

OFFICE OF THE INSPECTOR GENERAL
STEVE WHITE, INSPECTOR GENERAL

MANAGEMENT REVIEW AUDIT

**PRESTON YOUTH
CORRECTIONAL FACILITY**

SUPERINTENDENT ALLISON NICHOLSON



FEBRUARY 2000

STATE OF CALIFORNIA

GRAY DAVIS, GOVERNOR

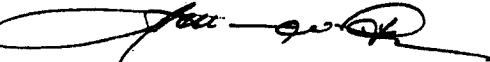


OFFICE *of the* INSPECTOR GENERAL

MEMORANDUM

DATE: February 3, 2000

TO: ROBERT PRESLEY, Secretary
Youth and Adult Correctional Agency

FROM: STEVE WHITE 
Inspector General
Office of the Inspector General

SUBJECT: Management Review Audit of Superintendent Allison Nicholson, Preston Youth Correctional Facility

Pursuant to Penal Code Section 6051, the Office of the Inspector General has completed a management review audit of Superintendent Allison Nicholson of the Preston Youth Correctional Facility. Superintendent Nicholson has been provided with a draft of the management review audit report and her response to the draft report findings is included in this report. Superintendent Nicholson concurred with all performance category findings.

The report shows that Superintendent Nicholson exceeded or met standards in 36 of 42 performance categories. For the six categories rated as needing improvement, the management review audit report provides details and recommendations on the audit findings.

In addition to the recommendations that are specifically directed to the Superintendent or the Preston Youth Correctional Facility, the Office of the Inspector General identified areas requiring the attention of the California Youth Authority. The management review team recommends the following:

- The California Youth Authority should ensure that treatment program monitoring is completed by an independent process to meet departmental standards, and should provide the necessary training and audit tools to assure departmental consistency in the preparation of the Section 4000 reports.
- The California Youth Authority should consider using the court-mandated standards for psychiatric care of the California Department of Corrections as a guide to the standard of care to be obtained by Youth Authority institutions.

Gray Davis, Governor  Promoting Integrity

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- The California Youth Authority should develop a comprehensive use-of-force review policy, specifying the types of incidents requiring review, the management level of review, the corrective action to be taken, and the reporting format.

If you have any questions, please do not hesitate to call me at (916) 445-6696.

Enclosures

cc: Gregorio Zermeño, Director, California Youth Authority

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INTRODUCTION

This report presents the results of a management review audit of Allison Nicholson, superintendent of the Preston Youth Correctional Facility (PYCF). Superintendent Nicholson has served in that capacity since 1997. She was the superintendent of two other CYA institutions between 1993 and 1997. The superintendent is an exempt employee appointed by the Governor. Superintendents are not required to be confirmed by the Senate.

Penal Code Section 6051 requires the Office of the Inspector General to conduct a management review audit of every superintendent who has held the position for at least four years. A management review audit is a review to assess the superintendent's performance in carrying out the essential functions of the facility. In areas where weaknesses have been noted, the management review team proposes actions to remedy the problems.

OVERVIEW OF THE PRESTON YOUTH CORRECTIONAL FACILITY

PYCF was the second state institution built to house youthful offenders. The institution has been in continuous use since June 1894, when it accepted its first seven wards from San Quentin State Prison. The original building, known as the "castle," was vacated in 1960, and has been named a state historical monument. Most of the current living units and the administration building were built in the 1950s. Today, the 856-bed facility houses 758 wards ranging in age from 17 to 19.

In addition to the general population housing and programs, PYCF provides an intensive treatment program for wards. Housed in Redwood Lodge, the intensive treatment program is one of four programs established by the legislature in 1978 for wards who are acutely psychotic, severely suicidal, neurotic, or otherwise seriously handicapped emotionally. At present 39 wards are participating in the intensive treatment program. Treatment methodologies include behavior modification, transactional analysis, survival skills, and other treatments designed to help difficult to manage wards change negative behavior patterns.

SCOPE AND METHODOLOGY

To conduct its review, the management review team developed 42 performance categories under nine broad administrative areas deemed mission-essential for PYCF. The nine administrative areas consist of:

- Mission Focus
- Communication
- Institution Safety and Security
- Ward Programs
- Personnel
- Training
- Inquiries and Investigations
- Fiscal and Budget Management
- External Relationships

In measuring the superintendent's performance in each of the 42 performance categories, the management review team performed the following procedures:

- Interviewed Superintendent Nicholson and solicited comments and input from selected PYCF staff to gain insight and perspective on various issues.
- Conducted on-site visits to physically observe and inspect the PYCF facilities and operations.
- Gathered, reviewed, and analyzed documents related to key systems, functions, and processes to substantiate the observations made during on-site visits and the results of interviews.

Using the information gathered from the procedures described above, the management review team assigned one of the following three performance ratings to each of the 42 performance categories: exceeds standards, meets standards, and needs improvement. The ratings are defined as follows:

- ***Exceeds standards:*** The superintendent's performance is fully in compliance with laws and regulations or significantly exceeds the minimum requirements with no significant recommendations needed to bring performance to standard.
- ***Meets standards:*** The superintendent has complied with laws and regulations and is substantially in compliance with policy standards, but minor improvement is required to bring about full compliance with established departmental policy.
- ***Needs improvement:*** The superintendent's performance is significantly out of compliance with laws, regulations, or departmental policy, and immediate attention is required to remedy the situation.

RESULTS OF THE MANAGEMENT REVIEW AUDIT

As a result of the management review audit, the superintendent's performance was rated as exceeding standards in two of the 42 performance categories, as meeting standards in 34 of the categories, and as needing improvement in the remaining six categories. The recommendations included in this report provide specific suggestions for improvement in a variety of areas. A summary of the superintendent's ratings for the 42 performance categories is provided as an attachment to the report.

The management review team rated the superintendent as meeting standards in most of the performance categories under the important area of institution safety and security. Of the eight performance categories in this area, the team rated the superintendent's performance as meeting standards in seven and as needing improvement in one category.

The superintendent received mixed ratings for ward programs, another vital area in the performance evaluation. The management review team rated the superintendent as exceeding standards in two of the 11 performance categories and as needing improvement in three of the categories. Treatment standards, ward grievance process, and ward mental health were rated as needing improvement.

In most of the remaining administrative areas, the superintendent's performance was rated as meeting standards. In a few other areas, her performance was found to need improvement. The following section provides a more detailed discussion of performance categories in which the management review team rated the superintendent as exceeding standards or needing improvement.

EXCEEDS STANDARDS

Ward Program Assignment, Ward Work and Public Service Programs — The superintendent uses innovative approaches in developing diverse programs to meet the treatment needs of assigned wards and to provide services to the community. Each of the 14 living units offers programs designed to meet the diverse needs of the wards while providing substantial savings to the taxpayers. The number of public service hours provided by the wards increased from a monthly average of 671 hours in 1998 to 934 hours in 1999. Public works projects were performed by low-risk wards whose presence in the Amador County community enhanced the image of PYCF and fostered a positive relationship with the local citizens. The wards involved benefited from their participation by earning income and receiving positive reinforcement from staff, who emphasized that the wards were changing their behavior by performing a job and giving something back to the community. The Ponderosa pre-camp fire-fighting training program for wards has been kept at budgeted capacity, sometimes even exceeding capacity during fire season to help meet the workload needs of the California Department of Forestry. PYCF received considerable media attention and recognition for its development of the "preemie program," a unique community service activity where young men sew, quilt, and crochet items for tiny premature infants.

Ward Educational Programs — The superintendent has exhibited strong leadership and commitment in the area of ward education programs. Despite budgetary constraints, the superintendent continues to devote staff resources to providing needed educational programs. Consistent with the goals of the California Youth Authority, the James A. Wieden High School (PYCF's high school program) has achieved a three-year accreditation by the Western Association of Schools and Colleges. PYCF developed the "Tech-Prep" program, a unique program that integrates academic and vocational studies for those wards desiring job skills in automotive repair. Education staff interviewed expressed appreciation for the strong support they received from the superintendent.

NEEDS IMPROVEMENT

Staff Assaults — The management review team found that PYCF did not refer all staff assault cases to the county district attorney's office. The California Youth Authority has a memorandum of understanding (MOU) with the California Correctional Peace Officers' Association mandating that all staff assaults be referred to the district attorney's office for prosecution. However, the staff person who serves as PYCF's liaison with the county district attorney's office apparently was unaware of this mandate. With the concurrence of the union steward, he therefore has frequently decided not to pursue prosecution of cases that, in his judgment, do not meet the district attorney's filing standards. The practice of negotiating with the local union representative instead of strictly adhering to the collective bargaining requirement could cause future labor complications.

In addition, the county district attorney expressed concerns over the quality and timeliness of the cases referred by the PYCF staff. Noting that some of the cases were not submitted to his office until weeks after the incident, the district attorney expressed a desire to provide training to PYCF staff in this area. He said that he had not pursued this matter because he does not have an ongoing relationship with the superintendent.

RECOMMENDATIONS

- The superintendent and staff should strictly follow the California Correctional Peace Officers' Association Bargaining Unit 6 MOU and refer all staff assaults cases to the district attorney.
- The superintendent should meet with the county district attorney to establish a working relationship for the exchange of information and to develop a training resource for staff.

Treatment Standards — The management review audit team found a number of deficiencies in casework performed by staff. Section 4000 of the California Youth Authority Institutions and Camps' Manual requires each institution to file a report on compliance with treatment standards. PYCF's 1999 report had to be resubmitted because pertinent information was missing. Further

review of the 1999 report disclosed that it was comprised mostly of general statements and therefore was not useful or informative.

As a part of the American Correctional Association's accreditation process, PYCF is supposed to undergo a self-audit covering five living units each month. The management review team noted apparent inconsistencies between the results of the self-audits and PYCF's 1999 report filed under Section 4000 of the California Youth Authority Institutions and Camp Manual. The self-audit reports consistently identified deficiencies that contradicted the general statements of compliance in the Section 4000 report.

The management review team also found that PYCF was delinquent in completing the required annual review for wards. Records showed that 103 of the 559 reviews (approximately 19%) occurred beyond the 12-month requirement.

RECOMMENDATIONS

- The superintendent should combine the California Youth Authority Institutions & Camps Manual Section 4000 audit (ward treatment standards) and the American Correctional Association casework review system to show actual outcomes (that is, percentage of cases completed).
- The California Youth Authority should provide the necessary training and audit tools to assure departmental consistency in the preparation of the Section 4000 reports.
- The California Youth Authority should ensure that treatment program monitoring is completed by an independent process to meet departmental standards.

Ward Grievance Process — The management review team noted the following deficiencies in PCYF's ward grievance process:

- The ward grievance coordinators were discouraged from holding monthly meeting as required in the PYCF operations manual because the superintendent believed that grievances were few and that holding a meeting once every two months is sufficient. On the contrary, however, there appears to be a sufficient number of grievances to justify monthly meetings.
- Some wards were not provided with the required orientation training. Although the procedures were posted on a bulletin board, some of the wards interviewed said that they could not read the written procedures.
- The PYCF training officer was unaware of the training requirement that all staff having ongoing contact with wards are to undergo a grievance handling refresher course at least once every three years.
- Two of the twelve audit sheets for the “resolved ward grievance monthly monitoring report” were not prepared properly because they do not contain time limits for written responses.

- The superintendent failed to follow arbitration guidelines by asking an independent reviewer to deny a ward his right to have his case arbitrated in a case involving restriction of a ward's access to books.

RECOMMENDATIONS

- The superintendent should ensure that staff receive refresher training in the areas of grievance record keeping, grievance management, and staff training. Staff should also be made to adhere to the grievance processing guidelines. In order for newly arriving wards to know their rights, an orientation of the ward grievance process should be conducted weekly.
- The superintendent should also hold monthly meetings with the ward grievance clerks to keep abreast of current developments.

Ward Mental Health Issues — The management review team found that wards with mental illnesses apparently have not received adequate treatment. The Redwood Lodge intensive treatment program is unable to fill a full-time psychiatrist position and has resorted to having a Bay Area consultant handle the duties two days a week. Budgetary constraints resulted in the reduction of nurse coverage from two daily eight-hour shifts to one daily ten-hour shift, further eroding the facility's ability to meet the needs of wards who require specialized crisis bed services.

Difficult to handle wards with significant mental health needs are being transferred to PYCF in spite of an overloaded contract psychiatrist. A significant number of wards are being managed by 23-hour lockup where counseling and drug therapy are provided only sporadically. Using a top supervisory-level program position for salary savings is questionable in view of the complex problems posed by program management.

Although some of the problems noted above are beyond the superintendent's control, the management review team believes the superintendent could be more proactive in addressing the problems, given their potential impact on ward health as well as their possible legal ramifications.

RECOMMENDATIONS

- The superintendent should determine to what degree staff vacancies in the intensive treatment program have contributed to the reported deterioration in program quality, including the need to place some difficult to handle psychotic wards in lockup to deal with behavior control problems. Hiring incentives, such as recruitment and retention bonuses for remote locations, may be necessary to recruit psychiatrists and other clinical professionals.
- The California Youth Authority should consider using the court-mandated standards for psychiatric care in the California Department of Corrections as a guide to the standard of care to be reached by California Youth Authority institutions.

Use-of-Force Policies and Procedures — The management review team found that the superintendent had not provided PYCF staff with clear written use-of-force guidelines as required by the California Youth Authority Institutions and Camps Manual. The management review team reviewed fifty use-of-restraint reports and found that 90% of the reports were inadequate in documenting how staff restrained wards. The reports were missing key information needed by reviewing staff to assess the propriety of force used. There was evidence of reports being “rubber stamped” when multiple wards were involved in a disturbance. Although the use-of-restraint reports are reviewed and approved by line supervisors, the chief of security, and the superintendent, PYCF could benefit from subsequent reviews by independent sources to critique staff actions and equipment used during the incidents.

RECOMMENDATIONS

- The superintendent should develop a supplemental use-of-force reporting policy (consistent with California Youth Authority Institutions and Camps Manual Section 2090) to guide staff in completing reports of staff actions in restraining wards. Guidelines should identify which staff members are required to complete reports and who supervises the reporting process. The policy also should prohibit collaboration by staff on how reports are worded.
- The California Youth Authority should develop a comprehensive use-of-force review policy specifying the types of incidents requiring review, management level of review, corrective action to be taken (including adverse action, if appropriate), and reporting format.

Agreements with local law enforcement agencies — The superintendent’s communication and liaison with the local law enforcement community is critical to establishing and making these important resources available to staff. Interviews with the local police, the county sheriff, and the district attorney disclosed significant confusion regarding criminal investigation jurisdiction and the filing criteria for criminal prosecutions. The district attorney said that PYCF’s staff needed training in investigating and reporting crimes but that he did not believe the superintendent was aware of the problem. Neither law enforcement agency had determined which agency had the appropriate resources to conduct rape investigations at the institution. Although each outside agency was amenable to signing mutual aid agreements addressing the above problems, none had been approached by the superintendent for that purpose.

RECOMMENDATION

The superintendent should expand her professional relationships and interaction with the local law enforcement community, including the district attorney.

ADDITIONAL RECOMMENDATIONS

The following recommendations were made by the management review team in specific performance categories where the superintendent's performance meets or exceeds standards, but where the management review team believed that operational effectiveness could be enhanced by the information:

- ***Organizational Structure.*** The superintendent is encouraged to obtain computer software to assist her staff to quickly draft the many organizational charts required for personnel administration at Preston. She should make the software available to department heads and ask them to revise their charts as needed. Reporting relationships and approval and revision dates should be clearly identified on each chart.
- ***Communication with wards.*** The superintendent should verify that the Level B Table of Sanctions, grooming standards, and ward rights and responsibilities are posted in each day room.
- ***Staff assignments.*** The superintendent would benefit from using official California Youth Authority hiring documents. This measure would enhance the superintendent's ability to ensure compliance with the hiring process and to ensure that appropriate signature authority is granted and maintained on file.
- ***Employee grievances.*** The superintendent should abstain from the practice of extending the period for her responses to grievances and should abide by the language specified in the bargaining unit's MOUs. This would provide for a more rapid solution to operational grievances and would reinforce the perception of her employees that their concerns are a high priority to the superintendent.

SUMMARY OF THE MANAGEMENT AUDIT REVIEW RATINGS

Following is a category-by-category summary of the ratings assigned by the management review audit team as a result of its review of Superintendent Nicholson's performance.

Mission Focus

| | |
|--------------------------|-----------------|
| Mission statement | Meets standards |
| Organizational structure | Meets standards |

Communication

| | |
|---|-----------------|
| Communication with management | Meets standards |
| Communication with line staff | Meets standards |
| Communication with labor and special interest representatives | Meets standards |
| Communication with wards | Meets standards |
| Superintendent presence and visibility | Meets standards |

Institution Safety and Security

| | |
|-------------------------------------|-------------------|
| Contingency planning | Meets standards |
| Contingency exercises | Meets standards |
| Institution security | Meets standards |
| Escapes | Meets standards |
| External notification of escapes | Meets standards |
| Lockdown process | Meets standards |
| Staff assaults | Needs improvement |
| Cleanliness, sanitation, and safety | Meets standards |

Ward Programs

| | |
|--|-------------------|
| Ward classification | Meets standards |
| Treatment standards | Needs improvement |
| Ward program assignments, work and public service programs | Exceeds standards |
| Ward religious programs | Meets standards |
| Ward disciplinary process | Meets standards |
| Ward grievance process | Needs improvement |
| Ward access to medical services | Meets standards |
| Ward mental health services | Needs improvement |
| Suicide awareness and prevention programs | Meets standards |
| Ward educational programs | Exceeds standards |
| Substance abuse programs | Meets standards |

Personnel

| | |
|------------------------------|-----------------|
| Staff performance reports | Meets standards |
| Employee recognition program | Meets standards |
| Staff assignments | Meets standards |
| Employee grievances | Meets standards |

Training

| | |
|--|-----------------|
| Supervisors and managers training and other mandatory training | Meets standards |
|--|-----------------|

| | |
|---|-------------------|
| C-POST apprenticeship program | Meets standards |
| Use-of-force policies and procedures | Needs Improvement |
| Inquiries and Investigations | |
| Level I and II investigations | Meets standards |
| Adverse action | Meets standards |
| Equal Employment Opportunity process | Meets standards |
| Fiscal and Budget Management | |
| Fiscal accountability | Meets standards |
| Budget management | Meets standards |
| Management of collateral budget areas | Meets standards |
| External Relationships | |
| Agreements with law enforcement agencies | Needs improvement |
| Relationship with the community | Meets standards |
| Youthful Offender Parole Board relationship | Meets standards |

Attachment 1

**Superintendent Nicholson's response to her
Management Review Audit**



STATE OF CALIFORNIA
DEPARTMENT OF THE YOUTH AUTHORITY

Preston Youth Correctional Facility
CRS # (800)262-2913

201 Waterman Road, Ione, California 95640 (209) 274-8000

January 28, 2000

200 FEB 2 AM 9:43
OFFICE OF THE
INSPECTOR GENERAL
RECEIVED

John Chen
Chief Deputy Inspector General
Office of the Inspector General
P.O. Box 348780
Sacramento, CA 95834-8780

Dear Mr. Chen,

This memo is to acknowledge that I have received a final draft of my Management Review Audit from the Office of the Inspector General. Bill Pruitt worked closely with me to include my responses in the report. I agree with the final report.

Thank you for the opportunity for this challenging experience. I appreciated the professionalism and commitment demonstrated by the auditors.

Sincerely,

A handwritten signature in cursive ink that appears to read "Allison Nicholson".

Allison Nicholson
Superintendent