other] family members[] through visits, telephone calls, and mail." WIC § 224.71(m) prohibits DJJ from depriving youth of contact with parents or guardians as a disciplinary measure. WIC § 1712.1(b) contains a similar provision.

³⁶ Statements of Judi Nahigian and Tammy McGuire during central office site visit (safety and welfare audit), November 3, 2009.

³⁷ Statements of Alicia Ginn during central office site visit (safety and welfare audit), November 3, 2009.

³⁸ See memorandum of superintendent to treatment team supervisors, et al., September 20, 2009.

³⁹ See *id.*

⁴⁰ See Eleventh Report of the Special Master (November 2009), Appendix H (Schwartz and Fletcher Report), p. 18.

⁴¹ See, e.g., statements of culinary arts instructor during site visit, October 27, 2009.

also provides the FEAST workers valuable experience serving large numbers of customers. Many of the staff from the housing unit are present and introduce themselves to families.⁴²

Preston holds very good family events for youth. It needs to increase the frequency and ensure that all youth have quarterly opportunities to participate.

Rating: Partial compliance

⁴² Statements of one interviewed youth during site visit, October 26-27, 2009.