OFFICE OF THE INSPECTOR GENERAL

• PROMOTING INTEGRITY •

STEVE WHITE, INSPECTOR GENERAL

MANAGEMENT REVIEW AUDIT

SUPERINTENDENT PERRY BROOKS

SOUTHERN YOUTH CORRECTIONAL RECEPTION CENTER AND CLINIC

NORWALK, CALIFORNIA

JUNE 2003

GRAY DAVIS, GOVERNOR

State of California

Office of the Inspector General
801 K Street, Suite 1900
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Memorandum

Date: June 16, 2003

To: Jerry L. Harper, Director
California Youth Authority

From: STEVE WHITE
Inspector General

Subject: MANAGEMENT REVIEW AUDIT OF THE SOUTHERN YOUTH CORRECTIONAL RECEPTION CENTER AND CLINIC

Enclosed is a report of the recent management review audit conducted by the Office of the Inspector General of the Southern Youth Correctional Reception Center and Clinic and Superintendent Perry Brooks. The audit was performed in accordance with the oversight responsibility provided to the Office of the Inspector General under *California Penal Code* Section 6126.

The audit revealed a number of matters requiring attention. The problems affect institution security, the ward diagnostic assessment process, mental health services, suicide prevention, education, medical care, the ward disciplinary decision-making system, the ward grievance system, and employee performance appraisals and probation reports. During his short tenure at the institution, Superintendent Brooks has made progress in addressing many of these problems, but some of the deficiencies, such as those relating to ward education, are outside his authority and will require action from California Youth Authority headquarters.

The Office of the Inspector General recommends that Superintendent Brooks develop a comprehensive strategic plan to correct the problems identified in this report and urges the California Youth Authority administration to provide strong support and assistance to address the problems that fall outside his control.

The Office of the Inspector General provided a draft version of the report to Superintendent Brooks in May 2003. The institution's response to the draft report is included as an attachment to the final report.

The Office of the Inspector General received excellent cooperation from the management and staff of the Southern Youth Correctional Reception Center and Clinic during the audit.

Please call me if you have questions concerning this report.

cc: Robert Presley, Secretary, Youth and Adult Correctional Agency
Richard Kai, Chief Deputy Director, California Youth Authority

OFFICE OF THE INSPECTOR GENERAL

MANAGEMENT REVIEW AUDIT

SUPERINTENDENT PERRY BROOKS

SOUTHERN YOUTH CORRECTIONAL RECEPTION CENTER AND CLINIC
NORWALK, CALIFORNIA

REPORT

JUNE 2003

• PROMOTING INTEGRITY •

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EXECUTIVE SUMMARY

This report presents the results of a management review audit conducted by the Office of the Inspector General of the Southern Youth Correctional Reception Center and Clinic operated by the California Youth Authority. *California Penal Code*, Section 6051 requires the Office of the Inspector General to conduct a management review audit of any California Youth Authority superintendent who: (1) has held his or her position for more than four years; or (2) has been recently appointed, unless the Inspector General determines that the audit is not warranted at that time. A management review audit is a review intended to assess the superintendent's performance in carrying out the essential functions of the facility. In areas where weaknesses are noted, the Office of the Inspector General's management review team makes recommendations to correct the problems. The management review audit of the Southern Youth Correctional Reception Center and Clinic resulted from the retirement of Superintendent Wilbur Beckwith. Assistant Superintendent Viviana Martinez managed the facility during the Office of the Inspector General's fieldwork. At the end of the fieldwork, Perry Brooks was appointed superintendent of the facility.

The Office of the Inspector General found a number of serious problems at the Southern Youth Correctional Reception Center and Clinic as a result of the audit. The problems affect institution security, the ward diagnostic assessment process, mental health services, suicide prevention, education, medical care, the ward disciplinary decision-making system, the ward grievance system, and employee performance appraisals and probation reports. During his short tenure at the institution, Superintendent Brooks has taken prompt and professional action to address many of the problems identified during the audit fieldwork. The Office of the Inspector General commends his efforts. Some of the deficiencies, such as those relating to ward education, however, are outside the superintendent's authority and will require action from California Youth Authority headquarters. In contrast to problems found in other areas of facility operations, the dental program was found to be well-managed and running according to California Youth Authority policy.

The Office of the Inspector General recommends that Superintendent Brooks develop a comprehensive strategic plan to correct the problems identified in this report and urges the California Youth Authority administration to provide strong support and assistance to Superintendent Brooks to address the problems that fall outside of his control.

The specific findings from the management review audit of the Southern Youth Correctional Reception Center and Clinic are summarized below.

FINDING 1

[redacted]

[redacted]

FINDING 2

The Office of the Inspector General found that the Southern Youth Correctional Reception Center and Clinic is not processing wards through the diagnostic assessment process within the required time limits.

The Office of the Inspector General found that 62 percent of a sample of 524 wards who went through the Southern Clinic's diagnostic assessment process during an eight-month period in 2002 were not processed within 45 days of arrival as required under current California Youth Authority policy. The processing time for the wards ranged from five days to 141 days. The reasons for the untimely processing of wards include inefficient casework assignment practices, low productivity on the part of casework specialists, and inadequate monitoring of the casework specialists by the supervisory staff. At the time of the audit, annual performance appraisals for most casework specialists had not been done for up to three years, thereby negating formal feedback and progressive discipline as tools for improving employee productivity. When wards do not progress through the diagnostic assessment process in a timely manner, they are delayed in beginning programming and in earning time cuts against their confinement time. Prompt assessment is also essential for identifying wards who may be at risk of suicide or who require mental health treatment.

FINDING 3

The Office of the Inspector General found that wards in the Marshall intensive treatment program and the work experience program have not been provided with required counseling and related services.

Wards in the institution's two residential programs — the Marshall intensive treatment program and the work experience program — are consistently not receiving the counseling services to which they are entitled by the *California Welfare and Institutions Code* and Title 15, Division 4, of the *California Code of Regulations.*

FINDING 4

The Office of the Inspector General found deficiencies in medical services at the Southern Youth Correctional Reception Center and Clinic.

The management review audit revealed deficiencies in the medical screening of incoming wards and in medical services at the Southern Clinic, including the mishandling of wards with communicable diseases. In particular, the Office of the Inspector General found from examining a sample of 35 ward medical files that two wards who had been identified as having communicable diseases — one with tuberculosis and one with hepatitis C — were working in food service jobs. Five other wards who had been identified as having communicable diseases had not been placed on the work restriction list to prevent them from working in food services. The audit also found that 20 percent

of the wards in the sample had not received required vaccinations and that the intake questionnaires of one in three wards were incomplete. Almost three-quarters of the medical files sampled also lacked required consent for treatment forms. In addition, the outpatient housing unit was unsanitary and posed a safety hazard. The irregularities identified by the audit can jeopardize the health of wards and staff and lead to the spread of infectious diseases.

FINDING 5

The Office of the Inspector General found that wards at the Southern Youth Correctional Reception Center and Clinic do not consistently receive required mental health services and that the institution does not consistently comply with required mental health procedures.

The Office of the Inspector General found that wards at the Southern Youth Correctional Reception Center and Clinic do not always receive the mental health services to which they are entitled by the *California Welfare and Institutions Code* and Title 15, Division 4, of the *California Code of Regulations.* The audit revealed in particular that treatment needs assessment results were not documented in unified health records as required by California Youth Authority regulations, and that almost two-thirds of the wards taking psychotropic medication had not been given global assessment of functioning evaluations — a regulatory prerequisite for administering the medication. The unified health records for wards taking psychotropic medication also did not consistently include documentation of informed consent for the medication to be administered. In addition, the audit revealed that the institution has no global assessment of functioning utilization review panel, the purpose of which is to ensure high quality and consistency in the administering of global assessment of functioning evaluations.

FINDING 6

The Office of the Inspector General found that the staff in the living units is not adequately informed about suicide prevention measures and that the suicide prevention assessment and response committee meetings are poorly attended.

The Office of the Inspector General found the institution to be substantially in compliance with the requirements of the California Youth Authority's suicide prevention assessment and response program, as set out in Sections 6250 through 6284 of the *California Youth Authority Institutions and Camps Branch Manual.* But the audit also revealed that members of the living unit staff are unaware of important elements of the suicide prevention assessment and response program and that members of the institution's suicide prevention assessment and response committee are not regularly attending committee meetings.

FINDING 7

The Office of the Inspector General found that academic achievement at the Southern Youth Correctional Reception Center and Clinic is low compared to other

California Youth Authority facilities and that the institution is not providing wards with special education services in a timely manner. The institution is also overstating average daily attendance and misrepresenting provider service hours in reports to the Education Services Branch.

A review by the Office of the Inspector General of the academic education programs at the Southern Youth Correctional Reception Center and Clinic found that the wards' educational needs are not being met. Standardized Testing and Reporting (STAR) test scores for residential wards at the Southern Clinic's Jack B. Clarke High School, for example, declined between 2001 and 2002, placing the high school eighth for that period among the 12 California Youth Authority high schools for which data are available. The Southern Clinic wards also scored poorly compared to the wards at the Northern Youth Correctional Reception Center and Clinic in Sacramento. Southern Clinic wards scored higher than Northern Clinic wards in only 13 (20 percent) of 64 STAR subject areas tested from 1998 through 2002. In addition, the audit found significant attendance keeping and attendance reporting errors and serious deficiencies in special education service reporting. The errors and deficiencies resulted in the California Youth Authority receiving at least $19,868 in state lottery education funds to which it was not entitled and erroneous claims of services to special education students. Furthermore, the Southern Clinic is accepting wards referred from the courts whose special education status is unknown or incomplete because the juvenile courts are not meeting their obligation to provide complete data on wards with special needs. The courts' non-compliance, coupled with slow processing of special education wards by the Southern Clinic, has put the Southern Clinic out of compliance with federal time limits for educating wards with special needs.

FINDING 9

The Office of the Inspector General found that the disciplinary decision-making system at the Southern Youth Correctional Reception Center and Clinic does not ensure due process for wards and fails to provide management with important tools for monitoring disciplinary actions and ward grievance activity.

The disciplinary decision-making system at the Southern Clinic fails to ensure that wards are afforded due process rights. The Office of the Inspector General found that nearly all of a random sample of Level A behavior reports had been filled out incorrectly, with many missing the critical information necessary to document that wards had received due process. In addition, the ward information network (WIN) 2000 database does not include complete information on Level A and Level B behavior reports because living unit sergeants do not document the disposition of the cases in the database — a deficiency that diminishes the value of the database as a management tool. In addition, the Southern Clinic management does not require monthly reports on disciplinary decision-making and ward grievance activity at the institution, depriving management of a valuable measure of the climate of ward behavior.

FINDING 10

The Office of the Inspector General found that the ward grievance system at the Southern Youth Correctional Reception Center and Clinic is ineffective and does not comply with department regulations.

The Southern Clinic has given low priority to ensuring that wards have an effective means of addressing grievances about facility policies and procedures and the actions of other wards and members of the institution staff. At the time of the audit, the wards rights office was staffed only by a part-time ward grievance coordinator working the night shift, with no clerical support, no institutional ward grievance clerk, and inadequate office space. In the 15 months before that person took over the responsibility in April 2002, monthly reports to department headquarters on overdue ward grievances were inaccurate because the institution did not attempt to track grievances for adherence to required time limits. And even though department policy requires the ward grievance coordinator to conduct monthly meetings with ward grievance clerks, only two such meetings were held in the 21-month period ending in September 2002. The deficiencies hamper the effectiveness of the ward grievance system, mislead the department about the operation of the system at the institution, and communicate to the wards that grievances may not be taken seriously or adequately addressed.

FINDING 11

The Office of the Inspector General found that staff performance appraisals and probationary reports at the Southern Youth Correctional Reception Center and Clinic are not completed on time.

The Office of the Inspector General found that Southern Clinic personnel do not receive performance appraisals, probationary reports, and updated duty statements on time. The Office of the Inspector General's review of a sample of 33 personnel files revealed that nearly half of the employees requiring an annual performance appraisal did not receive the appraisal. More than half of the probationary reports that should have been in the files were missing. And of the files requiring a current duty statement, more than half did not contain one.

INTRODUCTION

California Penal Code Section 6051 requires the Office of the Inspector General to conduct a management review audit of any California Youth Authority superintendent who has held his or her position for more than four years or has been recently appointed, unless the Inspector General determines that the audit is not warranted. The purpose of a management review audit is to assess the superintendent's performance in carrying out the essential functions of the facility or to serve as a baseline for newly appointed superintendents. In areas where weaknesses are noted, the Office of the Inspector General makes recommendations to correct the deficiencies.

Pursuant to the provisions of *California Penal Code* Section 6051, the Office of the Inspector General conducted a management review audit of the Southern Youth Correctional Reception Center and Clinic in response to the retirement of Superintendent Wilbur Beckwith. The audit was performed between August 19, 2002 and November 8, 2002. Assistant Superintendent Viviana Martinez operated the facility at the time of the audit, and shortly after the audit fieldwork was completed, Perry Brooks was appointed superintendent of the institution.

BACKGROUND

The Southern Youth Correctional Reception Center and Clinic (Southern Clinic) is one of eleven youth correctional institutions operated by the California Youth Authority. The Southern Clinic assists the California Youth Authority in meeting its mission of providing diagnostic, educational, training, and treatment services for youthful offenders committed by the courts. Located in Norwalk, California, the Southern Clinic opened in 1954. It is one of three reception centers operated by the California Youth Authority. As such, the Southern Clinic receives and processes male youthful offenders referred to the California Youth Authority from the county courts. The professional staff of the Southern Clinic prepares a diagnostic evaluation and a recommended treatment plan for every ward, consisting of interviews and diagnostic tests. Every ward undergoes academic and vocational testing, medical and dental examinations, and mental health assessments that may lead to more in-depth psychological or psychiatric evaluations and treatment.

The diagnostic evaluation has various uses. The institution staff uses it when considering and recommending treatment alternatives. The Youthful Offender Parole Board uses the evaluation and other data as a basis for determining a ward's length of incarceration and his parole consideration date. Once the Youthful Offender Parole Board sets the ward's parole consideration date, the California Youth Authority places the ward in an institution or a camp that offers programs consistent with the diagnostic evaluation. After the ward is paroled, parole officers in the field use the evaluation for background information on wards who return to the community.

In addition to serving as a reception center for newly committed wards, the Southern Clinic also receives wards for court evaluation, temporary detention, and parole violation disposition hearings. The institution also offers two residential programs. The first is the 25-bed Marshall Intensive Treatment Program, which provides emotionally disturbed wards aged 13 to 24 with long-term residential treatment, crisis intervention, and transitional services. The second program

is a 30-bed short-term work experience program for parole violators aged 18 to 24, who work as apprentices to the facility's maintenance staff.

As of August 30, 2002, the Southern Youth Correctional Reception Center and Clinic had a budgeted staff of 335.9 personnel years, and as of October 11, 2002 , the facility's operating budget was $22,999,800. Staff positions include administrators, medical and dental professionals, administrative support personnel, youth correctional officers, and youth correctional counselors. In addition, the staff includes academic and vocational education instructors, administrators, and support staff, all of whom report to the California Youth Authority Education Services Branch, rather than to the superintendent.

With a design capacity of 377 wards, the Southern Youth Correctional Reception Center and Clinic housed approximately 300 wards at the end of the audit fieldwork. There are eight living units on the facility grounds. Wards leave the living units to obtain diagnostic and counseling services and to participate in other programs at various locations on the institution grounds. The programs include attending the facility's Jack B. Clarke High School and obtaining vocational training in janitorial services. Wards also leave their living units to obtain medical and dental services at the institution's hospital and clinic and to attend religious services.

Superintendent Perry Brooks. This is Superintendent Brooks's first assignment as a superintendent with the California Department of the Youth Authority. Superintendent Brooks reported to the Southern Youth Correctional Reception Center and Clinic from his position as the California Youth Authority's southern regional parole administrator. A California Youth Authority employee for 28 years, Superintendent Brooks began his career with the department as a parole aide. During his employment with the California Youth Authority, he has held increasingly responsible positions in various institutions and camps, as well as in the department's parole function.

OBJECTIVES, SCOPE, AND METHODOLOGY

The objective of the management review audit was to conduct a baseline evaluation of the Southern Youth Correctional Reception Center and Clinic to identify areas of operation needing improvement. To that end, the Office of the Inspector General reviewed the following functions: security; treatment services, including reception center operations, counseling, and mental health; medical services; dental services; residential substance abuse treatment; suicide prevention assessment and response; internal affairs investigations; ward rights; academic education; institutional communication; and selected business and personnel practices. The inspection team did not review vocational education or staff training.

The Office of the Inspector General performed the following procedures in conducting the management review audit:

- Interviewed Assistant Superintendent Martinez, members of her administrative staff, and various employees and wards at the institution to gain insight and perspective on various issues.

- Administered a survey questionnaire to the Southern Youth Correctional Reception Center and Clinic staff regarding the administration's communication with staff and wards.
- Conducted on-site visits and inspections of living units and ward programming areas, including Jack B. Clarke High School and of administrative offices and facilities throughout the institution.
- Reviewed various laws, policies, and procedures and other documents related to key institution systems, functions, and processes.
- Gathered and reviewed institution logs, files, records, and transaction documents in various operational areas.
- Performed various analytical techniques, including sampling, to assess compliance with legal and procedural requirements.

The management review audit was performed in accordance with *Government Auditing Standards* of the U.S. General Accounting Office.

FINDINGS AND RECOMMENDATIONS

FINDING 1 (REDACTED)

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RECOMMENDATIONS

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FINDING 2

The Office of the Inspector General found that the Southern Youth Correctional Reception Center and Clinic is not processing wards through the diagnostic assessment process within the required time limits.

The Office of the Inspector General found that 62 percent of a sample of 524 wards who went through the Southern Clinic's diagnostic assessment process during an eight-month period in 2002 were not processed within 45 days of arrival as required under current California Youth Authority policy. The processing time for the wards ranged from five days to 141 days. The reasons for the untimely processing of wards include inefficient casework assignment practices, low productivity on the part of casework specialists, and inadequate monitoring of the casework specialists by the supervisory staff. At the time of the audit, annual performance appraisals for most casework specialists had not been done for up to three years, thereby negating formal feedback and progressive discipline as tools for improving employee productivity. When wards do not progress through the diagnostic assessment process in a timely manner, they are delayed in beginning programming and in earning time cuts against their confinement time. Prompt assessment is also essential for identifying wards who may be at risk of suicide or who require mental health treatment.

Diagnostic assessment purpose and procedures. The Southern Clinic is responsible for assessing each ward assigned to the institution and for developing a clinical report that contains relevant history on the ward's family, education, criminality, and medical background and provides specific, individualized treatment recommendations. The report influences nearly every aspect of a ward's stay in the California Youth Authority, including the ward's programming requirements, assignment to a specific facility, length of confinement, and parole conditions. The clinical assessment reports are prepared by a staff of casework specialists working under a supervising casework specialist II assisted by a supervising casework specialist I. The supervising casework specialist II reviews the case information of each new ward and assigns the incoming ward to one of seven casework specialists, five of whom work full-time and two of whom work part-time. Another four casework specialists are assigned elsewhere, but they are available on an emergency basis. California Youth Authority policy requires the casework specialist to have face-to-face contact with each ward within five days of receiving a new assignment.

Need and requirements for timely assessment. Formal California Youth Authority policy requires that wards be processed though the reception centers and readied for a placement decision within 30 days. In recent years, however, the department has been operating under an informal policy that requires the assessment to be completed within 45 days. A November 1998 memorandum from the deputy director of the Institutions and Camps Branch reiterated the requirement that reception centers move wards through the clinical assessment process within 45

days of the ward's arrival at the reception center. The memorandum also noted that casework specialists are to complete each clinical assessment report within 30 days and are to complete one case per day, or five cases per week. The duty statement for the casework specialist position also specifies that casework specialists are to complete the processing of each ward within 30 days and are to complete one case per day, or five cases per week. A department agreement with the California Correctional Peace Officers Association and an April 19, 2001 memorandum issued by the management of the Southern Clinic also reinforce the one-case-per-day requirement for casework specialists.

During the assessment period, the ward is supposed to undergo educational, medical, and mental health diagnostic services and be referred to appropriate medical and mental health specialists as necessary. Department policy also requires that every ward receive a treatment needs assessment within the first three weeks of arrival at the reception center to identify special treatment needs, including treatment to address depression and suicide risk.

Timely processing of wards through the diagnostic assessment process is essential to enabling wards to be assigned to an institution and to begin programming as soon as possible. Delays in processing affect the ward's ability to earn time cuts to reduce his confinement time, which is an important behavioral incentive. Prompt assessment is also essential for identifying wards needing mental health treatment, including those needing treatment and monitoring because of suicidal tendencies. That need was illustrated by the case of one ward who committed suicide by hanging at the Southern Clinic in February 2001. At the time of his death, the ward had been at the Southern Clinic for 77 days without receiving a treatment needs assessment, and his casework specialist had not even begun his processing. Untimely diagnostic assessments also disrupt the activities of the Youthful Offender Parole Board — on October 3, 2002, for example, and again on October 17, 2002, the board was obliged to cancel hearings because casework specialists had not turned in clinical assessment reports on time.

The diagnostic assessment process is not being completed within prescribed time limits. To test the timeliness of the Southern Clinic's diagnostic assessment process, the Office of the Inspector General reviewed the files of the 524 wards who went through the Southern Clinic's diagnostic assessment process from January 3, 2002 through September 18, 2002. The review revealed that of the 524 wards, 402 (77 percent) did not complete the process within 30 days of arrival at the institution, and 326 (62 percent) did not complete the assessment process within 45 days. The time required to complete the process ranged from five to 141 days. Furthermore, for 120 (23 percent) of the wards, the assessment process took between 50 and 59 days and for 82 (16 percent) of the wards, the process took between 60 and 69 days.

Of particular concern is the fact that the average weekly caseload of the casework specialists during the period under review was 2.5 cases per week — only half the casework standard of five cases per week. None of the casework specialists met the 30-day department standard for completing the assessment process. According to the office services supervisor II responsible for supervising the processing of reports, clerical staff type and complete clinical reports the same day that the casework specialists submit them, meaning that the report processing time does not contribute to the casework specialists' untimely production of diagnostic assessments.

The Office of the Inspector General found the following three reasons for the untimely processing of diagnostic assessments:

- ***Inefficient casework assignment.*** The supervising casework specialist II does not assign new wards to a casework specialist until after the ward arrives at the facility, even though the paperwork on the ward frequently arrives days ahead of the ward. Furthermore, contrary to the provisions of *Institutions and Camps Branch Manual* Section 3265, all assignments are made on Mondays only. Section 3265 calls for wards to enter the diagnostic assessment process the day after they arrive at the facility. Currently, if a ward arrives at the facility after case assignments on Monday, the supervising casework specialist II does not assign the ward to a specialist until the following Monday — a practice that wastes up to six days.

- ***Low productivity of casework specialists.*** Four of the five full-time casework specialists routinely did not provide timely casework services. The wards assigned to those specialists completed the assessment process an average of 42, 51, 55, 57, and 59 days, respectively, after arrival at the Southern Clinic. The wards assigned to the two part-time casework specialists completed the assessment process an average of 41 and 53 days, respectively, of their arrival at the facility. The wards assigned to the remaining four specialists did not, on average, receive timely casework services. Those wards completed the assessment process an average of 47, 50, 52, and 63 days, respectively, after arrival at the facility.

- ***Inadequate monitoring of the casework specialists' work by supervisory staff.*** The audit showed that the supervising casework specialist II is not monitoring employee productivity and has not prepared the annual employee performance appraisals required by *Government Code* Section 19992. Neither the supervising casework specialist II nor his predecessor had prepared timely performance appraisals for six of the seven full-time and part-time casework specialists. While the performance appraisals for one full-time casework specialist were timely and accurately reflected the employee's poor productivity during the period of the audit, the appraisals of the remaining six were between one year and three years overdue. It was not possible to assess the accuracy of the appraisals because the periods covered by the appraisals did not coincide with the period covered by the audit, but it was noted that the appraisals said the specialists had met or exceeded expectations in providing casework services to wards. Proper monitoring would have revealed the obvious lack of productivity on the part of the casework specialists. Although the productivity standard is one case per day or five cases per week, each specialist received an average of only 2.5 cases per week. Yet, despite the low caseload, only two of the eleven casework specialists averaged fewer than 45 days in processing diagnostic assessments.

As of November 1, 2002, the California Youth Authority Intake and Court Services Section assumed several key Youthful Offender Parole Board responsibilities, including that of meeting with the ward and setting the approximate parole consideration date. The supervising casework specialist II and a Southern Clinic psychologist have now assumed the role of meeting with each new ward at the 45-day date to determine the ward's parole consideration date and to select the appropriate California Youth Authority facility for the ward's treatment needs. Notwithstanding this new procedure, the 45-day requirement for processing clinical assessments is still in effect.

RECOMMENDATIONS

The Office of the Inspector General recommends that the Southern Youth Correctional Reception Center and Clinic take the following actions to improve the timeliness of the diagnostic assessment process:

- Assign newly committed wards to a casework specialist before the actual delivery of the ward to the Southern Clinic and enter each ward into the clinical assessment process by the day after his arrival at the facility, as required by *Institutions and Camps Branch Manual* Section 3265.
- Systematically monitor the productivity of each casework specialist. The monitoring should include tracking the following information on an electronic spreadsheet: the arrival date of each newly committed ward; the date each ward receives an initial face-to-face contact with the assigned casework specialist; the date the ward receives a conference with the supervising casework specialist II and the psychologist; and the date the ward transfers out of the Southern Clinic or into a Southern Clinic residential program. The spreadsheet should calculate the elapsed time and determine compliance or non-compliance with the 45-day mandate for completion of the assessment.
- Using the spreadsheet described above, develop a management information system to tabulate the weekly assignments each casework specialist receives; to enable the supervising casework specialist II to identify casework specialists who are not providing timely and efficient casework services; and to flag wards in danger of exceeding the 45-day timeframe.
- Using the spreadsheet and the management information system, perform timely and accurate performance appraisals of casework specialists at the intervals specified by California Youth Authority policy and state law.
- Revise the supervising casework specialist II duty statement to incorporate these recommendations and monitor the supervising casework specialist II's performance.

FINDING 3

The Office of the Inspector General found that wards in the Marshall intensive treatment program and the work experience program have not been provided with required counseling and related services.

Wards in the institution's two residential programs — the Marshall intensive treatment program and the work experience program — are consistently not receiving the counseling services to which they are entitled by the *California Welfare and Institutions Code* and Title 15, Division 4, of the *California Code of Regulations* and Sections 4000 *et seq.* of the *California Youth Authority Institutions and Camps Branch Manual.*

To evaluate the institution's compliance with statutory and regulatory requirements, the Office of the Inspector General reviewed the files of all 25 wards in the Marshall intensive treatment program and all 30 wards in the work experience program. The review of the files revealed the following:

- ***A majority of wards are not receiving required weekly counseling.*** Section 4050 of the *California Youth Authority Institutions and Camps Branch Manual* requires a formal, structured counseling program that includes scheduled staff time for counseling and provides for a minimum of one hour of formal counseling (individual or small group) per ward per week. Yet, despite ward-to-counselor ratios of less than 3-to-1, compared to a departmental standard of 10-to-1, only 10 (40 percent) of the 25 wards in the Marshall intensive treatment program received the required counseling sessions. Furthermore, none of the wards in the work experience program received the required counseling sessions because no youth correctional counselors were assigned to the program.

- ***Wards' initial case conferences are frequently late.*** Pursuant to *California Youth Authority Institutions and Camps Branch Manual* Section 4030, a case conference committee, consisting of the ward's youth correctional counselor, casework specialist, and if possible, a teacher is required to hold an initial case conference with the ward within five weeks of the ward's arrival at the institution. The purpose of the conference is to use the ward's input to assess his needs and to set deadline-driven treatment objectives that form the basis of the ward's treatment program. The Office of the Inspector General found that a large percentage of the wards at the facility do not receive an initial case conference within the required five-week time period. In the two residential programs combined, only 28 (60 percent) of the 47 wards who should have had an initial case conference received the conference within five weeks of arrival at the facility. Whereas 80 percent of the Marshall program wards had timely initial case conferences, only 36 percent of the wards in the work experience program had timely conferences. Late initial case conferences for the combined residential programs ranged from one day overdue to as long as 46 days overdue. One work experience program ward, for example, was in the program for nearly three months before receiving his initial case conference. Furthermore, because no youth correctional counselors are assigned to the work experience program, the case conference committee for wards in that program does not include a youth correctional counselor.

- ***Ward progress case conferences are frequently not held on time.*** To keep wards focused on their short-term and long-term treatment program goals, Section 4035 of the *Institutions and Camps Branch Manual* requires the case conference committee to hold a progress case conference no more than 60 days after the initial case conference and no more than every 120 days thereafter. Yet, the audit revealed that in the two residential programs combined, only 23 percent of the wards eligible for progress case conferences received them in a timely manner. In the Marshall program, only seven (28 percent) of the 25 wards received timely progress case conferences, and in the work experience program, only two (13 percent) of the 15 wards eligible for progress case conferences received them. Late progress case conferences ranged from one day overdue to as long as 165 days overdue.

- ***Orientations were neither timely nor complete.*** Section 4015 of the *Institutions and Camps Branch Manual* requires that wards receive orientation within the first ten working days of arrival at the institution. Yet, the audit found that in the two residential programs, the files of only five (9 percent) of the 55 wards showed that they had received orientation in a timely manner. The remaining files either contained documentation showing that the orientation had been late or contained no documentation to show that orientation had even occurred. In the files for the Marshall program wards, there was no documentation that the wards had received orientation. In the work experience program, the files showed that only six (20 percent) of the 30 wards received timely orientations. Ten of the work experience wards received orientations late, and the remaining 14 appeared not to have received them at all. Late orientations ranged from four workdays overdue to as long as 32 workdays overdue.

  Orientations were also incomplete. Section 4015 of the *Institutions and Camps Branch Manual* requires that 22 areas be covered in the orientation. But the Office of the Inspector General's review of the weekly orientation program revealed that the following seven 22 required areas were not included in wards' orientation sessions: recreational and sports programs; pre-parole checklist; off-grounds activities; public service requirement; volunteer programs; time-cut policy; and restitution obligations. In addition, the facility did not require wards to sign an acknowledgment that they had received orientation. Such an acknowledgment is used by other institutions to hold wards accountable for observing institution rules.

- ***Wards are not assigned to counselors or initially interviewed within required time limits.*** Section 4010.3 of the *Institutions and Camps Branch Manual* requires that every ward be assigned a youth correctional counselor within three days of the ward's arrival at his permanent living unit. Section 4010.2 requires an initial interview of the ward by a casework supervisor (parole agent) within five working days of the ward's arrival at his living unit. Yet documentation in the files of the wards in the two residential programs showed that only 9 percent of the wards were assigned to a youth correctional counselor within three days of arrival at their permanent living units. Furthermore, documentation showed that only 22 percent of the wards in the two programs had been interviewed by a parole agent within five days of arrival at their permanent living units. While in some cases, the dates of the assignments and interviews clearly showed a lack of timeliness, in most cases there was no documentation to indicate when the assignment or interview occurred.

- ***Visitation program is unnecessarily restrictive.*** Visitation with family and friends is an important family unification aid encouraged by the California Youth Authority. However, at the Southern Clinic, visitation is unnecessarily restricted to one weekend day per ward per week. Wards with last names beginning with A through L can have visitors on Saturdays and wards with last names beginning with M through Z are allowed visitors on Sundays. This restriction is rooted in the institution's history of overcrowding, stemming from a time when it housed far more wards than it was designed to accommodate. At present, however, the facility is operating with a population of approximately 300 wards — 77 less than designed capacity. It therefore appears unnecessary to restrict wards to one visitation day per week. The Office of the Inspector General also noted that wards' visitations are automatically

suspended if the ward must go to the restroom. Although this policy may help prevent wards from hiding or ingesting of drugs or other contraband, it also appears to be unnecessarily restrictive. Staff escorts could serve the same purpose.

These deficiencies in the institution's treatment programs deprive wards of the fundamental counseling, assessment, and family unification activities intended to facilitate their growth and development and prepare them for reintegration into society. The program inadequacies diminish the wards' chances to lead productive lives and put them at increased risk of committing new crimes and returning to state custody.

The Office of the Inspector General identified the following factors as contributing to deficiencies in the institution's counseling services:

- ***Lack of emphasis on counseling and casework by staff and administrators.*** Members of the counseling staff said that the importance of counseling and treatment has not been emphasized at the institution. Administrative decisions appear to reflect the apparently low priority placed on counseling and assessment services. For example, at the time of the audit, the work experience program was operating without the youth correctional counselors needed to provide counseling services. According to the staff, several years ago the facility management redirected the youth correctional counselor positions to other duties in the institution. Furthermore, the Marshall intensive treatment program does not use casework specialists in a manner consistent with the duties of this classification. Instead of using casework specialists to provide clinical supervision of youth correctional counselors, the Marshall program uses them as direct-service clinicians and therapists. Thus, the only counseling supervision is provided by a senior youth correctional counselor, who is also responsible for supervising youth correctional officers.

  Moreover, Marshall program youth correctional counselors appear to act merely as support staff, providing almost no direct therapeutic service to emotionally disturbed wards. The program design requires that professional staff (psychologists with doctorates and caseworkers with master's of social work (MSW) degrees) provide direct therapeutic services. As a result, the youth correctional counselors appear indifferent to the role of counselor, and they function in a custodial manner similar to that of a youth correctional officer.

- ***Failure of supervisors to adequately monitor subordinates' work.*** In addition to the misuse of casework specialists, there was little evidence in ward files or other documents of systematic review of casework by supervisory staff. For example, the senior youth correctional counselor in the Marshall program did not regularly review the work of the youth correctional counselors. Furthermore, the Marshall program does not have a supervising casework specialist to direct casework, which results in the program administrator acting as a *de facto* casework supervisor; yet, the program administrator acknowledged that she does not perform this function.

- ***Failure of supervisors to hold staff accountable for unsatisfactory casework.*** When supervisors did note deficient casework on the part of subordinates, they did not routinely use

progressive discipline to hold staff members accountable and to effect corrective action. The audit revealed no work improvement discussions, letters of instruction, or other documents associated with the progressive discipline system in the files of the treatment staff.

- ***Use of work experience program wards for maintenance services.*** Instead of providing work experience wards with counseling, assessments, and other services, the institution uses work experience wards to provide maintenance services, thereby subordinating the ward's needs to the institution's need for maintenance staff. Other than receiving vocational work experience, wards in the program are expected merely to behave and serve their time. This philosophy is exemplified by the case of one ward who was working in the work experience program at the time of the audit. The Office of the Inspector General found that as a first-time offender and a non-parole violator, the ward was actually ineligible for the work experience program and had extensive board orders to complete, yet, with the full knowledge of the institution management, he had been placed in the work experience program where he had little opportunity to complete programs.

- ***Inaccurate reporting of Section 4000 compliance.*** The Institutions and Camps Branch requires all institutions to submit a report in April of each year showing whether they are in compliance with the treatment standards itemized in Section 4000 of the *Institutions and Camps Branch Manual.* To be accurate and therefore useful to the facility and to the California Youth Authority, the report must be based on data extracted from researching ward files. In the case of the Southern Clinic, however, the report does not meet that test. Consequently, the Southern Clinic's last two reports (for 2001 and 2002) indicate the institution is in general compliance with Section 4000, when in fact there are major compliance deficiencies, as outlined in this report.

RECOMMENDATIONS

The Office of the Inspector General recommends that the institution management take the following actions to improve ward assessment and counseling:

- Continuously emphasize to all staff members the importance of counseling and assessment service to the mission of the institution.

- Develop a casework management system that meets the content and frequency criteria laid out in Section 4000 *et seq.* of the *California Youth Authority Institutions and Camps Branch Manual.* Of particular importance is weekly individual and small group counseling and the prompt conducting of initial and progress case conferences. The system should include: (1) monthly auditing of at least five ward files per residential program by appropriate administrators; (2) the timely reporting of the audit results up and down the chain of command; and (3) the prompt administration of progressive discipline for staff failing to perform duties. The audits should be the basis of the institution's annual Section 4000 report to the Institutions and Camps Branch.

- Use annual performance appraisals and progressive discipline to hold line, supervisory, and management staff accountable for monitoring the work of casework specialists, the senior youth correctional counselor, and youth correctional counselors.
- Ensure that all wards receive timely and complete orientation, and that wards acknowledge in writing that they have received such orientation.
- Cease placing ineligible wards into the work experience program, and transfer any wards not meeting program criteria.
- Staff the work experience program with youth correctional counselors and a senior youth correctional counselor. One option would be to redirect two new youth correctional counselor positions budgeted for reception clinic services to the work experience program. For the senior youth correctional counselor position, the facility could redirect one of two newly budgeted casework specialist positions.
- Allow visitation on both weekend days, and cease the policy of terminating visits when a ward has to visit the restroom.

FINDING 4

The Office of the Inspector General found deficiencies in medical services at the Southern Youth Correctional Reception Center and Clinic.

The management review audit revealed deficiencies in the medical screening of incoming wards and in medical services at the Southern Clinic, including the mishandling of wards with communicable diseases. In particular, the Office of the Inspector General found from examining a sample of 35 ward medical files that two wards who had been identified as having communicable diseases — one with tuberculosis and one with hepatitis C — were working in food service jobs. Five other wards who had been identified as having communicable diseases had not been placed on the work restriction list to prevent them from working in food services. The audit also found that 20 percent of the wards in the sample had not received required vaccinations and that the intake questionnaires of one in three wards were incomplete. Almost three-quarters of the medical files sampled also lacked required consent for treatment forms. In addition, the outpatient housing unit was unsanitary and posed a safety hazard.

The irregularities identified by the audit can lead to the spread of infectious diseases throughout the Southern Clinic and other California Youth Authority institutions, jeopardizing the health of both wards and staff.

State law and department regulations require the California Youth Authority to provide health care to wards according to professional medical standards. Accordingly, *California Youth Authority Institutions and Camps Branch Manual,* Sections 6160 *et seq.* describe specific policies and procedures to be followed by reception centers and clinics with respect to health care services for wards. Reception centers and clinics are required to promptly screen newly arrived wards for infectious diseases and to perform a baseline health evaluation of each ward. Wards identified as having active infectious diseases requiring either isolation from the general

population or specialized treatment are to be transported to an infectious disease treatment center. The product of the screening and evaluation is a unified health record that accompanies each ward throughout his confinement in the California Youth Authority. The purpose of the unified health record is to maintain a thorough, confidential, chronological record of all medical, dental and mental health treatment rendered to a ward. This treatment may occur in an outpatient clinic, an outpatient-housing unit, or an inpatient setting.

To test the Southern Clinic's compliance with various requirements set out in state law and regulations and in the *California Youth Authority Institutions and Camps Branch Manual,* the Office of the Inspector General reviewed the unified health records of all 35 wards who had completed medical screening, had appeared before the Youthful Offender Parole Board, and were still at the Southern Clinic at of the time of the audit. The review revealed the following:

- ***Irregularities in the handling of wards with communicable diseases.*** Although none of the 35 wards in the sample were found to be in the most highly contagious category and therefore in need of isolation, five wards (14 percent) who had been identified as having communicable diseases were handled improperly by the institution. Two of the five wards with communicable diseases were working in food services even though their names appeared on the work restriction list, which is intended to identify wards with communicable diseases who should be excluded from food services and other work assignments that could expose others to the disease. (The list is required by the collective bargaining agreement between the California Youth Authority and the California Correctional Peace Officers Association Unit 6.) One of the two wards in question had tested positive for tuberculosis, yet was working regularly in the central kitchen in a culinary assignment, and the other, who had hepatitis C, was a living unit worker whose duties included passing out sack lunches and filling wards' cups with ice. The latter performed his duties without hypoallergenic gloves, even though hepatitis C can be transmitted by unwashed hands contaminated by trace amounts of fecal matter. The fifth ward who was mishandled was a "tuberculin converter" whose tuberculosis skin test had changed from negative to positive over the preceding two years. He had a history of receiving prophylactic treatment with Isoniazid. *Institutions and Camps Branch Manual* Section 6197 requires that such wards are to have chest radiography every April unless the ward has had a chest x-ray in the last 90 days. However, this ward had received neither the required chest radiography nor the alternative chest x-ray.

- ***Incomplete intake questionnaires.*** The intake questionnaire is an integral part of the baseline health testing required by *Institutions and Camps Branch Manual* Section 6200. The questionnaire asks about the ward's health history and provides important information about the ward that can influence various treatment decisions by the medical staff. Twelve (34 percent) of the 35 unified health records of the wards in the sample did not include a complete intake questionnaire.

- ***Problems with tuberculosis re-testing.*** *California Youth Authority Institutions and Camps Branch Manual* Section 6197 requires that wards have tuberculosis testing within 24 hours of arrival at a reception center and clinic and that the tests be read within 48 to 72 hours. Wards still at the institution are required to be re-tested within 30 days of their initial tests. The audit found that the institution did not meet this requirement for the wards in the sample. Although

all 34 wards who should have had the tuberculosis testing received it and had their readings within 72 hours, five (15 percent) of the 34 wards were never re-tested.

- ***Untimely health appraisals.*** *California Youth Authority Institutions and Camps Branch Manual* Section 6169 requires that each ward receive a general health appraisal by a physician within 72 hours of reception and that the physician responsible for attesting to the health appraisal affix his or her signature to the appraisal. The audit found that only 25 (71 percent) of the 35 wards reviewed received a general health appraisal within the 72-hour limit and that in seven (20 percent) of the cases, the physician failed to affix his or her signature in the appropriate place.

- ***Lack of written consent for treatment.*** The audit revealed that only nine (26 percent) of the 35 unified health records included a "consent for routine medical and dental treatment" form. Department regulations require medical consent for all medical and dental treatment provided to California Youth Authority wards. Wards 18 years or older and wards who have emancipated minor status may give their own consent provided they are competent to make an informed decision. For wards under 18 years of age, routine medical treatment may be provided if a parent or guardian cannot be located. If a parent refuses to provide medical consent, a court may authorize treatment if compulsory medical or dental treatment is required.

- ***Problem list form not used effectively.*** The audit found that the institution is not consistently using the California Youth Authority's problem list form (YA#8.266). The form, which is intended to be placed in the ward's unified health record, serves as a quick reference to a ward's mental or medical problems and acts as an extra safeguard in the handling of wards requiring special precautions. The audit found that 16 wards in the sample had mental or physical health problems that should have been listed on the problem list form, but that only one (6 percent) unified health record contained a problem list form that did so.

- ***Incomplete vaccinations.*** Reception centers and clinics are responsible for ensuring that wards have either completed or are scheduled to complete all required vaccinations, including those for tetanus and diphtheria. Yet the audit found that seven (20 percent) of the 35 wards sampled did not receive tetanus and diphtheria vaccinations, even though the unified health record showed no previous tetanus or diphtheria vaccinations.

- ***Lack of consent for HIV test.*** Section 6200 of the *Institutions and Camps Branch Manual* requires that wards be strongly encouraged to consent to an HIV antibody test. The testing requires a completed "consent for HIV antibody test form." The audit revealed that of the 35 wards reviewed, 14 were tested for the HIV antibody, but six (43 percent) of the 14 unified health records did not contain the required consent forms.

- ***Unsanitary condition of outpatient housing unit.*** The Office of the Inspector General found unsanitary and unsafe conditions in the outpatient housing unit that could lead to the spread of infectious diseases and injuries to staff and wards. The outpatient housing unit, where wards with medical and psychiatric problems are housed, includes a surgery center, a day room, and individual patient rooms. The Office of the Inspector General found litter on the

floor of the surgery center, dust balls on a gurney, dirty floors, paper littering the area of the staff bathroom toilet, and clogged shower drains. Exposed wires were also hanging from a wall socket in the dayroom. In addition to the dangers posed by the other conditions, the exposed electrical wiring in the day room could lead to self-injury by potentially suicidal wards.

The Office of the Inspector General found that the following factors contributed to the problems described:

- ***Lack of communication about wards with communicable diseases.*** Despite department policy that requires physicians and dentists to communicate infectious disease information to the living unit or security staff, the Southern Clinic lacks an effective system to accomplish that purpose. The audit found the work restriction list in central control to be incomplete, difficult to access, and infrequently used. As a result, neither the living unit staff nor the kitchen staff is consistently aware of wards who have been placed on the work restriction list. Moreover, the Southern Clinic does not use a feature of the automated ward information network — the "KP clearance box" of the 4-D subsystem —that uses automated check boxes to indicate that a ward has been cleared for daily food service duty.

- ***Inadequate management of medical policies and staff.*** The chief medical officer of the institution appears to be proficient and knowledgeable in medical practices and procedures, but lacks skill in implementing and communicating policy and in managing the medical staff at the Southern Clinic. In particular, the chief medical officer has not planned important functions such as how to implement the communicable disease policy, resulting in communication and coordination problems among living unit staff, food services, the local area network manager, and medical personnel. Furthermore, the chief medical officer does not monitor the work of the medical staff or provide feedback regarding incomplete unified health records, failure to secure medical consent, or other problems that have been identified by the present audit.

- ***Conflicting directions from the Health Care Services Division.*** On September 25, 2002, the chief of the California Youth Authority's Health Care Services Division issued new policy guidelines that countermanded an earlier policy concerning food service positions for wards with hepatitis. The earlier policy had excluded wards with a diagnosis of hepatitis B or C from working in kitchen or food services operations. The new policy declared instead that wards diagnosed with chronic hepatitis need no longer be excluded from food service jobs because the National Institutes of Health had found no evidence that kissing, hugging, sneezing, coughing, food, water, sharing dining utensils, or any contact without exposure to blood or other body products can spread the hepatitis C virus. The new policy requires, however, that kitchen supervisors be informed of any ward with a diagnosis of hepatitis B or hepatitis C who is cleared for food service so that precautions can be taken if the ward sustains a cut that causes bleeding.

  The new policy, which was issued during the Office of the Inspector General's audit after the chief of the Health Care Services Division became aware of some of the audit findings, raises three concerns. First, it assumes that wards working in food services will always be aware

that they have cut themselves while slicing or peeling food, and that they will consistently report having done so. Second, it assumes that wards will responsibly wash their hands after using the bathroom. Third, it assumes that wards with a confidential condition would not object to having their condition discussed with food service personnel or inadvertently disclosed by the wholesale disposing of food tainted by exposure to that ward's blood. In response to the new policy, a medical professional at the Southern Clinic asked rhetorically why the California Youth Authority is expanding the eligibility criteria so broadly when there are so many wards who can work who do not have hepatitis.

- ***Inadequate guidance in the Institutions and Camps Branch Manual.*** In reviewing the *California Youth Authority Institutions and Camps Branch Manual*, the Office of the Inspector General noted that nowhere in Section 6160 et seq. is there a requirement for the regular, systematic review of a sample of unified health records for accuracy and completeness. Such a review could be accomplished by the chief medical officer of each institution or by a peer review process in which a committee of qualified professionals from other facilities audits a specific institution on a regularly scheduled basis.

RECOMMENDATIONS

The Office of the Inspector General recommends that the Southern Youth Correctional Reception Center and Clinic take the following actions to improve medical services:

- Develop sound policies and procedures for identifying wards with communicable diseases and communicating this information with staff members who have a need to know, while ensuring ward confidentiality. The policies and procedures should include using the ward information system's 4-D subsystem for food services clearances.

- Hold the chief medical officer accountable for planning and monitoring the activities of the medical staff, including (1) full compliance with the requirements of *California Youth Authority Institutions and Camps Branch Manual* Section 6160 *et seq.*, (2) the prompt and thorough completion of all tasks required for inclusion in the unified health record of each ward, and (3) the use of progressive discipline for employees failing to do their jobs.

- Require the chief medical officer to develop and implement the auditing of a random sample of at least 30 unified health records per quarter. At a minimum, the audit should assess the accuracy, thoroughness, and timeliness of entries. The results of the audit should be reported to the superintendent and used as a basis for annual personnel appraisals.

- Correct the unsanitary and unsafe conditions in the outpatient housing unit.

In addition, the Office of the Inspector General recommends that the California Youth Authority Health Care Services Division take the following actions:

- Rescind the policy memorandum of September 25, 2002 allowing wards with hepatitis B and hepatitis C to work in food services operations.
- Develop policies and procedures for periodic peer reviews of the medical programs at reception centers and clinics and other California Youth Authority facilities. Those policies and procedures should be incorporated into the *California Youth Authority Institutions and Camps Branch Manual.*

FINDING 5

The Office of the Inspector General found that wards at the Southern Youth Correctional Reception Center and Clinic do not consistently receive required mental health services and that the institution does not consistently comply with required mental health procedures.

The Office of the Inspector General found that wards at the Southern Youth Correctional Reception Center and Clinic do not always receive the mental health services to which they are entitled by the *California Welfare and Institutions Code* and Title 15, Division 4, of the *California Code of Regulations.* The audit revealed in particular that treatment needs assessment results were not documented in unified health records as required by California Youth Authority regulations, and that almost two-thirds of the wards taking psychotropic medication had not been given global assessment of functioning evaluations — a regulatory prerequisite for administering the medication. The unified health records for wards taking psychotropic medication also did not consistently include documentation of informed consent for the medication to be administered. In addition, the audit revealed that the institution has no global assessment of functioning utilization review panel, the purpose of which is to ensure high quality and consistency in the administering of global assessment of functioning evaluations.

These deficiencies can have significant effects. Failure to include the results of the treatment needs assessment in the wards' unified health records deprives medical health care personnel of complete information and opens the possibility of misdiagnosis, with resultant improper treatment or lack of treatment. Failure to administer the global assessment of functioning evaluation before prescribing psychotropic medication not only violates department regulations, but also undermines the diagnostic process intended to determine whether a need for medication is indicated. The global assessment of functioning evaluation is also intended as a tool for directing wards in need of special mental health treatment into the appropriate treatment programs — a function lost if the assessment is not performed. The absence of informed consent documents exposes the department and the institution to potential liability. On the larger scale, depriving wards of mental health services impedes their eventual reintegration into society and increases the risks during incarceration to themselves, to other wards, and to the institution staff. Failure to provide wards with adequate mental health treatment also exposes the department to the prospect of lawsuits for violation of constitutional mandates to provide needed treatment.

Regulations governing mental health services for wards. Consistent with *California Welfare and Institutions Code* and Title 15, Division 4 of the *California Code of Regulations*, Sections 6250 *et seq.* of the *California Youth Authority Institutions and Camps Branch Manual* set out

policies and procedures governing mental health services for California Youth Authority wards. The regulations provide the following:

- ***Treatment needs assessment.*** As part of the intake process, every ward is supposed to receive a treatment needs assessment within three weeks of arrival in California Youth Authority custody to identify mental health treatment needs. The assessment is a four-test evaluation that tests for thought disorders, suicide risk, mental distress and restraint, depression, anxiety, and anger. The procedures require the treatment needs assessment to be scored on the first working day after the test. Section 6255 of the *California Youth Authority Institutions and Camps Branch Manual* requires that original mental health reports, including the results of the treatment needs assessment be filed in the ward's unified health record, which is the official and chronological record of all mental health treatment.

- ***Global assessment of functioning.*** Wards whose treatment needs assessments indicate the need for additional evaluation are to be referred for a global assessment of functioning[1] administered by a mental health professional, who can be a clinical psychologist, a psychiatrist, or a licensed clinical casework specialist. The global assessment of functioning, which is the California Youth Authority's primary instrument for identifying special mental health treatment needs for wards, provides a 100-point scale for measuring psychological, social, and occupational functioning. Under department guidelines, scores of between 40 and 60 indicate a need for specialized counseling, and scores of 40 and below point to a need for intensive treatment and possible assignment to an intensive treatment program bed.

- ***Global assessment of functioning utilization review panel.*** To ensure high quality and consistency in administering global assessment of functioning evaluations, Section 6273 of the *California Youth Authority Institutions and Camps Branch Manual* requires each institution to establish a global assessment of functioning review panel. The panel should consist of a psychiatrist, a psychologist, and a related mental health professional, and is supposed to review a random sample of at least two global assessments of functioning every 30 days.

- ***Psychotropic medication.*** *California Youth Authority Institutions and Camps Manual* Section 6275 provides that psychotropic medication may be prescribed to wards only when justified by a full DSM-IV[2] diagnosis following a global assessment of functioning examination, except in specified circumstances such as emergencies. The DSM-IV protocol provides a linear system for assessing a ward's mental health progression from a problem state to recovery. Section 6275 reads as follows:

  Psychotropic medication shall be ordered and administered only after a psychiatrist, in consultation with the treatment team, has evaluated the ward, arrived at a differential diagnosis, and concluded that the ward will benefit from one or more psychotropic

[1] Effective April 1, 2003, the California Youth Authority replaced the global assessment of functioning policy and procedures with new special program assessment needs (SPAN) policy and procedures.

[2] DSM-IV refers to the American Psychiatric Association, *Diagnosis and Statistics Manual of Mental Disorders,* Fourth Edition, 1994.

medications. The medication(s) shall be justified by a YA-GAF[3] evaluation and a DSM-IV-TR ™ diagnosis. The medication(s) shall be linked to the mental health diagnosis in Axis I or Axis II with a description of the desired effect and the approximate length of time expected for the desired outcome.

In addition, *California Youth Authority Institutions and Camps Branch Manual* Section 6178 requires either informed consent from a parent or a guardian or authorization from the committing court to administer psychotropic medication to a minor ward. "Informed consent" must include a full verbal explanation by the psychiatrist of the reason for the medication and the possible side effects. If the parent or guardian agrees verbally to the medication, the institution staff sends the parent or guardian a written statement to sign setting forth the requirements governing informed consent. The parent or guardian must sign and return the statement, which is then placed in the ward's unified health record. If consent cannot be obtained from a parent or guardian, department procedures require institutions to request court authorization through California Youth Authority headquarters.

To evaluate the institution's compliance with statutory and regulatory requirements, the Office of the Inspector General reviewed a random sample of 32 wards who had arrived at the Southern Clinic in calendar year 2002 and who were receiving mental health services at the time of the audit. The Office of the Inspector General found that all of the wards who should have received the treatment needs assessment received it within three weeks of arrival at the facility. The review also showed that treatment needs assessments were scored by the next workday and that "red flags" were brought to the senior psychologist by the end of the day. However, the review of the files revealed the following:

- ***Treatment needs assessments were not documented in unified health records.*** Of the 32 unified health records reviewed, only three (9 percent) included documentation that treatment needs assessments had been administered. The absence of the reports deprives mental health and medical personnel of complete information about the ward and could lead to misdiagnosis, improper treatment, or lack of treatment.

- ***Wards on psychotropic medication were not given global assessments of functioning.*** Of the 31 wards in the sample who were taking psychotropic medication prescribed by the staff psychiatrist, only 11 (35 percent) had been given a global assessment of functioning before receiving the medication, as required by *California Youth Authority Institutions and Camps Branch Manual* Section 6275. This practice not only violates required procedures, but is also significant in that the global assessment of functioning is intended to identify mental disorders and direct wards toward treatment, including possible placement in an intensive treatment program or special counseling program. None of the 11 wards who had been prescribed psychotropic medication without receiving a global assessment of functioning assessment had been placed in treatment programs, even though the need for psychotropic medication indicated the possible presence of mental disorders and a consequent need for treatment. Neither of the treatment programs had extensive waiting lists at the time of the

[3] Global assessment of functioning.

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[3] Global assessment of functioning.

management review audit, indicating that if the wards had received the global assessment of functioning, they might have been placed into a treatment program.

- ***No global assessment of functioning utilization review panel.*** Despite the requirement specified in Section 6273 of the *California Youth Authority Institutions and Camps Branch Manual,* the Southern Reception Center and Clinic does not have a global assessment of functioning review panel.

- ***Non-compliance with requirement for informed consent for psychotropic medication.*** The Office of the Inspector General found that only 22 (70 percent) of 31 unified health records for wards who had been prescribed psychotropic medication included documentation of informed consent. The absence of consent not only violates department regulations, but also exposes the department and the institution to possible liability if a ward suffers adverse effects from the medication.

The Office of the Inspector General found that inadequacies in the mental health services at the institution result from the following:

- The senior psychologist has not provided oversight to ensure that treatment needs assessments are filed in the wards' unified health records. Instead, the casework specialist proctoring the treatment needs assessment testing uses a method other than that required by the *California Youth Authority Institutions and Camps Branch Manual.*

- The senior psychologist has not organized the global assessment of functioning utilization review panel.

- The senior psychologist has not used the professional staff effectively to perform more global assessment of functioning evaluations. He claimed he did not have enough personnel to perform the evaluations, and two psychologist positions were vacant at the time of the audit, but the staff psychiatrist is not used to perform testing, and licensed clinical social workers are not being used to conduct the testing because they have argued for increased compensation to perform that function.

- The staff psychiatrist at the Southern Clinic is new to the California Youth Authority and is unfamiliar with the department's policies regarding prescribing and administering psychotropic medications. Requirements for securing written consent for psychotropic medication and for promptly filing consent documents in the unified health records have not been adequately communicated to the staff.

RECOMMENDATIONS

The Office of the Inspector General recommends that the Southern Youth Correctional Reception Center and Clinic take the following actions to improve the institution's mental health services:

- Ensure that all treatment needs assessments and supporting documents are promptly filed in the mental health section of the wards' unified health records.

- Ensure that the new special program assessment needs (SPAN) policy and procedures are properly implemented. If the institution is unable to perform special program assessment needs evaluations with the addition of two new psychologists, management should negotiate with the licensed clinical social workers on staff to obtain their services for that purpose.

- Provide orientation to all mental health staff on California Youth Authority policies and procedures regarding the prescribing and administering of psychotropic medication. The orientation should emphasize the need for securing written consent and the need for promptly filing consent documents in the unified health record.

FINDING 6

The Office of the Inspector General found that the staff in the living units is not adequately informed about suicide prevention measures and that the suicide prevention assessment and response committee meetings are poorly attended.

The Office of the Inspector General found the institution to be substantially in compliance with the requirements of the California Youth Authority's suicide prevention assessment and response program, as set out in Sections 6250 through 6284 of the *California Youth Authority Institutions and Camps Branch Manual.* But the audit also revealed that members of the living unit staff are unaware of important elements of the suicide prevention assessment and response program and that members of the institution's suicide prevention assessment and response committee are not regularly attending committee meetings.

The Office of the Inspector General found that the living units are properly equipped with items specified in the suicide prevention assessment and response program, including suicide cut-down kits and suicide risk lists. The audit also found that suicide watch rooms are properly configured and equipped with safety mattresses, paper smocks, and other required items. However, the living unit staff performed poorly on an 18-question survey administered by the Office of the Inspector General to test the staff's knowledge of required policies and procedures to be followed under the suicide prevention assessment and response program. The survey, which was administered to 14 youth correctional officers and youth correctional counselors who worked on both morning and evening shifts in the living units, revealed the following:

- Only three (21 percent) of the 14 staff members knew the number of continuous days (seven) a ward must be on temporary detention before an additional suicide risk screening questionnaire is to be completed for that ward.

- Only four (29 percent) of the 14 staff members knew the purpose of all key components of the referral and disposition report, which is an essential document in the monitoring of potentially suicidal wards.

- Only three (21 percent) of the 14 staff members knew the name of the facility's risk management officer, the administrator responsible for the suicide prevention assessment and response program at the Southern Clinic.

Poor attendance at suicide prevention assessment and response committee meetings. *California Youth Authority Institutions and Camps Branch Manual* Section 6263 requires the superintendent of each institution to establish a multidisciplinary suicide prevention assessment and response committee and to ensure that the committee meets at least quarterly to review the suicide prevention assessment and response program and make recommendations. The committee is also required to collect, analyze, and report data about suicides and suicidal attempts, gestures, and threats. The committee is required to include representatives from the administration, chaplain, education department, health and safety, treatment team, medical staff, mental health staff, plant operations, security, support services, training, and the California Correctional Peace Officers Association, for a total of at least 12 members.

The Office of the Inspector General found that the suicide prevention assessment and response committee at the Southern Clinic meets monthly instead of quarterly, but that often not all of the representatives attend the meeting. The audit showed that six meetings were held between May and October 2002, but each meeting was missing at least four representatives, and three of the meetings were missing between six and eight representatives.

Suicide risk at the reception centers. The potential for suicide not only threatens the lives of the wards under the care of the department, but also represents a liability to the State. The suicide risk is significant at the reception centers, since the facilities handle wards under particular stress because they are newly committed to the California Youth Authority and are unfamiliar to the staff. The risk was illustrated by the suicide of a ward at the Southern Clinic in February 2001 and by a second suicide at the Northern Clinic in September 2001. Recent suicide attempts at the Southern Clinic also demonstrate the need for effective training to ensure that members of the staff respond appropriately to suicidal behavior. In one such case at the Southern Clinic recently, a ward set fire to combustible materials in his room by arcing batteries from a portable radio, yet the staff allowed him to keep the batteries and did not remove the combustible materials. Sixty days later, the ward repeated the same behavior.

Reasons for the deficiencies. The Office of the Inspector General found that the deficiencies in the suicide prevention assessment and response program stem from the following:

- ***Inadequate training.*** The staff has not received adequate training in the suicide prevention assessment and response program.
- ***Lack of supervision and oversight by the risk management officer.*** The risk management officer also serves as the program administrator for the intensive treatment program and is new to her role as risk management officer. She told the Office of the Inspector General that she did not know what was expected of her in that capacity.
- ***Inadequate attention to the suicide prevention assessment and response committee.*** The institution management has not emphasized to the staff the importance of the suicide prevention assessment and response committee and has failed to monitor attendance at the committee meetings.

RECOMMENDATIONS

The Office of the Inspector General recommends that the Southern Youth Correctional Reception Center and Clinic take the following actions to correct the deficiencies in the suicide prevention assessment and response program:

- Ensure that all staff members, including the risk management officer and living unit staff, receive adequate suicide prevention assessment and response program training upon appointment and as annual refresher training.
- Require the risk management officer to regularly monitor the suicide prevention assessment and response program.
- Emphasize to members of the suicide prevention assessment and response committee the importance of the committee and monitor and enforce attendance at committee meetings.

FINDING 7

The Office of the Inspector General found that academic achievement at the Southern Youth Correctional Reception Center and Clinic is low compared to other California Youth Authority facilities and that the institution is not providing wards with special education services in a timely manner. The institution is also over-stating average daily attendance and misrepresenting provider service hours in reports to the Education Services Branch.

A review by the Office of the Inspector General of the academic education programs at the Southern Youth Correctional Reception Center and Clinic found that the wards' educational needs are not being met. Standardized Testing and Reporting (STAR) test scores of residential wards at the Southern Clinic's Jack B. Clarke High School, for example, declined between 2001 and 2002, placing the high school eighth for that period among the 12 California Youth Authority high schools for which data are available. The Southern Clinic wards also scored poorly compared to the wards at the Northern Youth Correctional Reception Center and Clinic in Sacramento. In addition, the audit found significant attendance keeping and attendance reporting errors and serious deficiencies in special education service reporting. The errors and deficiencies resulted in the California Youth Authority receiving at least $19,868 in state lottery education funds to which it was not entitled and in erroneous claims of services to special education students. Furthermore, the Southern Clinic is accepting wards referred from the courts whose special education status is unknown or incomplete because the juvenile courts are not meeting their obligation to provide complete data on wards with special needs. The courts' non-compliance, coupled with slow processing of special education wards by the Southern Clinic, has put the Southern Clinic out of compliance with federal time limits for educating wards with special needs.

Because department policy provides that no ward be paroled until he or she has graduated from high school or passed a general educational development examination, poor academic achievement at the reception center can translate into longer incarceration in a California Youth

Authority institution, with resultant higher costs to the State. Low achievement levels not only hamper the ability of wards to return to society with the skills necessary to succeed, but also jeopardize the accreditation of Jack B. Clarke High School.

The audit identified the following specific deficiencies in the education program at the Southern Youth Correctional Reception Center and Clinic:

- ***Decline in standardized test scores and low ranking compared to other institutions.*** Standardized Testing And Reporting (STAR) scores of residential wards at the Southern Clinic declined between 2001 and 2002, with the institution ranking eighth for that period among 12 comparable California Youth Authority high schools. The Southern Clinic wards also scored poorly compared to the wards of the Northern Youth Correctional Reception Center and Clinic located in Sacramento. Southern Clinic wards scored higher than Northern Clinic wards in only 13 (20 percent) of 64 STAR subject areas tested from 1998 through 2002.

- ***Wards are not assigned to school within required time limits.*** Section 4010.2 of the *Institutions and Camps Branch Manual* requires wards to be assigned to school within four days of arrival at their permanent living units. A review of the files of the 25 wards in the institution's two residential programs, the Marshall intensive treatment program and the work experience program, however, showed that the requirement is often not met. In the two residential programs combined, only 16 percent of the wards who were eligible for school placement were assigned to school within four days of arrival at their permanent living units. In the Marshall program, six (24 percent) of the 25 wards eligible for school placement received timely assignments to school. In the work experience program, only one (6 percent) of the 18 wards eligible for school placement received timely assignment. For the two residential programs combined, delays in enrolling wards ranged from two days to 80 days after the four-day time limit.

- ***Inaccuracies in measuring and reporting attendance.*** The Office of the Inspector General found that the Southern Clinic does not accurately report school attendance, and as a result is collecting more in state education funds than it is entitled to collect. The audit revealed that only two teachers at the institution were using the correct forms — YA Forms 7.403 and 7.401 — to track daily and monthly attendance. Other teachers use a variety of methods to collect and report the information. Some maintain their own separate rosters for attendance purposes; others record only the hours of attendance and do not account for absences, thereby understating absences and overstating daily attendance.

  Attendance reporting for physical education classes at the institution illustrates some of inaccuracies revealed by the audit. Daily attendance reporting for physical education classes consists simply of a hand-written list of ward names and identification numbers, along with the date, although in some instances even the date is omitted. Furthermore, instead of assigning wards to physical education classes, the institution simply assigns living units to gymnasium time, with the result that no absences are recorded. In addition, some of the wards reported as attending physical education class are parole violators who have already completed school and are therefore ineligible for average daily attendance credit. The Office

of the Inspector General found other inaccuracies while observing one physical education class, noting that 13 wards were attending the class, but that the roster prepared by the living unit staff included only 11 wards. That inaccuracy raises questions not only about the integrity of the attendance reporting, but about security involving the count and location of wards.

The deficiencies in attendance reporting both overstate average daily attendance and inflate the institution's effectiveness rating — the measure used by the Education Services Branch to compare actual ward attendance and classes held with potential ward attendance and classes held. That measure is intended to show what percentage of wards received their assigned education programming during a given fiscal year. The failure to accurately report average daily attendance also violates provisions of the *California Education Code* and Sections 3200 and 3205 of the *California Youth Authority Education Services Branch Manual* and may open the department to future audits and fiscal repercussions.

Because the information gathered by teachers at the Southern Clinic is flawed, the school principal, who submits the monthly average daily attendance reports to the Education Services Branch, in turn, lacks accurate information for compiling the reports. Moreover, the Office of the Inspector General found that in preparing the reports, the principal inaccurately assumes 21 school days every month instead of the actual number of days; uses a set number of full-time equivalent wards each month instead of reflecting the true ward count; and does not provide an accurate count of the number of teachers at the school. The errors cumulate in the principal's reports to the department, which summarizes the figures along with those of other California Youth Authority high schools and tallies them into a total average daily attendance for the department as a whole. The figures are then presented to the State Controller's Office for lottery fund allocation, resulting in an over-distribution of lottery funds to the California Youth Authority and to Jack B. Clarke High School.

In fiscal year 2001-02, the attendance figures prepared by the principal of Jack B. Clarke High School resulted in an average daily attendance total of 262.81. Correcting the calculation for the actual number of school days, full-time equivalent wards, and teachers results in an adjusted average daily attendance figure of 97.24, with the 165.57 difference in average daily attendance amounting to an over-collection of state lottery education funds of approximately $19,868.

- ***Deficiencies in special education service reporting***. The audit revealed that the monthly service provider reports submitted by the Southern Clinic to the Education Services Branch contain significant amounts of misinformation. The Office of the Inspector General identified numerous special education service hour reports that were erroneous and, in some cases, illogical, yet they had been approved by the principal and other supervisory staff. One such report claimed that a ward had received 25 hours of instruction in a single day. Another reported that a ward had received 13 hours of instruction in one day. In many instances, wards were credited with receiving five, six, or eight hours of instruction per night school session, even though night school includes only between one and three hours of instruction. In addition, some wards were reported to have received special education services while they were out sick, on holiday schedules, during weekends, after they had been transferred to

other institutions, and even before they arrived at the Southern Clinic. In some instances, entry dates used for prorating service needs and computing the number of hours a ward needed to fulfill individual education program requirements for a partial month were also incorrect. In most cases, teachers used the first date the ward entered the provider's classroom as the entry date for prorating mid-month service, instead of the ward's "special education identification date," as required. The reports also occasionally used inaccurate individual education program hours, resulting in more reporting errors.

To quantify the cumulative effect of errors in the individual service provider reports, the Office of the Inspector General recalculated monthly service provider reports for the seven-month period from January 2002 through July 2002 and compared the recalculation to the service rates originally reported. The recalculation covers the resource specialist program, the special day class, the school psychologist (counseling), and speech and language programs. The following table summarizes the comparison:

CUMULATIVE ERRORS IN SERVICE PROVIDER REPORTS MEASURED IN PERCENTAGES OF POTENTIAL SERVICE HOURS JANUARY THROUGH JULY 2002

	REPORTED PERCENTAGE	RECALCULATED PERCENTAGE	CUMULATIVE ERRORS
Resource Specialist	91%	62%	29%
Special Day Class	43%	29%	14%
School Psychologist (Counseling)	85%	56%	29%
Speech and Language	100%	83%	17%

As the table illustrates, the comparison revealed a high percentage of errors in the service rates reported during the seven-month period. Resource specialist rates were overstated by 29 percentage points, special day class rates were overstated by 14 percentage points, school psychologist rates were overstated by 29 percentage points, and speech and language rates were overstated by 17 percentage points, resulting in an average error of 22 percentage points. It is important to note that these recalculations are conservative. Because some of the special education teacher rosters were unavailable as source documents, and because neither the principal nor the administrative staff maintains the necessary records, the recalculations do not take into account the apparent overstatements of five, six, and eight service hours for night school.

Overstating special education services rates misinforms the Education Services Branch about operations at the high school and undermines the management decision-making process. It also hampers the efforts of the department to alleviate the shortcomings of special education services and the scrutiny imposed by the courts, the Legislature, and youth advocates.

- ***Special education wards deprived of services.*** The audit revealed that wards identified as needing special education are delayed in receiving special education classes an average of 28 days from the date of arrival at the Southern Clinic. The Office of the Inspector General also found from reviewing the files of 225 wards who had arrived at the Southern Clinic from August 2001 through July 2002 that 48 (22 percent) had been identified as needing special education services more than 30 days after arrival and that those 48 wards were identified as needing special education an average of 51 days after they arrived at the institution. During the same period, another 11 wards previously identified as having special education needs were never assigned to special education classes at the Southern Clinic, even though they remained at the institution an average of 33 days before transferring, paroling, or returning to county jurisdiction.

The Office of the Inspector General identified the following reasons for deficiencies in the education program at the Southern Youth Correctional Reception Center and Clinic:

- ***Wards in transition are not educationally motivated.*** Jack B. Clarke High School serves wards newly arrived in California Youth Authority custody who are going through reception center processing before placement in another facility. Many have not been in school for some time and have minimal interest in education. The lack of achievement and educational interest affects STAR scores.

- ***Lack of emphasis on ward education.*** As a reception center with a clinical orientation, the facility has not emphasized educating wards, with the result that promptly enrolling residential program wards into education classes is given low priority.

- ***Shortage of teachers.*** The Southern Clinic is plagued by a shortage of teachers and substitutes willing to work at the facility. In April 2002, the Education Services Branch laid off all temporary intermittent teachers, causing a further shortage. The result has been numerous class closures, diminished student interest, and poor class attendance. The staffing shortages have also contributed to delays in assessing, scheduling, and providing services to wards with special education needs.

- ***Poor management of attendance reporting by the principal and the department.*** The principal of Jack B. Clarke High School has not implemented a uniform attendance reporting system that meets the requirements of the Education Services Branch. Education Services Branch administrators, in turn, have failed to monitor the principal's average daily attendance figures for accuracy. The Education Services Branch acknowledged the weaknesses in the average daily attendance reporting system in a memorandum from the assistant deputy director dated October 15, 2002 announcing that the branch has developed new forms and instructions to ensure the accuracy and completeness of average daily attendance data.

- ***Weak management controls over monthly service provider reports.*** The principal of Jack B. Clarke High School has not implemented a uniform system for reporting service provider information, instead allowing individual teachers to keep their own records and to use incorrect dates in prorating service hours. The effect of the latter deficiency could be alleviated if the special education analysts who make the determination of special education

status would enter the correct identification dates into the system. But when the correct dates have not been entered, the staff cannot easily make corrections because the data fields in the database used are protected from modification. In addition, the audit found that many of the service provider reports do not include a signed statement by the teacher attesting to the accuracy of the record provided, but instead are signed by the principal. Because the teachers maintain their own attendance records and there is no central repository for classroom attendance rosters, reported service hours are not verified. These system weaknesses provide the potential for erroneous or purposely misleading reporting.

- ***Failure to screen incoming wards for special education status.*** The delays in providing special education wards with needed services result in part from the Southern Clinic's practice of accepting wards referred from the courts before special education needs have been determined. *California Welfare and Institutions Code* Section 1742 provides that courts may not order juveniles to be conveyed to the physical custody of the California Youth Authority until the juvenile's individual education program has been furnished to the California Youth Authority. The plans, which are developed at the local level, are supposed to be delivered to the California Youth Authority before the ward arrives. Yet, the Southern Clinic has not required that the courts conform to this requirement. As a result, the Southern Clinic staff takes an average of 17 days to confirm the special education status of newly admitted wards, and an average of 11 more days passes before the ward attends his first special education class. Shortages in the special education teaching staff also have contributed to delays in providing wards needing special education with required services.

  The need for improved screening to identify wards requiring special education services was one of the issues in the *Nick O. v. Terhune* class action lawsuit. Court monitoring resulting from the lawsuit was eventually suspended after the department hired 100 new teachers and educational administrators and improved screening procedures for entering wards. Yet the continuing deficiencies in special education screening identified in this audit may renew the possibility of litigation against the California Youth Authority.

RECOMMENDATIONS

The Office of the Inspector General recommends that the California Youth Authority and the management of the Southern Youth Correctional Reception Center and Clinic take the following actions to improve education services at the institution:

- Promptly enroll Marshall intensive treatment program and work experience program wards in education programs.
- Establish security procedures that minimize class closures to provide the best learning environment possible in a reception center setting. Toward this end, the superintendent and the principal should consult with their counterparts at the Northern Youth Correctional Reception Center and Clinic in Sacramento.

- Promptly fill teaching vacancies, including those in special education, and develop a comprehensive list of substitute teachers willing to work in a youth correctional environment on short notice.
- Establish a central repository at the institution for teacher attendance rosters. The rosters should be filed monthly and should be available to support the principal's monthly average daily attendance report.
- Use an electronic spreadsheet to automate average daily attendance calculations for the institution's monthly average daily attendance report and create a spreadsheet for teachers' monthly average daily attendance reports and monthly individual provider reports.
- Implement supervisory sign-off on teachers' average daily attendance monthly reports to improve the accuracy of average daily attendance and related attendance figures.
- Provide for a prompt and thorough review by the Education Services Branch of monthly average daily attendance reports from principals at the institutions so that corrections can be made in a timely manner.
- Correct the deficiencies in the existing service provider reporting database or acquire a new system.
- Separate the duties of staff members responsible for attendance recording from those responsible for entering attendance data, generating reports, and reviewing.
- Notify courts that refer wards to the California Youth Authority of their obligation to provide complete special education data under *Welfare and Institutions Code* Section 1742. Develop a plan with court representatives to accomplish that purpose, including a timetable for submitting special education information. If cooperation is not forthcoming, refuse to accept wards who do not have complete special education background packages.
- With the assistance of an electronic spreadsheet, monitor the timeliness of each ward's entry into special education classes. Elapsed times should be calculated based on the following: the ward's arrival date; the date the ward is confirmed as having special education status; and the date of the ward's first day of class following confirmation of special education status.

FINDING 8 (REDACTED)

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FINDING 9

The Office of the Inspector General found that the disciplinary decision-making system at the Southern Youth Correctional Reception Center and Clinic does not ensure due process for wards and fails to provide management with important tools for monitoring disciplinary actions and ward grievance activity.

The disciplinary decision-making system at the Southern Clinic fails to ensure that wards are afforded due process rights. The Office of the Inspector General found that nearly all of a random sample of Level A behavior reports had been filled out incorrectly, with many missing the critical information necessary to document that wards had received due process. In addition, the ward information network (WIN) 2000 database does not include complete information on Level A and Level B behavior reports because living unit sergeants do not document the disposition of the cases in the database — a deficiency that diminishes the value of the database as a management tool. In addition, the Southern Clinic management does not require monthly reports on disciplinary decision-making and ward grievance activity at the institution, depriving management of a valuable measure of the climate of ward behavior.

The disciplinary decision-making system was developed by the California Youth Authority to ensure that wards receive due process in disciplinary matters. *California Youth Authority Institutions and Camps Branch Manual* Sections 7300 through 7495 prescribe specific policies and procedures to be followed in disciplinary actions. The manual categorizes ward violations as either minor misconduct, Level A (intermediate misconduct), or Level B (serious misconduct). At the Southern Clinic, the disciplinary decision-making tracking system is included in the department-wide WIN 2000 database. Among other information, the WIN 2000 database contains electronic copies of Level A and Level B behavior reports. Living units also maintain hard copies of the original Level A and Level B reports. The system is intended to enable the institution staff to log, monitor, and dispose of disciplinary decision-making cases efficiently. It is also designed to allow institution management and department headquarters to review the disciplinary history of individual wards and to monitor the institutions' disciplinary activity and ward appeals activity.

The Office of the Inspector General found that the Southern Clinic's management of the disciplinary decision-making system has deficiencies that inhibit the system's effectiveness. Specifically, the Office of the Inspector General found the following:

- ***Due process is not ensured for Level A rules violations.*** *California Youth Authority Institutions and Camps Branch Manual* Section 7335 allows wards the opportunity to appeal a disciplinary action within 24 hours of receipt of a behavior report. The appeal hearing must be held within 72 hours after the ward submits the appeal. The Office of the Inspector General found from reviewing a random sample of 69 Level A behavior reports, however, that 68 (99 percent) had been filled out incorrectly, undermining adherence to required time limits and indicating that the staff has not been adequately trained in completing the forms. The most serious and common deficiencies were the failure to have wards either initial or date the form (thereby establishing a record of the ward's acknowledgment) and neglecting to have the ward record the date and time of his appeal. The Office of the Inspector General

found that the living unit staff generally lacks familiarity with wards' rights and does not understand the importance of filling out the behavior reports completely. Furthermore, the living unit sergeants do not always monitor the staff to ensure that behavior reports are completed properly.

- ***WIN 2000 database omits key information.*** Living unit sergeants do not consistently document the disposition of Level A and Level B behavior reports in the WIN 2000 database, making the information in the database incomplete and diminishing its value to institution management and department headquarters. Nor does the ward rights coordinator periodically check data in the system to ensure that it is complete. The Office of the Inspector General reviewed hard copies of selected Level B behavior reports and confirmed that the sergeants had entered the original behavior reports into the database and that disciplinary hearings had occurred. But the review showed that the sergeants had frequently neglected to update the reports with the hearing results. To test the magnitude of the problem, the Office of the Inspector General sampled 60 Level B disciplinary decision-making system behavior reports that required a disposition and found that 20 (33 percent) had no disposition documented in the database. Disciplinary decision-making system cases that were classified as "closed" in the database did not include information about the disposition.

- ***Disciplinary decision-making and ward grievance activity not reported to management.*** The management of the Southern Clinic does not require the living unit staff or the ward rights office to systematically provide information that would enable management to monitor disciplinary rule violations and ward grievance activity. The living units do not provide monthly status reports on the number of Level A and Level B violations reported, the number sustained, the number of fact-finding and disposition hearings overdue, the names of the wards involved, or other important data. Similarly, the ward rights office does not provide a monthly status report on the number of ward grievances filed by each living unit or the number of overdue grievances. Such information would be a valuable measure of the climate of ward behavior at the institution. Data could be compared with previous periods to illuminate trends and suggest corrective measures, thereby helping to avert incidents and enhance the safety of wards and staff.

RECOMMENDATIONS

The Office of the Inspector General recommends that the Southern Youth Correctional Reception Center and Clinic management take the following actions to improve the disciplinary decision-making system:

- Issue a memorandum to inform all employees of the importance of wards' due process rights under the disciplinary decision-making system. The memorandum should stress the importance of completely filling out the appeals section of the Level A and Level B behavior reports, including the dates and times necessary to demonstrate compliance with timeliness requirements.

- Conduct quarterly audits of a random sample of Level A and Level B reports covering the work of staff in each living unit. Use the audit results as part of the annual performance appraisal of each member of the living unit staff.
- Provide training as necessary to keep staff informed about policies and procedures pertaining to the disciplinary decision-making system.
- Require the ward rights coordinator to perform a quarterly review of the accuracy and completeness of disciplinary decision-making system data entered by living unit sergeants, report the results to the sergeants' supervisors, and include the information in the sergeants' annual performance appraisals.
- Require monthly management reports on disciplinary rule violations and ward grievance activity.

FINDING 10

The Office of the Inspector General found that the ward grievance system at the Southern Youth Correctional Reception Center and Clinic is ineffective and does not comply with department regulations.

The Southern Clinic has given low priority to ensuring that wards have an effective means of addressing grievances about facility policies and procedures and the actions of other wards and members of the institution staff. At the time of the audit, the wards rights office was staffed only by a part-time ward grievance coordinator working the night shift, with no clerical support, no institutional ward grievance clerk, and inadequate office space. In the 15 months before that person took over the responsibility in April 2002, monthly reports to department headquarters on overdue ward grievances were inaccurate because the institution did not attempt to track grievances for adherence to required time limits. And even though department policy requires the ward grievance coordinator to conduct monthly meetings with ward grievance clerks, only two such meetings were held in the 21-month period ending in September 2002. The deficiencies hamper the effectiveness of the ward grievance system, mislead the department about the operation of the system at the institution, and communicate to the wards that grievances may not be taken seriously or adequately addressed.

Purpose of the ward grievance system. The ward grievance system is intended to provide a fair and expeditious means of resolving ward complaints about department and facility policies and procedures and about the actions of the staff and other wards, as required by the *California Welfare and Institutions Code. California Youth Authority Institutions and Camps Branch Manual* Section 7005, *et seq.* sets out the requirements of the ward grievance system and describes the process by which wards can file grievances, the staff must respond with corrective action or justification for denial, and wards may file appeals for reconsideration of grievances. The ward grievance system at a reception center is particularly important because it influences wards' perceptions of the youth correctional system's fairness and can affect the wards' attitude and behavior throughout their stay in the California Youth Authority. The transitory nature of the ward population at the Southern Clinic, in addition, requires the system to overcome two

obstacles: First, because the wards in living units do not know each other well enough to elect ward grievance clerks to process their grievances, the facility staff appoints the clerks. Second, the short tenure of the ward grievance clerks at the facility means that they must be quickly and thoroughly trained by the ward grievance coordinator.

In reviewing the ward grievance system at the Southern Clinic, the Office of the Inspector General found that the following deficiencies render the system ineffective.

- ***The ward rights office is insufficiently staffed and has inadequate office space.*** The ward grievance coordinator is a paid staff member whose responsibilities are described in *California Youth Authority Institutions and Camps Branch Manual* Section 7175. At other California Youth Authority institutions, the position is full-time. Yet, at the time of the Office of the Inspector General's audit, the ward grievance coordinator at the Southern Clinic had been performing the duties part-time since April 2002 while working the night shift from 9:30 p.m. to 5:30 a.m. That arrangement made it nearly impossible for him to train ward grievance clerks and to meet with the superintendent and other key officials. Interviews by the Office of the Inspector General with ward grievance clerks confirmed that most of them lacked basic knowledge of the ward grievance system. A new full-time ward grievance coordinator who will work a day shift was scheduled to begin in November 2002, with the result that the institution will have had three ward grievance coordinators in the space of 12 months. The ward rights office is also without clerical support because the office assistant position budgeted for the office has been assigned to other institution duties. The ward rights office also has no institutional ward grievance clerk, who could offset the absence of an office assistant by monitoring ward grievances, helping train and supervise ward grievance clerks, and helping the ward grievance coordinator collect data. In addition, the ward rights office lacks adequate office space because the space intended for the office has been used for several years as the administrative office for the intensive treatment program. As a result, the institution's ward grievance coordinators have been operating out of the watch commander's office, using a storage closet in the reception center area for storing files and records. Although both areas are located in the administration building, they are not in close proximity to each other. Moreover, the arrangement is not conducive to effectively carrying out the duties of the ward rights office because confidential information may be accessible to other members of the staff.

- ***Inaccurate reporting of overdue ward grievances.*** *California Youth Authority Institutions and Camps Branch Manual* Section 7175 requires the ward grievance coordinator to monitor and track ward grievances to ensure that the institution responds within prescribed time limits. The same section requires the institution to report overdue ward grievances to department headquarters each month. The Office of the Inspector General found, however, that from at least January 2001 to April 2002, the monthly reports submitted to headquarters by the Southern Clinic were inaccurate. During that period, the institution had no automated or manual log with which to track and monitor ward grievance activity, and, according to the ward grievance coordinator responsible for that time period, grievances were not tracked for adherence to time limits. The reports submitted to headquarters during those months nevertheless claimed that all responses met time limits. In April 2002, the new temporary

ward grievance coordinator, who appeared to be capable and diligent, began using an automated database through the ward information network to track ward grievances. A random sample tested by the Office of the Inspector General of 286 ward grievances for the period between April and September 2002 determined that 70 (24 percent) had exceeded time limits for response.

- ***Required monthly meetings with ward grievance clerks have not been held.*** *Institutions and Camps Branch Manual* Section 7175 requires that the ward grievance coordinator schedule and chair monthly meetings with ward grievance clerks. The purpose of the meetings is to train new ward grievance clerks, respond to questions and concerns from wards, provide advice, and monitor activities in the living units with respect to the ward grievance process. Yet, the former and acting ward grievance clerks were able to document only two such meetings in the 15 months from January 2001 to September 2002.

RECOMMENDATIONS:

The Office of the Inspector General recommends that the management of the Southern Youth Correctional Reception Center and Clinic take the following actions to improve the ward grievance system:

- Assign a higher priority to the ward grievance system and announce that policy to all staff and wards. Ensure that members of the staff are provided with training at least annually on the ward grievance process, including the correct disposition of a ward grievance.
- Provide the ward grievance coordinator with either an office assistant or institutional ward grievance clerk, and provide the ward rights office with adequate physical workspace and storage space.
- Continue to monitor the ward grievance process and accurately report overdue grievances on monthly reports.
- Enable the ward grievance coordinator to work a day shift comparable to other managers at the facility and to stay in that position for at least two years.
- Require the ward grievance coordinator to hold monthly ward grievance clerk meetings and ensure that the assistant superintendent is invited and that formal notes are taken during the meetings.

FINDING 11

The Office of the Inspector General found that staff performance appraisals and probationary reports at the Southern Youth Correctional Reception Center and Clinic are not completed on time.

The Office of the Inspector General found that Southern Clinic personnel do not receive performance appraisals, probationary reports, and updated duty statements on time. The Office

of the Inspector General's review of a sample of 33 personnel files revealed that nearly half of the employees requiring an annual performance appraisal did not receive the appraisal. More than half of the probationary reports that should have been in the files were missing. And of the files requiring a current duty statement, more than half did not contain one.

Statutory requirements. The State of California recognizes the need for and value of performance appraisals by requiring such appraisals for state employees. *California Government Code* Section 19992 requires that agencies provide a system to evaluate the performance of state employees and that performance reports be kept on file and made available to the employee. *California Government Code* Section 19172 requires regular evaluation of the work and efficiency of state employees during their probationary periods — important because new employees need prompt feedback, and it is easier to terminate poor performers during probation than after they have achieved permanent employee status.

In general, evaluating and providing timely feedback to employees on job performance is important to effective management. Employees informed of positive and negative aspects of their job performance can continue to develop their strengths while working to correct their deficiencies. The result is more productive employees whose efforts help accomplish the organization's mission and goals. Employee performance appraisals documenting satisfactory performance can be the basis of merit salary increases and promotions. Conversely, consistently unsatisfactory performance can provide justification for dismissal.

The institution is not complying with statutory requirements. The Office of the Inspector General found that the Southern Clinic is not providing employees with timely performance appraisals and probationary reports. Permanent employees are to be evaluated annually; probationary employees generally are appraised more frequently, every 60 days or every 120 days, depending on the job classification. Yet, the Office of the Inspector General found from reviewing a sample of 33 personnel files representing 10 percent of the employee population, that the appraisals do not occur on time. Of 27 employees requiring an annual performance appraisal, 13 (48 percent) did not receive one. As indicated by the length of employment at the facility, the files of twelve employees should have contained a collective total of 37 probationary reports, but 19 probation reports (51 percent) were missing. Thirty-two of the files required a current duty statement under Section 3195 of the institution's operations manual, but 17 of them (53 percent) did not include a duty statement.

The audit also revealed that the personnel office does not have a tracking system to monitor performance appraisals and probationary reports to show which are delinquent. Although the personnel staff submits a report to the superintendent's office that identifies performance evaluations currently due, it does not monitor the progress of the evaluations.

RECOMMENDATIONS

The Office of the Inspector General recommends that the superintendent take the following actions to ensure prompt evaluation of employee performance:

- Notify every staff member of the importance of performance appraisals and probationary reports to the mission of the Southern Youth Correctional Reception Center and Clinic.
- Instruct the personnel officer to develop a system that systematically logs the due dates for all performance appraisals and probationary reports, notifies supervisors when appraisals and reports are due, and identifies supervisors who are delinquent in completing appraisals and reports. The log should be submitted to the superintendent monthly and made a regular topic of management meetings.
- Include the responsibility for timely performance appraisals and probationary reports in the performance appraisals of supervisors and managers.

ATTACHMENT

RESPONSE OF THE SOUTHERN YOUTH CORRECTIONAL RECEPTION CENTER AND CLINIC

State of California – Youth and Adult Correctional Agency GRAY DAVIS, GOVERNOR

DEPARTMENT OF THE YOUTH AUTHORITY
SOUTHERN YOUTH CORRECTIONAL RECEPTION CENTER AND CLINIC
13200 South Bloomfield Avenue.
Norwalk, California 90650
(562) 868-9979
California Relay Service 800-735-2929

May 29, 2003

John Chen, Chief Deputy Inspector General
Office of the Inspector General
3927 Lennane Drive, Suite 220
Sacramento, California 95834-8780

Dear Chief Deputy Inspector General Chen,

In response to the Office of the Inspector General (OIG) draft Management Review Audit (MRA) report dated May 2003, this response has been prepared for your review. This response represents progress to date in further development of the Southern Youth Correctional Reception Center and Clinic (SYCRCC) Comprehensive Strategic Action Plan aimed at correcting the broad range of operational deficiencies. Where such deficiencies require Department level response, I will continue to consult with appropriate Youth Authority representatives in order to correct problems identified in your report.

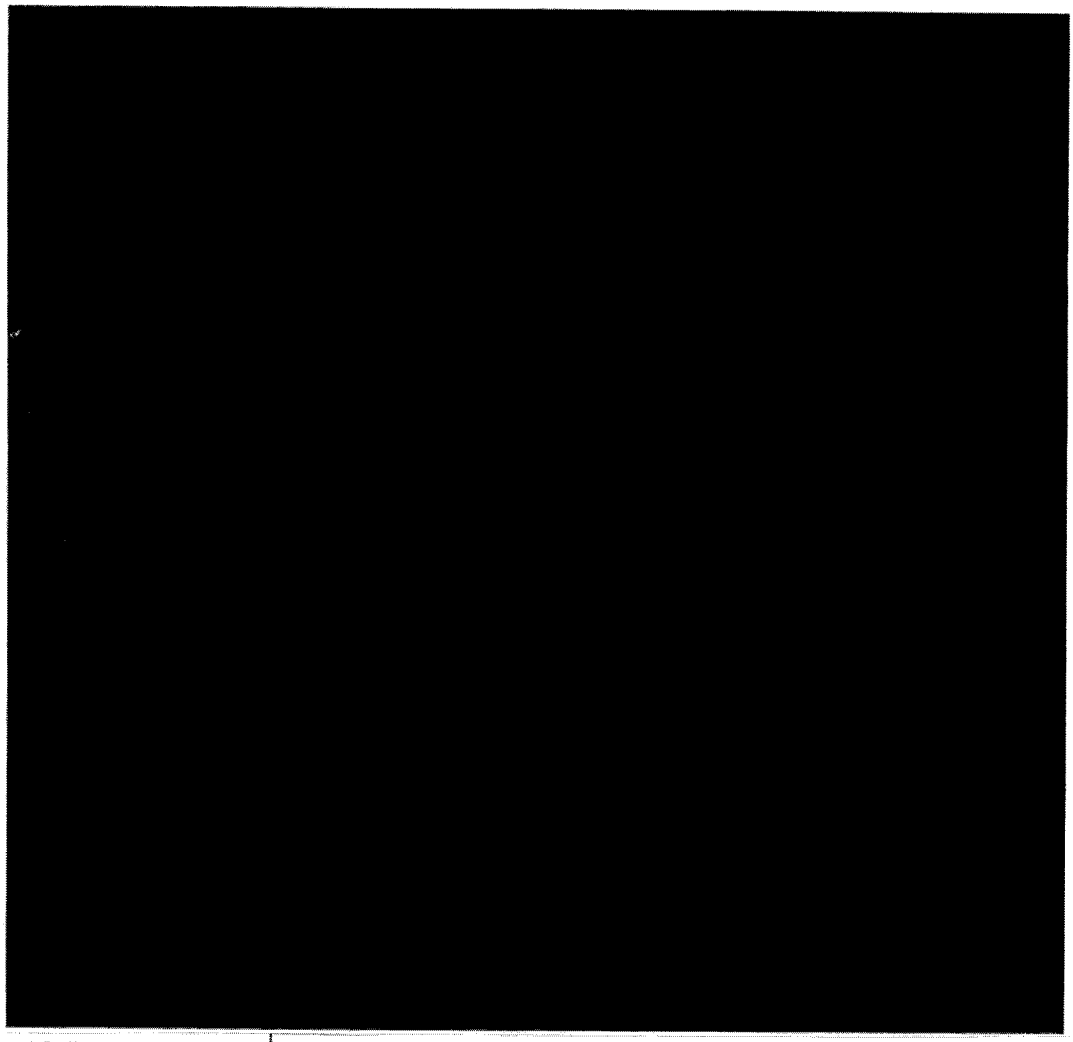
I would like to thank you and your staff for the professional, and comprehensive manner in which the audit was conducted and the report was prepared. This information is invaluable to SYCRCC entry-level, supervisory, and administrative staff in achieving maximum operational effectiveness and efficiency.

RESPONSE

Subsequent to the OIG Management Review Audit conducted at the SYCRCC, critical strategic initiatives were accomplished in order to correct OIG identified deficiencies during our exit interview and follow up report. These accomplishments are enumerated below:

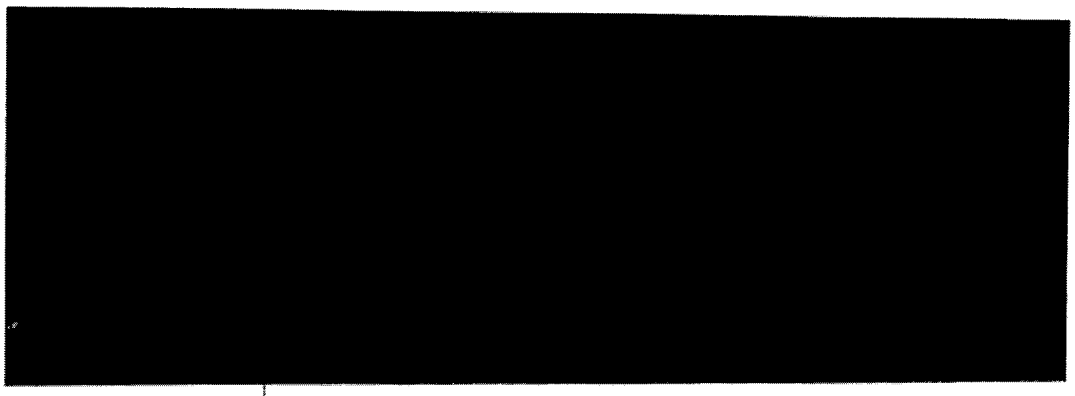
Problem	Accomplishments To Date
[redacted]	

(REDACTED)



Page 29: Irregularities in the handling of wards with communicable diseases.	▪ One ward with Hepatitis B positive TB test, does not mean they have active disease. It means they are exposed. If you are tested positive they can work in the kitchen because they are not considered to be infectious. One year criteria (12 months) not 90 days Section I& C Branch Manual Section 6197
Page 30: Incomplete vaccinations.	▪ Vaccinations have been corrected. Incomplete vaccination for the last 6 months of 2002 and the first three months of 2003 were due to a nationwide shortage of tetanus vaccine.

(REDACTED)



Page 48: The Office of Inspector General found that the disciplinary decision making system at the SYCRCC does not ensure due process for wards and fails to provide management with important tools for monitoring disciplinary actions and ward grievance activity.	▪ A full-time DDMS/Wards Rights Coordinator was assigned on November, 2002. This has resulted in the updating, processing and documentation of all DDMS/grievances. The DDMS/grievance system is monitored daily to ensure due process for all wards.
Page 53:The Office of the Inspector General found that staff performance appraisals and probationary reports at the SYCRCC are not completed on time.	▪ As of this writing, performance appraisals are up to date.

COMPREHENSIVE STRATEGIC ACTION PLAN

Southern Youth Correctional Reception Center and Clinic is developing a Risk Management Plan. This plan is a Departmental requirement and substantially supports consultation and coordination

between Headquarters and the SYCRCC directed at prevention and pursuing strategic initiatives to correct operational deficiencies at various response levels (i.e., Departmental, Facility, Section). There is a clear correlation between the goals, objectives, methodology and strategies of the SYCRCC Risk Management Plan and the Comprehensive Strategic Action plan that you have recommended. For this reason, the facility Risk Management Plan will incorporate all operational issues identified in the Office of the Inspector General's audit report.

Departmental support for correction of operational deficiencies is strong as the Director, Departmental and Branch Administrators will travel to the facility to assist in addressing the problems. In addition, the Directors Management Team will be meeting with the SYCRCC management team on August 1, 2003, to discuss the problems and options for resolving all deficiencies.

SYCRCC will meet weekly for a cross-section of facility staff representing various levels from entry through administrative staff. Department level staff will also be invited to provide input into the process. The primary goal of these meetings will be to ensure full implementation of the Facility Risk Management Plan and OIG Audit Corrective Action Plan through goal, method, and strategy clarification; the establishment of an implementation schedule; identification of roles and responsibilities; and a process for ensuring staff accountability for accomplishing the goals of the plan.

Should you have any questions, please contact me.

Sincerely,

Perry Brooks, Sr.
Superintendent