

**CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
DIVISION OF JUVENILE JUSTICE**

Wards with Disabilities Program Remedial Plan

Annual Auditor's Report

Introduction

This report represents the second auditing report by the Disabilities Expert and Auditor, Logan Hopper, in response to the Consent Decree entered in the matter of *Farrell v. Tilton*. The Consent Decree requires that the Disabilities Expert visit each of the eight DJJ correctional facilities during each fiscal year and report on the progress DJJ is making in the implementation of the Wards with Disabilities Program (WDP) Remedial Plan, filed with the Court on May 31, 2005. From October, 2006, through June, 2007, the Disabilities Auditor visited these facilities in the following order:

- O.H. Close Youth Correctional Facility
- N. A. Chaderjian Youth Correctional Facility
- El Paso de Robles Youth Correctional Facility
- Ventura Youth Correctional Facility
- Heman G. Stark Youth Correctional Facility
- Preston Youth Correctional Facility
- Dewitt Nelson Youth Correctional Facility
- Southern Youth Correctional Reception Center and Clinic
- Division of Juvenile Justice Headquarters

At each facility visited, the Disabilities Auditor completed an evaluation of the facility's compliance using the approved Disabilities Auditing Instrument, dated May 31, 2005. After each visit, the Disabilities Auditor prepared and submitted to the Office of the Special Master a detailed report providing the compliance rating and a commentary on the implementation progress for each item.

Executive Summary

At the most basic level, two separate but related components with respect to implementation of the WDP Remedial Plan appear to have evolved.

The first component involves the formation and implementation of a formal WDP program at each facility, as well as the supervision and coordination of DJJ's departmental efforts to comply with the plan. This component revolves around the filling of the WDP Coordinator positions at each facility and headquarters. For some facilities, this is the second fiscal year with an active WDP Coordinator, while others have had the position filled only during this fiscal year. Therefore, the extent to which the program has progressed at each facility is almost directly proportional to the length of tenure of the WDP Coordinator.

However, despite the varying degrees of experience with the details of the program, the actions of these WDP Coordinators represent one of the strongest aspects of the WDP Program. As a whole, the Disabilities Auditor would give the highest commendation to these individuals for their demonstrated dedication, knowledge, and effectiveness in undertaking the many difficult tasks involved in the WDP implementation. As the departmental WDP Coordinator, Karen Smith is believed to be performing her duties in an exemplary manner and has trained and provided many of the necessary skills to the facility WDP Coordinators. (It should be noted that her duties have been hampered by the lack of an assistant for much of the past fiscal year, although that position has recently been filled and should allow her more time to provide more efficient supervision.) The facility WDP Coordinators are eight different personalities who go about their tasks in very different

ways, but they have all demonstrated remarkable patience and skill in setting up processes that should work well over time for their unique facilities.

As a result of their combined efforts, the WDP program as an entity is becoming established (albeit, to varying degrees) at the facilities. The execution of basic WDP tasks, such as overseeing the Staff Assistant teams, providing individualized assistance to wards with disabilities, and monitoring the disciplinary and grievance systems, has made significant strides in accomplishing some of the goals established by the plan. Documentation of compliance efforts, as required by the remedial plan and otherwise necessary to proceed effectively with the auditing tasks, are moving forward, although standardization of these efforts is still needed. It should also be noted that the WDP staff has been very receptive to specific recommendations made by the Disabilities Expert for improving reports and activities, and this cooperation has been appreciated.

The second component involves the coordination of required WDP Remedial Plan elements into the day-to-day operations by all facility staff, particularly those in supervisory positions. The WDP Remedial Plan is a complex and comprehensive document that touches upon all operations of the DJJ as it relates to wards, since the overriding goal is for wards with disabilities to be integrated with and receive equal treatment and services consistent with those provided to all wards. In general, facility Superintendents are believed to be knowledgeable about and cooperative toward the goals of the remedial plan (again, to varying degrees). Organizationally, the WDP Coordinator is placed below a high ranking supervisor at each facility (usually either the Program Administrator or a Treatment Team Supervisor), who assists the WDP Coordinators in procedural and operational matters. All of these supervisors also deserve high commendation for exceptional commitment toward making the implementation of the plan filter into the various disciplines and departments.

However, it is with staff separate from this supervisory level that the understanding and commitment to WDP Remedial Plan goals and objectives, not to mention the everyday requirements and tasks, begin to be sporadic. DJJ organizational structure places various programs and activities under separate "departments" that are often beyond the control and authority of the WDP Coordinators and their supervisors. Full cooperation and coordination from all staff has been difficult, and the lack of such has been the major impediment to more significant progress. Beyond that, many DJJ staff are not aware of the details of the WDP Remedial Plan's requirements, or that these requirements even relate to their activities. Even more problematic, some do not echo the same commitment to its goals as those more closely affiliated with the WDP itself. Despite the facility WDP Coordinators' attempts to depict their role as a valuable resource in providing improved services to all wards, including wards with disabilities, too many other staff see them (and the program) as intrusive to the way that they perceive their program should operate. Although the departmental ADA Coordinator has been proactive and initiated ADA and sensitivity training at all facilities for staff members who are more closely involved with implementation of the plan, the lack of comprehensive ADA and sensitivity training to all staff, as required by the plan, is most likely a contributor to this phenomenon. It is hoped that this curriculum can be approved by the Office of Training and Professional Development in the near future and that the training can proceed for all staff, including new hires, during the next fiscal year, to help to alleviate these issues.

The first Auditor's report indicated that a major reason for not meeting some expected timelines centered largely on administrative changes from the somewhat autonomous former California Youth Authority to the current Department of Juvenile Justice, a part of the larger California Department of Corrections and Rehabilitation. While long-term efficiencies are still expected as part of this reorganization, it was noted in last year's report that short-term policies and procedures were more difficult to implement, and unfortunately, this continues to be the case.

The sections that follow summarize the successful implementation actions taken by the DJJ, as well as pinpoint some of the areas where more focus is needed, together with some recommendations intended to improve progress in these areas.

Wards with Disabilities Identification and Accommodation

During the second round of visits, facilities used various methods and achieved differing results in attempts to identify, classify, and assign appropriate accommodations to wards with disabilities. At some facilities, staff struggled with what they felt was a lack of clear direction from headquarters on this process. At other facilities, staff forged ahead using their best, reasonable efforts to implement this difficult process, and the results were laudable. During the last few months, headquarters has made progress on completing assessment and identification criteria and tools, although the Disabilities has not formally reviewed these criteria and procedures. The next round of monitoring will focus on the implementation of these procedures to monitor their effectiveness and usability.

Staff Assistants for Wards with Disabilities

The WDP Remedial Plan requires the establishment of staff assistants (SA's) at each facility, for the purpose of assuring that reasonable accommodations are provided to wards during disciplinary and grievance procedures, Board hearings, parole planning, and other specified activities. These SA teams are now set up and active at all facilities, with some teams having greater participation than others. Meetings with these teams were held at most facilities, and they are believed to be committed and enthusiastic in the tasks before them.

Physical Accessibility Modifications

The WDP Remedial Plan requires more comprehensive architectural modifications during the second year of the plan, and DJJ has been effective at completing most of the required modifications, as well as proactive in completing smaller projects ahead of schedule.

ADA Staff Training

The WDP Remedial Plan requires that staff training be completed by the end of May 2006 (within 12 months of adoption of the WDP Plan). A training module for sensitivity training, discrimination, and harassment has been developed. I would recommend that a disability advocacy agency be consulted, as required by the remedial plan, to assist in not only developing the final curriculum elements but also as a means to proceed with the comprehensive staff training, which due to strenuous time commitments, may be beyond the ability of the departmental WDP Coordinator to perform alone.

WIN Information Systems

DJJ has worked steadily to upgrade its computerized ward record-keeping system, referred to as the WIN system. The remedial plan requires that various types of information about wards with disabilities, including the nature of any disabling condition and any reasonable accommodations necessary to provide services and programs to a specific ward, be readily available to staff. It appears that DJJ has made reasonable progress to this end, but the required items of information relating to wards with disabilities that are currently available should be incorporated into the WIN system, and staff should be trained to access this information, as soon as possible.

Coordination with Special Work Groups and other Remedial Plans

The WDP Remedial Plan contains a number of activities that require this type of coordination, but with no specific schedule for implementation. These required activities include: (1) a special educational working group to make recommendations regarding improvements to IEP accommodations and parent participation, (2) a special working group to study and provide recommendations for residential programs for wards with developmental disabilities, (3) coordination with those working on the health care remedial plan to document the inclusion of several specific items for wards with disabilities, (4) a special working group and coordination with the mental health experts to study the effects of certain psychotropic drugs on wards, and (5) coordination with safety and welfare issues for wards with disabilities, as they would be included in the safety and welfare remedial plan. To date, only the working group described in (1) above has occurred, and this group is hopefully proceeding to resolve the outstanding issues. The other working groups are scheduled to begin work this summer.

Educational Issues for Wards with Disabilities

There is overlap between the requirements of the WDP Remedial Plan and educational services, particularly in the area of educational services for wards with disabilities enrolled in special education programs. The educational experts have discussed the issue of reduced school participation, and since many wards with disabilities are housed in special treatment or restrictive programs, this situation tends to negatively affect educational services for these wards to a significant degree. I would recommend that remedial strategies developed by the educational experts be implemented to improve the number of hours of instruction for these wards. Also, monitoring activities indicated some consistent problems in the preparation of high school graduation plans and individualized education programs (IEP's). I would recommend particular attention to the requirements of the WDP Remedial Plan, such as the use of staff advocates (possibly using trained Staff Assistants from the SA teams) prior to and during IEP meetings, to resolve these issues.

Report respectfully submitted,

Logan Hopper, Disabilities Expert and Auditor

Facility Compliance Chart

This chart represents the combined auditing report for the second round of site visits during the 2006-2007 fiscal year to the eight DJJ correctional facilities and Headquarters by the Disabilities Auditor, Logan Hopper. Facilities are listed in the chart using the following abbreviations:

- DN DeWitt Nelson Youth Correctional Facility
- Ven Ventura Youth Correctional Facility
- Pas El Paso de Robles Youth Correctional Facility
- HS Heman G. Stark Youth Correctional Facility
- Cha N.A. Chaderjian Youth Correctional Facility
- SY Southern Youth Correctional Reception Center and Clinic
- Clo O.H. Close Youth Correctional Facility
- Pre Preston Youth Correctional Facility and Reception Center
- HQ Headquarters

The reports attempted to determine a general level of compliance for the applicable items from the disabilities remedial plan and the disabilities audit instrument, using the following codes:

SC = Substantial Compliance; PC = Partial Compliance; NC = Non-Compliance; NAv = Not Available, -- = Not Applicable.

SC* = Second consecutive "Substantial Compliance" rating; the Auditor recommends no further independent auditing, but rather continuing auditing by the Departmental WDP Coordinator.

Item	Method	Compliance Rate										Comments / Recommendations
		DN	Ven	Pas	HS	Cha	SY	Clo	Pre	HQ		
Headquarters												
I. Directorate												
Maintain a current copy of the Wards With Disabilities Program Remedial Plan in the Director's office.	Verify current copy is retained.	--	--	--	--	--	--	--	--	--	SC*	A current copy of the Wards With Disabilities Program Remedial Plan was present in the Director's office.
A. Departmental Ward Disability Coordinator & Functions												
By October 2005, establish and maintain a full-time Departmental Wards with Disabilities Program (WDP) Coordinator and analytical staff to develop, support, lead and manage a quality program.	Verify positions are in place and filled.	--	--	--	--	--	--	--	--	--	SC	At the present time and throughout the fiscal year, Karen L. Smith has been the full-time Departmental WDP Coordinator, and Maria Correa is currently the full-time WDP Assistant, with other staff being available as needed.

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Ensure duty statement encompasses all Departmental WDP Coordinator duties as defined in the WDP Remedial Plan.	Review duty statement.	--	--	--	--	--	--	--	--	--	SC*	Karen L. Smith has signed appropriate duty statements for the Departmental WDP Coordinator positions.
The WDP Coordinator shall perform the oversight functions as set forth in the WDP Remedial Plan.	Review documentation maintained by the Departmental WDP Coordinator.	--	--	--	--	--	--	--	--	--	SC*	Karen L. Smith is believed to be performing the required oversight functions.
Establish and maintain full-time WDP Coordinators at each facility by February 2006.	Verify positions are in place and filled.	SC*	SC*	SC*	SC*	SC*	SC*	SC*	SC*	SC*		Each facility currently has an active WDP Coordinator in place.
The Departmental WDP Coordinator will develop a standardized emergency announcement protocol by December 2005.	Review emergency announcement procedures to ensure procedures are in place to provide the needed assistance for wards w/ disabilities. Determine timeliness of announcement.	--	--	--	--	--	--	--	--	--	PC	Karen Smith completed a draft emergency announcement protocol in November, 2006, but it has not yet been approved by the DJJ. A preliminary review by the auditor indicates the protocol to be acceptable, with a recommendation to include more specificity on the assistance necessary for wards with physical and psychiatric disabilities.

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The Departmental WDP Coordinator shall ensure that a WDP report is completed monthly, quarterly and annually for each site.	Review monthly, quarterly and annual reports for completeness.	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC	WDP Coordinators' monthly reports have been prepared for most of the fiscal year, and at all facilities within the last six months. Some facilities use only the basic "population" report, while others have progressed to an expanded format that includes more information on the services actually provided to wards with disabilities, as well as information on wards with disabilities grievances, disciplinary actions, and those placed in restrictive settings. It is assumed that these reports are combined to form an overall monthly report, although these have not been submitted to the Auditor. DJJ as a whole has completed quarterly reports, with the April, 2007 report being sent to the Auditor by the Office of the Special Master.
In conjunction with the Health Care Transition Team, Medical Experts and Disabilities Expert, prepare an "action plan" for wards with mobility or other physical impairments to integrate with the general population as soon as medical issues are resolved, including determining the most physically accessible locations available and making the barrier removal improvements required on a timely basis.	Audit to determine implementation and review documentation to ensure compliance.	--	--	--	--	--	--	--	--	--	NC	This consultation has not yet occurred, nor has an appropriate "Action Plan" been developed.

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In conjunction with the Health Care Transition Team, the Mental Health and Medical Experts, and Disabilities Expert, ensure systems are in place to monitor the use of psychotropic prescriptions and medications including SSRI's for wards under the age of 20.	Audit to determine implementation and review documentation to ensure compliance.	--	--	--	--	--	--	--	--	--	NC	This consultation has not yet occurred, nor has a systematic approach for monitoring psychotropic medications been presented to the Auditor.
The CYA shall conduct annual compliance reviews of the court-approved Disabilities Program Remedial Plans in all CYA facilities to monitor compliance with the Remedial Plan, to ensure that wards with disabilities are being effectively identified, to ensure that the needs of those wards are being met and to reassess and reevaluate the level of staffing and training needed to comply with the Remedial Plan, commencing in the 2006 calendar year.	Verify completion of annual compliance reviews.	--	--	--	--	--	--	--	--	--	PC	The DJJ completed its last quarterly report on about April 30, 2007. It is believed that this report forms a part of the annual report required by this item, although the annual report may not be required until the end of this (2007) calendar year. "Corrective Action Plans" covering the 06/07 fiscal year and the second round of facility audits have been completed and submitted to the Auditor for three of the nine facilities. Quarterly or annual reports have not typically provided assessments of the level of staffing and training needed to comply with the WDP Remedial Plan.
Within six months of the court approval and adoption of this plan the Department's Ward Disability Program Coordinator will receive a higher level of training provided by qualified trainers/consultants from outside the Department as recommended in Section 5.1 of the Expert's report.	Review the outside consultants training material to determine compliance with the requirements contained in the WDP Plan. Review and confirm training schedule to ensure all individuals complete the required training.	--	--	--	--	--	--	--	--	--	SC	Karen Smith has attended several training sessions, both in-house and from a national ADA coordinator's association. While these have been helpful in meeting the training goals, we have jointly discussed some additional training resources and have agreed to continue discussions of what other trainings may be helpful.

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Develop the Disability Health Services Referral Form.	Monitor for completion by December 2005.	--	--	--	--	--	--	--	--	--	PC	A form entitled "Health Care Services Request" has been developed by Health Care Services and submitted to the Auditor. The form was not used by facilities during the monitoring visits, as it was only recently finalized as part of the of the Health Care Services policy. It is unclear if this form meets the intent of the WDP Remedial Plan (page 6), since the plan seems to indicate that the Disability Health Services Referral Form is only used for disability-related referrals. It is our understanding that the new form is to be used for a ward's self-referral, and that staff will use the WIN system for staff referrals. Further review by the parties may be needed, and further monitoring is necessary to determine if the form (and other methods, such as the WIN system) is used effectively for referrals.
C. Headquarters Policies												
The CYA shall procure two wheelchair accessible vans to transport wards with disabilities by July 2006.	Review purchase orders (PO) (STD 65) to confirm purchase and within established timeline.	--	--	--	--	--	--	--	--	--	SC	DJJ has submitted substantial evidence that the two vans have been "procured", although they have not actually been delivered and are not yet in use. Documentation of delays in chassis production by the manufacturer indicates that DJJ is not responsible for the delays in full implementation.

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By July 2006, the Department shall develop and maintain system that documents the mental & physical impairments of wards with disabilities and any reasonable accommodations.	Audit to determine implementation within the given timeframe and review documentation to ensure compliance.	--	--	--	--	--	--	--	--	--	PC	The monthly reports adequately (though not systematically) document the actual mental and physical impairments of wards at an aggregate, but not individual, level. The specific accommodations are less formally documented, varying by facility. DJJ has been working on comprehensive documentation through the WIN system upgrades and is believed to be close to completing the task.
The Department shall ensure that wards with disabilities have access equal to non-disabled wards in all levels of care within the youth correctional system.	Review 10% of placements and all level of care for wards with disabilities.	--	--	--	--	--	--	--	--	--	SC	Reviews of random files did not indicate any specific lack of equal access. It has been previously recommended that the Department prepare a documentation form to aid in assurances of equal access, but this has not yet been accomplished.
All wards under the jurisdiction of the CYA shall be given equal access to all programs, services and activities offered by the Department. Programs, services, and activities shall be offered in the least restrictive environment, with or without accommodations.	Review 10% of placements and access to special programs for wards with disabilities.	--	--	--	--	--	--	--	--	--	SC	Reviews of random files did not indicate lack of equal access to special programs. It has been recommended that the Department prepare a documentation form to evaluate the least restrictive environment requirement (see above).
Establish policies to assure that placement of wards with disabilities into restrictive programs is not based either directly or indirectly on a ward's physical or mental disability, or on manifestations of that disability.	On-going audit.	--	--	--	--	--	--	--	--	--	PC	It is recommended that specific policies and procedures be documented in writing to evaluate a ward's (with or without a disability) placement into any restrictive program.

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By December 2005, the Education Branch shall establish a working committee consisting of the Disability Expert, one Education Expert, the SELPA Director and the Manager of Special Education to study and make recommendations to improve the adult ward's and parents' meaningful participation during IEP meetings, to encourage more active participation, and to provide informational materials for parents and/or surrogates.	Review recommendations and develop appropriate implementation plans.	--	--	--	--	--	--	--	--	--	SC	The working committee has been established and has met several times, although no final recommendations have yet been made.
The Education Branch working committee shall also study the need for and evaluate the ability of the various public or private groups or agencies to assist with the means of attending IEP meetings for parents. (This is not be interpreted as requiring the Dept. to provide such means.)	Review recommendations and provide support if applicable.	--	--	--	--	--	--	--	--	--	SC	The working committee has been established and has met several times, although no final recommendations have yet been made.
The Education Branch working committee shall also study the need to include a wider variety of individualized accommodations in IEP's.	Review recommendation develop appropriate implementation plans.	--	--	--	--	--	--	--	--	--	SC	The working committee has been established and has met several times, although no final recommendations have yet been made.

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In consultation with the disabilities expert, the CYA will conduct a study regarding the need for a residential program for wards with certain developmental disabilities. The study will commence within 6 months from the date that the Disabilities Remedial Plan is filed with the court.	Review documented study for meeting timeline and evaluate recommendations.	--	--	--	--	--	--	--	--	--	NC	This consultation and the resulting study have not yet occurred.
The visiting facility at Ventura is currently under construction & will be fully operational by 1/06. The new facility at Preston will be fully operational and safe for all wards, visitors and staff by July '06. The CYA will confer with the Disability Expert to explore and implement, as appropriate, interim solutions to address architectural barriers at the existing Preston visiting area until new facility is opened by 7/06.	Visit locations to determine completion/level of operation by established dates.	--	NC	--	--	--	--	--	--	NC	NC	Even though some additional accessibility improvements have been made to these two facilities, these two new visiting facilities are not yet staffed or operational.
The CYA shall conduct a needs assessment and prepare Department wide disability training materials, with the assistance of an outside disability advocacy organization or consultant, in consultation with the Disability Expert, by June, 2006.	Review needs assessment and training materials.	--	--	--	--	--	--	--	--	--	PC	CSU Chico prepared a basic outline for how the training should be developed. A course curriculum for sensitivity & awareness portions of the training has been developed and reviewed by the Disabilities expert, with some pending recommendations, but has not yet been approved by the Office of Training and Professional Development. It is still recommended that an outside (non-State) disability advocacy agency be consulted, as required by the remedial plan, to assist in developing the final curriculum for all training modules. The departmental ADA Coordinator has initiated training at all facilities, despite the lack of formal curriculum approval.

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The CYA shall develop a screening tool to assess the current ward population in order to identify any developmentally disabled wards who may not have been previously identified. The CYA shall complete this assessment by Dec., 2006.	Review screening tool to ensure validation. Ensure that the assessment is completed within the given timeframe.	--	--	--	--	--	--	--	--	--	PC	This screening tool is under development, but not yet completed.
Within 12 months of the court approval of the plan, all staff will receive training, prepared with the assistance of an outside disability advocacy organization or consultant, and in consultation with the Disability Expert in sensitivity, awareness & harassment. This training will be provided to all staff on an annual basis. Until such time as this training is incorporated in the basic training academy curriculum, this training will be provided to all new hires within 90 days of placement in the facility.	Review the outside consultant training material to determine compliance with the requirements contained in the WDP Plan. Review and confirm training schedules and document attendance to ensure all staff and new hires are provided training.	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	A course curriculum for the sensitivity, awareness, and harassment portion of the training has been developed and reviewed by the Disabilities expert, with some pending recommendations but has not yet been approved by the Office of Training and Professional Development. It is still recommended that an outside (non-State) disability advocacy agency be consulted, as required by the WDP remedial plan, to assist in developing the final curriculum for all training modules. The departmental ADA Coordinator has initiated training at all facilities, but to date, no records of specific training sessions for new hires have been provided to the Auditor.
The Department shall ensure that a ward is not precluded from assignments to a work or a camp program based solely upon the nature of a disability.	Review departmental list of wards with disabilities; conduct interviews. Audit work / camp program rosters to determine placement of wards with disabilities.	--	--	--	--	--	--	--	--	--	SC	Reviews of random files and interviews did not indicate any exclusion from camp or work programs. It has been recommended that the Department prepare a documentation form to aid in assurances of equal access. This review does not include fire camps.

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The CYA shall develop a provisional form that contains a written advisement of ADA Rights Notification in simple English and Spanish by August 2005.	Review form for completion.	--	SC*	--	--	--	SC*	--	SC*	SC*	The provisional form was completed and sent to the Auditor prior to the site visits. The form was included in the WDP Coordinator's Disabilities Remedial Plan Manual and was used during intake at all three facilities.
D. Headquarters Programs/Screening											
Maintain a contract for sign language interpreter services, as well as a record of use of this service.	Review contracts (STD 213/210) for sign language interpreter's services.	SC	SC	SC	SC	SC	SC	SC	SC	SC	Headquarters has a standard purchase order available, although some facilities might use their own form.
The Intake and Court Services Unit staff shall review incoming documentation from the committing courts and counties of all wards for indicators of impairments that may limit a major life activity and require accommodations or program modifications.	Sample 10% or 10 ward master files, whichever is greater, reflecting intake for the last quarter. Interview Intake and Court Services Unit staff.	--	--	--	--	--	--	--	--	SC	Review of files and interviews indicated that arriving documentation is adequately reviewed, although I would recommend additional documentation verifying such within the Intake and Court Services Unit.
The CYA will revise the Referral Document, YA 1.411 by replacing the term "handicap" with "disability" within 30 days of the filing date of this plan.	Review form for completion.	--	--	--	--	--	--	--	--	SC*	The form has been revised, and the revised form was present at all facilities.

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When indicators of impairment exist, the Intake and Court Services Unit staff shall complete the disability section on the Referral Document and forward to the designated Reception Center and Clinic.	Sample 10% or 10 ward master files, whichever is greater, reflecting intake for the last quarter. Interview Intake and Court Services Unit staff.	--	--	--	--	--	--	--	--	--	SC	Review of files indicated that staff members generally complete the section, although sometimes at a cursory level. I would recommend additional documentation be provided by the Intake & Court Services Unit, a procedure that should be aided in the future with the completion of the WIN system upgrades.
Facility Administration												
A. Superintendent												
Maintain a current copy of the Wards With Disabilities Program Remedial Plan retained in Supt.'s office.	Verify current copy is retained.	SC*	SC*	SC*	SC*	SC*	SC*	SC*	SC*	SC*	--	The Superintendent's Disabilities Remedial Plan Manual was present in the Superintendent's office at all facilities.
Superintendents shall ensure wards with disabilities are informed, during orientation, of the existence of electronic equipment in libraries, what equipment is available, how and when equipment can be accessed, and where the equipment is located.	Review orientation program for inclusion of information.	SC	SC	SC	PC	PC	SC	PC	PC	--	--	Even though no formal orientation program occurs at most facilities (except SY), this item is obviously facility-related. All new wards sign the ADA Rights Notification Form, but it could not be determined that wards are provided with information regarding these particular accessible features in all cases. At some facilities, the facility WDP Coordinator has provided wards (and the Auditor) with a written memo with information regarding these and other accessible features.
The Superintendent shall report to the Deputy Director, within twenty-four hours, when a ward with a disability that requires accommodation is placed in a restrictive setting, i.e., TD or lockdown.	Interview wards and SAs. Audit TD forms for compliance. Review Special Incident Reports (YA 8.401) related to Administrative Lockdowns.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	At all facilities, YA 8.401 "Serious Incident Reports" and a list of wards on TD were provided to the Auditor. A formal system of reporting by e-mail was not necessarily in place at each facility at the time of the audit, but it is believed to be in use at all facilities at the present time.

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The Superintendent shall be responsible for ensuring that due process and equal access occurs for wards with disabilities who require accommodations during institutional Youth Authority Board (YAB) hearings.	Audit Case Report Transmittal Form.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	"Case Report Transmittal" forms are not currently used at most facilities, as they were only available at Chaderjian during the second round of audits. These forms should be used in the future to standardize procedures agency-wide and to provide more details on the specific accommodations required and to document due process, equal access, and the provision of accommodations, as required by the remedial plan. Nevertheless, it is believed that accommodations are being provided as required for YAB hearings, since the YAB, in coordination with DJJ staff, has instituted its own procedures based on the <i>Armstrong</i> case to assist in accommodating wards with disabilities, although review of YAB procedures is beyond the scope of this audit.
B. Facility's Ward Disabilities Coordinator												
Maintain WDP Coordinators at each facility.	Verify positions are in place and filled.	SC*	SC*	SC*	SC*	SC*	SC*	SC*	SC*	SC*	--	Each facility had an active WDP Coordinator in place at the time of each site visit.
Ensure duty statement encompasses all facility WDP Coordinator duties as defined in the WDP Remedial Plan.	Review duty statement.	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC	Each WDP Coordinator has signed an appropriate duty statement.
The facility WDP Coordinator shall perform the over-sight functions as set forth in the WDP Remedial Plan.	Review documentation maintained by the facility WDP Coordinator.	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC	Each WDP Coordinator is believed to be performing the required oversight functions.

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Within six months of the court approval and adoption of this plan the facility Ward Disability Program Coordinators will receive a higher level of training provided by qualified trainers/consultants from outside the Department as recommended in Section 5.1 of the Expert's report.	Review outside consultants training material to determine compliance with the requirements in the WDP Remedial Plan. Review and confirm training schedule to ensure all individuals complete the required training.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	WDP Remedial Plan and general ADA training has been provided to the facility WDP Coordinators, primarily by the Departmental WDP Coordinator, and they have attended additional training at seminars presented by the National Association Of ADA Coordinators. The Auditor has not specifically reviewed the content of the NAADAC training materials.
The facility WDP Coordinators shall submit monthly reports to the Department WDP Coordinator.	Review monthly reports.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	Monthly reports have been prepared in a timely manner by the facility WDP Coordinators, although the expanded report format as recommended by the Auditor has not been utilized by all facilities. It has been reported that all facilities will use the expanded format in the future. A short executive summary or narrative and some more detailed service-related information would also be an excellent addition to this report.
C. Facility's Policies												

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Efforts to identify wards with disabilities within youth correctional facilities shall be continuous, and shall include self-referrals, staff-referrals, facility ADA screening and assessment, and special case conferences.	On-going audit.	PC	PC	SC	PC	SC	SC	SC	NC	--	There continued to be a relatively wide range of compliance related to identification of wards with disabilities between the facilities. Lists of wards with disabilities were typically identified by DJJ and provided to the Auditor at the facilities. Wards with physical disabilities were usually, but not always, specifically identified. Some wards with mental or emotional disabilities were identified. Wards with educational disabilities were usually, but not always, identified through the Student Study Team (SST) and/or the IEP processes. In general, it is believed that the WDP staff is using their best efforts to identify affected wards, but (1) clarifications from headquarters are needed to make the proper determinations (these have been developed but not reviewed or approved by the Auditor), and (2) better cooperation from the various departments is needed. Few special case conferences were held during the site visits, and it is evident that these are not being utilized effectively to assist in identification efforts.

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Assistive devices may be taken away from a ward only to ensure the safety of persons, the security of the facility, to assist in an investigation, or when a Department physician or dentist determines that the assistive device is no longer medically necessary or appropriate.	Interview wards and review supporting documentation.	SC	PC	SC	SC	SC	PC	SC	PC	--	While there were no documentation or specific instances encountered where ward's assistive device was "taken away", there were a number of instances where an assistive device needed by a ward was not provided, or was otherwise unusable by the ward. There was no indication that either safety or security was jeopardized in these instances. Also, there were indications that medical staff were not always directly involved in the decision making process..
Wards with hearing disabilities shall be provided use of a Telecommunications Device for the Deaf (TDD).	Interview wards and WDP coordinators to verify presence of operational TDD.	SC	SC	SC	SC	SC	SC	SC	SC	--	TDD's were present at all of the facilities, but were not necessarily operational if no deaf wards were present. No wards reported the inability to have an operable TDD available.
Wards with hearing impairments shall have access to at least one facility television located in their assigned living unit that utilizes the closed captioning function at all times while the television is in use.	Interview wards and WDP coordinators to verify presence of operation closed captioning function TV.	SC	SC	SC	SC	SC	SC	SC	SC	--	Closed captioned TV's were present and operational at all facilities. No ward reported the inability to have an operable closed captioning TV available.
Distribute and post reports, brochures, treatment, and education materials in a manner that is accessible to wards with disabilities.	Conduct site visits to verify presence of accessible posted materials.	SC	SC	SC	SC	SC	SC	SC	SC	--	Informational materials were generally noted to be at accessible heights and locations. For future reference, these should be centered 48" above the floor, and any materials that require reaching should be no higher than 54" above the floor.

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A ward may make a self-referral requesting an accommodation for a documented or perceived impairment through his or her assigned PA, Casework Specialist or by completing the Referral for Sick Call (RSC) form. A ward may make a self-referral for an accommodation for a documented or perceived impairment through an Education Advisor by completing the Self-Referral to the School Consultation Team (SRSCT) form.	Review submitted RSC (YA 8.229) and SRSCT (YA 7.464) forms and determine appropriateness of disposition. Observe random interviews at intake.	NC	PC	SC	PC	PC	PC	PC	PC	NC	--	In general, it was not common that forms YA 7.464 and YA 8.229 were being used by either wards for self-referrals. The sick call form does not specifically list the ADA or the presence of a disability as a reason for referral, which is recommended. Forms are in the process of revision, and it is recommended that this form or any revision also list the ADA and/or presence of a disability as a reason for the request. The "Health Case Services Request Form" was used at some facilities in lieu of the RSC form YA 8.229, but it is unclear that wards are being advised of its proper use. Typically, very little documentation was provided to the Auditor by the Education Department to indicate that the SCT form YA 7.464 was being used by wards for self-referrals. The remedial plan requires a more formal system of record-keeping for self-referrals.
The Principal shall ensure students with disabilities are trained in the proper use of electronic equipment.	Interview wards and Principal for proof of practice.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	Although wards with physical disabilities that would be affected by this item were specifically identified by DJJ, the facilities appeared prepared to provide the necessary and appropriate training, if needed.

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Students who take the CAHSEE with a modification and receive the equivalent of a passing score are eligible for the waiver request process. Students who are eligible will be granted waivers based on the SBE process and policy.	Verify by records review of students taking state-mandated exams that waivers were requested for students with modifications who receive equivalent passing scores (in accord with CDE guidelines.)	--	--	--	--	--	--	--	--	--	Since the requirement for passing the CAHSEE was deferred for special education students for the '06-'07 school year and the "waiver request" process was not applicable, final determination of this requirement should also be deferred. The CAHSEE was typically administered twice during the school year, as required by the applicable regulations. It was not evident that all wards with disabilities were provided with the accommodations contained in their IEP's, as at least one site reported that only two of the twenty students who took the test were reported to have had accommodations. It is also unclear why a relatively low percentage of special education students took the test at some sites. While some wards signed a refusal form, it is not clear that they were fully apprised of the prevalent CAHSEE legislation that exempted them from having to pass the test.

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Each ward with a disability shall have a High School Graduation Plan.	Review randomly 10 or 10%; whichever is greater, of students with IEP's graduation plans.	NC	PC	SC	NC	NC	PC	SC	PC	--	Of the student files reviewed, some did not have had properly prepared graduation plan forms completed within the last year. The degree of problems varied for each facility, as shown in the previous columns in this row. Some files that did have plans did not have all of the necessary information, nor specificity how goals were to be accomplished. Other issues needing further review included: (1) graduation plans not being followed once updated and (2) graduation plans that did not lead toward the graduation goal.
Provide for and implement the four exceptions to the graduation standards for students with disabilities, as listed in the remedial plan.	Review randomly 10 or 10%; whichever is greater, of students with IEP's graduation rates and uses of the exception to the graduation requirements.	SC	SC	SC	SC	SC	SC	SC	SC	--	Some facilities provided lists of students with disabilities graduating in the last year, while others did not. There were no specific indications that any of the four graduation exceptions listed in the remedial plan was denied.

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The principal shall ensure that wards with disabilities enrolled in educational programs have equal access to educational programs, services, and activities.	Review randomly 10 or 10%; whichever is greater, of access for students with IEP's.	NC	NC	PC	NC	NC	PC	PC	NC	--	Based upon the student files reviewed and interviews, there were indications that some wards with disabilities, particularly those at restricted units, had limited access to full-day educational programs, vocational programs, and other special educational activities. In addition, some special education students had outdated or incomplete IEP's, which would limit proper access to these programs. The degree of problems varied for each facility, as shown in the previous columns in this row. A number of wards had some specific complaints about lack of access to academic programs.
Non-emergency verbal announcements, in living units where wards with hearing and other impairments reside, shall be done on the public address system and by flicking the lights on and off several times to notify wards with disabilities of impending information. Verbal announcements may be effectively communicated in writing, on a chalkboard, or by personal notification.	Review operational procedures. Interview wards with disabilities to determine effectiveness of non-emergency communications.	SC	PC	SC	SC	PC	SC	PC	SC	--	At some facilities, specific written operational procedures were provided to the Auditor. Interviews and observations indicated no significant but some minor problems in this area. It should be noted that the Department WDP Coordinator has completed a draft document for emergency protocols, subject to further DJJ review and approval, which would be also applied to these issues.

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CYA staff shall be aware of accommodations afforded to wards with disabilities in developing and implementing security procedures including use of force, count, searches, transportation, visiting and property.	Interview 10 security personnel and wards yearly for specific inquiry regarding security issues.	PC	PC	PC	PC	PC	PC	PC	PC	PC	--	Interviews and observations indicated some ongoing problems in this area. Additional guidelines contained in the Safety and Welfare Plan were approved during the fiscal year, but a complete review of how these will affect security procedures related to wards with disabilities has not been fully analyzed by either the Auditor or DJJ.
Prior to placing a ward with a disability into a restricted setting, the Superintendent shall review the referral form and ensure that any accommodation required by a ward has been documented.	Review records of 10 or 10%, whichever is greater, of wards placed in restrictive settings.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	Lists of wards placed in restricted settings were usually provided to the Auditor. There were indications that such placements were beginning to be reviewed as required by the remedial plan, although these procedures will require further review by DJJ and monitoring.
Each Education Specialist that is assigned as a case carrier, or alternate, will discuss the tenets of advocacy with the ward and surrogates prior to the IEP meeting to encourage active participation. During the IEP meeting, the specialist or alternate, will serve as the advocate of the student.	Attend pre-meetings and IEP meetings to determine degree of participation and advocacy roles.	NC	NC	NC	NC	NC	NC	NC	NC	NC	--	There were no specific indications from IEP records and discussions with the educational staff that this policy has yet been implemented. A number of IEP meetings were scheduled during the Auditor's visits, and the advocate position was not utilized during these meetings, and only one IEP leader had met with the ward prior to the IEP meeting, as required by the remedial plan.

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All individuals who serve as surrogate parents will receive annual training in the role and responsibilities of a surrogate as identified by the State Department of Education. Student advocacy will be addressed as part of the training and the training will also encourage active participation.	Review training curriculum to ensure compliance with the State Department of Education criteria. Attend training sessions provided to surrogate parents.	PC	NC	SC	NC	PC	NC	NC	SC	--	A copy of the surrogate training materials, as prepared by the California Department of Education, has been provided to the Auditor. The Auditor has not been notified and thus has not attended this training, and in order to review the actual training provided, the Auditor plans to request attendance for a future training. The degree of training for surrogates varied for each facility, as shown in the previous columns. An adjunct to this item includes the issue that surrogates are not always provided at IEP meetings, where required.
Reasonable accommodation shall be afforded wards with disabilities to ensure equally effective communication with staff, other wards, and the public. Assistive devices that are reasonable, effective, and appropriate to the needs of a ward shall be provided when simple written or oral communication is not effective or as necessary to ensure equal access to the programs and services. (A list of potential devices omitted for brevity)	Interview wards and WDP coordinators to determine level of availability and accessibility of assistive devices.	NC	PC	SC	SC	SC	PC	SC	NC	--	The degree to which facility WDP Coordinators have been able to track and document required accommodations varied between facilities. The compliance rates usually had more to do with the degree of assistance and cooperation from other departments as opposed to the efforts of WDP staff. Better assistance and transfer of necessary information from other departments, as well as specific guidance from headquarters, is needed. Some assistive devices for equally effective communication were usually available, but procedures for providing the required variety of devices have not been fully developed at the facilities, or department-wide.

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The Department shall provide reasonable accommodations or modifications for known physical and mental disabilities of qualified wards. Accommodations shall be made to afford equal access to the court, to legal representation, and to health care services for wards with disabilities.	Interview wards with disabilities and WDP coordinators to confirm accommodations.	PC	PC	SC	SC	SC	PC	SC	PC	--	Reasonable accommodations or modifications were usually provided, though systematic written documentation was typically provided. Ward interviews indicated some problems in this area. I would recommend that procedures for providing the required variety of reasonable accommodations or modifications be more fully developed at the facilities and department-wide and documented in the WIN system.
Qualified sign language interpreters shall be provided as necessary to ensure effective communication and at a minimum for all due process functions, medical consultations, video-conferencing and special programs.	Review record of use logs for qualified interpreters.	--	--	--	--	--	--	--	--	--	Qualified sign language interpreters were available for contracting at all facilities, if needed. A departmental use log has been prepared and distributed to the facilities for use when interpreters are active. It was impossible to verify that interpreters were actually provided since few wards required one during this monitoring period.
Reasonable accommodations may only be denied if the accommodation 1) poses a direct threat to the Health and Safety of others, 2) constitutes an undue burden, or 3) if there is equally effective means of providing access to a program, service, or activity through an alternative method that is less costly or intrusive. Alternative methods may be used to provide reasonable access in lieu of modifications requested by the ward as long as those methods are equally effective. All denials of specific requests shall be in writing.	Review (written) denied requests for accommodation to determine if alternative method provided reasonable access.	SC	SC	SC	SC	SC	SC	SC	SC	--	Refer to two items above for the basic provision of reasonable accommodations. For this specific item, there were no instances encountered where written requests for accommodation were denied in writing.

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The Department shall ensure that wards with disabilities have access to all Youth Authority Board (YAB) proceedings. To this end the Department shall provide reasonable accommodations to wards with disabilities preparing for parole and YAB proceedings.	Interview wards with disabilities and IPA's / Casework Specialists to ensure compliance.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	At the present time, the YAB has instituted its own procedures based on the <i>Armstrong</i> case that would assist in accommodating wards with disabilities, although the review of YAB procedures is beyond the scope of this audit. Reasonable accommodations are more commonly provided by the facility WDP Coordinator or a member of the SA team.
Departmental staff shall ensure wards with disabilities are provided staff assistance in understanding regulations and procedures related to parole plans & the completion of required forms.	Interview wards with disabilities and Staff Assistants to ensure compliance.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	Assistance is adequately provided in parole planning, although the identified Staff Assistants are not yet fully involved in this process.
Institutional parole staff will provide detailed information regarding the ward's needs and make recommendations to field parole staff regarding referrals to key community agencies and service providers.	Review sample of Parole Consideration reports for identified wards with disabilities. Interview institutional parole agents / Casework Specialists to ensure compliance.	PC	PC	PC	PC	PC	PC	PC	PC	PC	--	While a general degree of information about wards with disabilities needs were included in parole reports, there were no specific guidelines in this area, nor any specific indications that community groups were utilized based upon a specific ward's disability. I would recommend that parole reports provide more detailed information on ward's with disabilities specific needs for the continuation of accommodations and special services.

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Institutional parole staff shall work collaboratively with field parole staff and Regional Center personnel to coordinate services, as forth in the remedial plan, for individuals with developmental disabilities and their families upon release.	Review sample of parole plans for identified wards with developmental disabilities. Interview institutional Parole Agents/Casework Specialist to ensure compliance.	--	--	--	--	--	--	--	--	--	--	No wards with developmental disabilities were identified as recently paroled.
The IIPA/Casework Specialist shall complete and forward the Case Report Transmittal Form, along with all supporting documents on the issue of a disability, to the PA III or Supervising Casework Specialist II, when scheduling a YAB hearing. PA I/Casework Specialist shall be responsible for requesting accommodations for wards with disabilities during YAB hearing when a ward requests an accommodation, or when the PA I/Casework Specialist is aware of a disability or should have been aware of a disability.	Review copies of Case Report Transmittal Forms. Interview wards with disabilities and IPA's / Casework Specialists to ensure compliance.	PC	PC	PC	PC	PC	PC	PC	PC	PC	--	At the present time, the YAB has instituted its own procedures based on the <i>Armstrong</i> case that would assist in accommodating wards with disabilities, although the review of YAB procedures is beyond the scope of this audit. "Case Report Transmittal" forms printed from the WIN system, as required by the remedial plan, are not specifically provided to the YAB. I would recommend that this transmittal form be revised to document the necessary accommodations, as required by the remedial plan
The Department shall ensure that aid is provided to all wards with disabilities who request assistance in requesting accommodations during YAB hearings.	Interview wards with disabilities and SA's to ensure compliance.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	At the present time, the YAB has instituted its own procedures based on the <i>Armstrong</i> case that would assist in accommodating wards with disabilities, although the review of YAB procedures is beyond the scope of this audit. Reasonable accommodations are more commonly provided by the facility WDP Coordinator or a member of the SA team.

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<i>1. Disciplinary Decision Making System</i>												
To assure a fair and just proceeding, if the rule violation is recorded as a Level 3 (Serious Misconduct), all wards with disabilities who require an accommodation shall be assigned a Staff Assistant (SA) from the facility SA team.	Review DDMS documents concerning wards with disabilities to ensure SA assistance.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	A number of YA 8.401 "Serious Incident Reports" were usually provided at each of the facilities. The facility WDP Coordinators typically review all Level 3 violations. The SA team has been set up at all facilities, and accommodations are usually provided, although some facilities visited earlier had not yet fully implemented the procedures. Another round of monitoring is necessary to verify that all wards requiring accommodations are actually provided them.
Each facility shall have a SA team with at least one representative from each of the following disciplines: mental health, health care, and education.	Review composition of SA teams.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	SA teams had been set up at all of the facilities at the time of the visits. Some SA lists were longer than others, varying from 4 to 25, and it is recommended that SA lists be expanded to provide additional coverage, where appropriate. Some SA teams were more active than others.
Disposition chairperson shall be trained to communicate with wards that have disabilities.	Audit training module and review training record of disposition chairperson for compliance.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	The disposition chairperson has typically been trained along with the SA team by the Departmental WDP Coordinator, although no specific training module been reviewed and approved by the Auditor.
The SA shall complete a course to become a staff assistant that contains modules that define SA roles and responsibilities, describe cognitive/emotional disabilities & present an overview of the DDMS process.	Audit training module and review training record of SA for compliance.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	The SA team received training from the Departmental WDP Coordinator, although no specific training module been reviewed and approved by the Auditor.

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The facility WDP Coordinators shall review all DDMS/grievance forms at least monthly to identify any patterns of misbehavior that may be related to cognitive and emotional disabilities.	Review monthly audit documents to confirm compliance.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	All facility WDP Coordinators are aware of the requirement and are beginning to review DDMS forms. Documentation has varied, ranging from no written documentation, to meeting notes, to an excellent study and narrative describing patterns of misbehavior being prepared by one WDP Coordinator.
2. Grievance Procedures												
The SA shall be assigned to each grievance (from filing to resolution) involving a ward with a mental or physical disability who currently requires an accommodation.	Review completed grievance documents (Grievance Form-YA 8.450, Appeal Form-YA 8.451) concerning wards with disabilities to ensure SA assistance through confirmed signature.	PC	PC	PC	PC	PC	PC	PC	PC	PC	--	A number of YA 8.450 and 8.451 grievance forms were reviewed at each facility. The Grievance Coordinator and the WDP Coordinator typically review grievances, sometimes tracked through the WIN system. The SA team has been set up, but it has been uncommon for an SA to be involved at filing, a situation that should be resolved due to a new grievance filing procedure. Accommodations are typically provided only at the resolution stage. There were a few indications that a SA assignment might have been warranted and not provided.
All grievance respondents shall be trained to communicate with wards that have disabilities.	Audit training module and review training record of grievance respondent for compliance.	NC	NC	NC	NC	NC	NC	NC	NC	NC	--	This is an open-ended item, since a number of staff members may be involved in the initial grievance. General staff training at the departmental level, not fully implemented, would be needed to comply with this requirement. No specific training module related to grievances has been reviewed by the Auditor.

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The SA shall complete a course to become a staff assistant that contains modules that define SA roles and responsibilities, describe mental / physical disabilities and present an overview of the grievance process.	Audit training module and review training record of SA for compliance.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	The SA team received training from the Departmental WDP Coordinator, although no specific training module been reviewed and approved by the Auditor.
The WDP Coordinator shall review all grievance forms at least monthly to identify any patterns of repetitive involvement that may be related to mental / physical disabilities and refer such cases to the appropriate supervisory staff.	Review monthly audit documents to confirm compliance.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	The facility WDP regularly reviews grievance forms.
Completed grievance forms should be randomly monitored by the facility WDP Coordinator to determine if indeed disability is an issue, even though the ward filing the grievance may not have specifically cited it.	Included in meetings with WDP Coordinators.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	All facility WDP Coordinators are aware of the requirement and are beginning to review DDMS forms. Documentation has varied, ranging from no written documentation, to meeting notes, to an excellent study and narrative describing reasons for filing grievances being prepared by one WDP Coordinator.
The grievance screening process for accommodations, including the medical verification process for accommodations, should be completed in a timely manner and interim accommodations shall be provided to the extent necessary.	Review randomly 10 or 10%, whichever is greater, of accommodation related grievances.	PC	PC	SC	PC	SC	PC	SC	PC	PC	--	The screening process is being implemented, although records indicated past problems of assuring medical disability issues were resolved in a timely manner at some facilities.

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The Wards Rights Coordinator, within 24 hours of receipt, shall review grievances, with attached documentation, that request accommodations or allege discrimination to determine whether the grievance meets one or more of the following criteria for review and response: allegation of non-compliance with department WDP policy; allegation of discrimination based on a disability under WDP; denial of access to a program, service, or activity based on disability.	Sample of 10 or 10%, whichever is greater, of grievances filed during the last quarter.	PC	PC	PC	PC	PC	PC	PC	PC	PC	--	Grievances regarding accommodations or discrimination based on disability have been rare, although some problems have been noted in the rapid resolution regarding allegations of denial of services that could be related to a disability. It is recommended that procedures to facilitate the Wards Rights Coordinator's review of these grievances be prepared and implemented.
The Wards Rights Coordinator shall forward to the facility WDP Coordinator or designee all grievances that meet the criteria for review and response within 48 hours of receipt.	Audit grievances from ward with disabilities (Grievance Form - YA 8.450) that request accommodations or allege discrimination to confirm meeting timelines.	PC	PC	PC	PC	PC	PC	PC	PC	PC	--	Grievances regarding accommodations have been rare. It is recommended that procedures to facilitate the screening process be prepared and implemented.
Grievances referred to the CMO when medical verification of a disability or identification of an associated limitation is required and returned to the Wards Rights Coordinator are handled within timeframes as defined within the remedial plan.	Audit grievances from wards with disabilities (Grievance Form - YA 8.450) that request accommodations or allege discrimination to determine compliance of protocol within time constraints.	PC	PC	PC	PC	PC	PC	PC	PC	PC	--	Grievances requiring medical verification have exceeded time limits and exhibited other problem. It is recommended that procedures to facilitate the medical verification process be prepared and implemented.

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If medical verification is not available in the UHR, and medical staff determines that a referral to an expert consultant, external to the department, is required, an appointment shall be scheduled within ten working days to determine whether a disability or any limitations exist. The medical staff, upon receipt of report from an expert consultant, shall note verification of a disability and any limitations that exist on YA grievance form, and in the UHR of a ward.	Review grievances from wards with disabilities (Grievance Form – YA 8.450) that request accommodations or allege discrimination and their UHR to determine compliance of protocol within given time constraints.	PC	PC	PC	PC	PC	PC	PC	PC	PC	--	Grievances requiring medical verification have had some instances where outside assistance from an expert consultant was necessary, but not necessarily the result of a grievance. It is recommended that procedures to facilitate the outside verification process be prepared and implemented.
After consultant verification of a disability, medical staff shall return the grievance, with all required documentation, to the Wards Rights Coordinator. The Wards Rights Coordinator shall forward to the Office of the Superintendent all grievances that meet the criteria for review and response within 48 hours of receipt from Health Care Services staff.	Audit grievances from wards with disabilities (Grievance Form - YA 8.450) that request accommodations or allege discrimination to determine compliance of protocol within given time constraints.	PC	PC	PC	PC	PC	PC	PC	PC	PC	--	Grievances requiring medical verification have exceeded time limits and exhibited other problem. It is recommended that procedures to facilitate the medical verification process be prepared and implemented.

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The Wards Rights Coordinator shall refer a grievance to the facility WDP Coordinator when verification of a non-medical disability is required and ensure it is handled as defined within the remedial plan and within timeframes.	Audit grievances from wards with disabilities (Grievance Form - YA 8.450) that request accommodations or allege discrimination.	PC	PC	PC	PC	PC	PC	PC	PC	PC	--	Grievances regarding non-medical verification have been rare. However, this policy has not yet been fully implemented. A departmental report form has not yet been prepared. Most newly appointed Assistant WDP Coordinators are aware of the requirement and are beginning to review such grievance forms.
Wards may use the WDP Grievance process to file a grievance based on the denial of a request for a reasonable accommodation during YAB proceedings.	Interview wards with disabilities. Review grievances to determine compliance.	--	--	--	--	--	--	--	--	--	--	There was no indication that a ward had a grievance relating to this item during the auditing period.
Wards with disabilities shall be granted reasonable accommodations with respect to timeframes, consistent with the Ward Safety and Welfare Plan, for processing of grievances.	Interview wards with disabilities. Review grievances to determine compliance.	--	--	--	--	--	--	--	--	--	--	There was no indication that a ward had a problem with time lines associated with grievances during the auditing period. The Ward Safety and Welfare Plan has not been fully reviewed by DJJ/WDP or the Auditor, although a quick review has indicated that the plan does not appear to address this issue.
D. Programs												
<i>1. Reception Center and Clinic Functions</i>												
Begins on next page.												

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As part of the clinic screening and assessment process, all wards shall be screened at the reception centers, and as indicated, throughout their stay in the Department, to determine whether they have a developmental disability which may make them eligible under criteria set forth in the ADA and/or may make them eligible to receive services from a Regional Center.	Review screening documents (YA 1.411) in ward field files.	--	NC	--	--	--	NC	--	NC	--	Current DJJ practice has the screening for developmental disability performed during the Headquarters acceptance process, although no formal testing is done, only a records review. Wards are not formally screened at the facility's reception center for the presence of a developmental disability, although past screenings (e.g., IQ testing) are sometimes reviewed. These procedures do not coincide with WDP Remedial Plan requirements, and DJJ may want to review these and propose revisions where appropriate. It is my understanding that meetings have been recently held at headquarters to discuss the issues related to this topic
During the initial wards interviews, advise wards of their rights under the ADA and section 504, and receive formal documentation that they have received and understood this advisement.	Observe random interviews at intake facilities.	--	SC	--	--	--	SC	--	SC	--	Although only a few initial ward interviews were attended, it is believed that the ADA Rights Notification form is presented to and signed by all wards during initial intake. The extent to which they understand all aspects of the form is unclear.

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Assigned Casework Specialists shall refer a ward to a mental health professional on a Mental Health Referral Form when indicators of a mental impairment exist that may limit a major life activity.	Review copies of Mental Health Referral Form for completeness.	--	SC	--	--	--	SC	--	SC	--	At Ventura and Preston, Casework Specialists use a "Mental Health Services Referral" form and a "Critical Factors Assessment for Determining Need for Mental Health Evaluation" form to refer wards to a mental health professional during intake and at other times. At SYC, Casework Specialists use a "Ward Initial Intake Information" form, unique to this facility. This form has a check box for physical or mental disability, although it is unclear exactly what criteria is used to make these determinations. The "Ward's Request for Reasonable Accommodation" form is also used to refer wards to a mental health professional during intake and at other times. It is unclear how the newly approved "Health Care Services Request" form (see page 8) will fit into these processes. All reception centers received an "SC" compliance rating since it was believed that mental health referrals were generally made appropriately, but it should be evident that with the uses of varying forms, standardization and guidance from headquarters is needed assure long-term compliance.

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Assigned Casework Specialists shall refer a ward to a medical professional on a Disability Health Services Referral form when indicators of a physical impairment exist that may limit a major life activity.	Review copies of Disability Health Services Referral Form for completeness.	--	PC	--	--	--	PC	--	PC	--	Casework Specialists use various methods to refer wards with disabilities to the appropriate medical staff during intake. At SYC, Casework Specialists use the "Ward Initial Intake Information" form, unique to this facility (see item directly above). It is unclear how the newly approved "Health Care Services Request" form (see page 8) will fit into these processes; standardization and guidance from headquarters is needed assure long-term compliance.
Assigned Casework Specialists shall use a Referral to School Consultation Team (SCT) form to refer a ward to an educational professional to verify the existence of a learning impairment that may limit a major life activity.	Review copies of Referral to School Consultation Team (YA 7.464) for completeness.	--	PC	--	--	--	PC	--	PC	--	Casework Specialists use other methods to refer wards with learning disabilities to educational services during intake and at other times, but the RSCT form YA 7.464 form is not used for this purpose, nor is the School Consultation Team (SCT) routinely utilized to document a learning impairment referred during intake. As also discussed in the Education experts' reports, SCT's are not currently operating at an effective level at many facilities.
Licensed mental health professionals and medical personnel shall complete the screening process on a ward within 10 working days of a referral from an assigned Casework Specialist.	Review screening forms for completeness and timeliness: MH – SPAN/ YA 8.216; Med – Medical HX/YA 8.260.	--	SC	--	--	--	SC	--	PC	--	Based upon records provided to the Auditor, medical and mental health screenings typically occur within 10 days of the referral at two facilities. At the other, medical screenings typically occur within 10 days of the referral, but mental health screenings typically do not, and can take up to 6 weeks.

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Within 15 calendar days of completing the Educational Disability Screening process, the education staff shall develop an assessment plan.	Review screening forms for completeness and timeliness: Ed – CASAS, CELDT, High Point Testing, HX in file	--	PC	--	--	--	PC	--	SC	--	The initial intake interview includes a checklist for educational needs. Based upon interviews and records review, it appeared that assessment plans were usually developed if indicated by the checklist, but not always within 15 calendar days. (refer to columns at left).
Within 10 working days of completing the disability screening process, department staff members who are licensed mental health professionals and medical personnel shall use standardized psychological test instruments, medical, dental practices to assess wards.	Review appropriate documentation for completeness and timeliness.	--	PC	--	--	--	PC	--	PC	--	It is unclear to what extent psychological testing of all wards is required by this section of the remedial plan. The initial intake interview highlights further needs for psychological assessment, including possible testing, that may be necessary, but this is individualized and not a standard procedure. Further clarification is needed.
Credentialed Education Staff shall complete educational assessment within 50 calendar days.	Review appropriate documentation for completeness and timeliness.	--	SC	--	--	--	SC	--	SC	--	Records provided to the Auditor indicated that a wide variety of educational assessments are either utilized or developed. In some cases, recent assessments from other sources are used to provide interim placement or schedule the IEP. More guidance from Headquarters and standardization is needed. The assessments are typically completed within the 50-calendar-day requirement, but not always.

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If it is determined prior to or during the ICR that a ward is in need of an accommodation in order to allow for effective participation, the Supervising Casework Specialist II shall ensure that such accommodations are provided.	Review random ICR reports for wards with disabilities.	--	PC	--	--	--	PC	--	PC	--	The Initial Case Review (ICR) provides the opportunity for such accommodations, and these appear to be provided at a very general level, but it is unclear that appropriate procedures or documentation have been instituted, particularly with respect to medical accommodations. Since much of this procedure relies on the diligence of the Supervising Casework Specialist II, I would recommend that these procedures be written for future documentation. It is also recommended (as implied by the WDP Remedial Plan) that an actual ICR meeting be held with the ward and all of the various disciplines; this is occurring at some of the facilities, but not all.

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All wards shall complete the orientation process at a reception center that contains a standardized Disability module which shall include: 1) a summary of the main points of the Disability law under Title II of the ADA and IDEA and their relevance to wards, 2) a summary of the main points of the Department Disability Policy as it relates to wards, 3) an explanation of the Disability self-referral process, and 4) the Ward's Rights Handbook section on Disability.	Review orientation program for required components and audit ward-signed orientation forms to confirm participation.	--	NC	--	--	--	PC	--	PC	--	A formal "orientation process", as described in the WDP Remedial Plan (Section III.J.), has been historically presented at only one site, and the process continues. At other sites, the counselor at the intake living unit may provide an individual ward with a general orientation to the WDP program, but no formal "orientation process" is currently provided. A very basic "standardized Disability module" has been developed as part of an orientation package, but it is not presented on a systematic basis and it needs additional information, particularly with respect to applicable disability law, the IDEA, and the referral process. I would recommend that the Departmental WDP Coordinator assist in coordinating and supplementing these past efforts, and possibly even present the first few orientations, to effect implementation of this provision.
Presenters of ward orientation program shall make the reasonable accommodations or modifications necessary for wards with disabilities who require accommodations during the orientation.	Review ward-signed orientation forms for documented information regarding provided accommodations.	--	NC	--	--	--	NC	--	NC	--	The ADA orientation module was not currently being provided to all new wards. No ward-signed orientation forms documenting information on accommodations have been provided to the Auditor.

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<i>2. Residential Programs</i>											
For each special program or activity, evaluate eligibility criteria to assure that wards with disabilities are not excluded when they can perform the essential functions of the activity.	On-going audit, based on detailed factors listed in the plan. Visit special program locations yearly.	SC	PC	PC	SC	SC	SC	--	SC	--	Visit to the unique, non-educational programs and interviews with the program directors gave no specific indications that wards with disabilities were not included on an equal basis in special program. However, for some programs, there was also no specific documentation to show that wards with disabilities were included on an equal basis in the programs. While it is understood that participation in many of these programs is appropriately behavior-based, it is unclear how wards in special management or counseling programs are able to participate in many of these programs. Relatively new criteria (January, 2006) for assignment to the fire camp program was also reviewed by the Auditor. Two factors that would require exemptions or permanently exclude entrance are listed as (1) mental health history (free from psychotropic medications for four months), and (2) medically unfit. While these are potentially exclusionary, safeguards appear to be in place at the present time. However, these criteria require further monitoring and input from other parties if deemed necessary.

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Staff shall refer wards to Health Care Services and the Education Department for screening when information is observed or received that indicates the presence of a physical or mental impairment that has not been documented and verified.	Review submitted SRSC (YA 7.464) and SCT Referral (YA 8.229) forms and determines appropriateness of disposition.	PC	PC	PC	PC	PC	PC	PC	PC	PC	--	Various methods, some written and some e-mail, were used for staff to refer wards for screening. However, it was rare that the Referral for Sick Call (RSC) form YA8.229, or any other standard referral from, or the referral to the School Consultation Team (RSCT) form YA 7.464 were being used by staff for referrals for health care services or educational assessment, as required by the remedial plan. Some facilities were using a new form entitled "Ward Disability Staff Referral Form", presumably DJJ-wide form (no standard number assigned) that was presented to the Auditor for the first time near the end of the site visits. Guidance and training is needed from the parties and Headquarters to demonstrate appropriate use of these forms consistent with the WDP Remedial Plan, and some revisions to the plan may be necessary. There were instances where wards were referred to various service components (education, mental health, etc.), but referrals were informal and did not generally follow the time lines or procedures described in the WDP remedial Plan. I would recommend that a system of documentation be developed to track ward and staff referrals.

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The Treatment Team Supervisor/ Supervising Casework Specialist shall ensure that within five days of receipt of WDP Assessment reports, from licensed mental health professionals, medical personnel, or credentialed education staff, that the assigned PA /Casework Specialist conducts a special case conference.	Audit case conference forms (ICP) for wards with disabilities to ensure implementation and timeliness.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	Very few or special case conference forms or reports were provided to show compliance. While few referrals were reported, it is believed that the facility WDP Coordinators (not the Treatment Team Supervisors / Supervising Casework Specialists) are beginning to monitor the timely resolution of screening, although the exact time limits could not be verified.
The Superintendent shall ensure that the following data is documented for all wards with a disability: (1) Name, age, YA number; (2) Location by facility, living unit, or parole office; (3) Specific impairment; (4) Impairments that substantially limit a major life activity; (5) Impairments that substantially limit a major life activity and require accommodations; (6) Specific accommodations required; (7) Need for a Staff Assistant; (8) Level of care designation; (9) Classification code.	Review documentation for completeness of information.	PC	PC	PC	PC	PC	PC	PC	PC	PC	DJJ has worked steadily to upgrade its computerized ward record-keeping system, referred to as the WIN system. While the exact time line for having the system ready and available for use is still unknown, it was inherent that perfecting the system would take some time. I believe that the DJJ has made reasonable progress to this end, but would also recommend that the first 8 required items of information relating to wards with disabilities that are available be incorporated into the WIN system, and that staff be trained to access this information, as soon as it is practical.	

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The Program Manager shall ensure that the presentation, the curriculum, and any supplemental materials used for individual and small group counseling, large group meetings, and resource groups are modified to ensure equal access to the information by wards with disabilities.	Review modified materials.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	While only some specific procedures for modifying materials were provided to the Auditor at some facilities, there were no indications that wards with disabilities did not have equal access to informational materials.
The Program Manager shall ensure that a Staff Assistant (SA) is assigned to a ward with a disability when individualized assistance in the completion of mandated or necessary functions.	Review list of SA and assignments. Conduct interviews with SA & wards with disabilities to determine effectiveness.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	The facility WDP Coordinator (not the Program Manager) typically reviews the need for individualized assistance. The SA teams have been set up at each facility, and accommodations are beginning to be typically provided.
The facilities shall ensure equal access to services, such as medical and religious, and activities, such as visiting and recreation, to wards with disabilities as to those provided to wards without disabilities.	Interview wards with disabilities to determine access and participation.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	There were no indications that wards with a disability did not have equal access to the non-educational services as listed .
3. Developmental Disabilities												
No outward signs of identification or labeling will be posted for wards involved in the developmental disabilities program.	Tour facilities to ensure compliance.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	No such signs of identification were encountered.

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Services will be provided to all wards identified as being developmentally disabled or who have been determined to need supportive services similar to wards with developmental disabilities, irrespective of age of onset.	Review departmental list of DD wards, program placement (YA 1.503) and ICP.	--	--	--	--	--	--	--	--	--	--	No wards were specifically identified by the DJJ or listed on YA 1.503 forms as being developmentally disabled, although it is unclear how and to what extent such determinations would be made. See also first item on page 13 and first item on page 35.
4. Removal of Architectural Barriers												
The Department committed to the renovation of one room at each facility, as a minimum, to ensure the provision of accessible housing for wards with disabilities. The total completion of this project is scheduled for June 30, 2006.	Monitor the project completion timeline and visit each institution upon completion to ensure compliance with accessibility criteria.	SC*	SC*	SC*	SC*	SC*	SC*	SC*	SC*	SC*	--	At least one accessible room has been completed to provide an accessible housing unit for wards with disabilities. The rating of SC for this item does not necessarily indicate that the accessible room provided would serve as the most appropriate and least restrictive housing unit for a particular ward.
The Department committed, at a minimum, to have one fully accessible shower and/or lavatory area at each facility. Each of these fully accessible shower and/or lavatory areas must be in close proximity to the renovated accessible cells due to be completed by June 30, 2006. Presently, the schedule includes nine areas to be completed in FY 2005/06 and eight areas in FY 2006/07.	Monitor the project timeline and visit each facility area upon completion to ensure compliance with accessibility criteria.	SC	SC	SC	SC	NC	SC	SC	SC	SC	--	The nine areas for FY 2005/06, providing at least one accessible shower/lavatory area in close proximity to the accessible room, have been completed at all but one facility. The additional eight areas for FY 2006/07 will be audited during the next round of visits.

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The Department committed to the removal of critical disability related structural barrier projects that will be completed each year from FY 2005/06 to FY 2008/09. These projects are part of the barriers that were identified by the survey completed by Access Unlimited and are identified in Appendix B to the Disability Remedial Plan.	Monitor the project timeline and visit each institution upon completion to ensure compliance with accessibility criteria.	SC	PC	SC	SC	SC	SC	SC	SC	SC	--	The compliance rating shown indicates the general degree of compliance only for those items scheduled to be completed during FY 2005/06.
The Department committed to analyze 3000 additional barriers identified in the report prepared by Access Unlimited and provides a report that would categorize the barriers into three distinct areas. This report is due July 15, 2005, and will be filed at Appendix C to the Disability Remedial Plan.	Review, approve and submit required report.	SC*	SC*	SC*	SC*	SC*	SC*	SC*	SC*	SC*	--	Appendix C of the WDP Remedial Plan has been completed and filed.
Construction of the first category of projects, which involves projects that can be fixed in a short period of time with minimum costs, shall be completed by September 30, 2006.	Audit first category projects for compliance of completion within defined timeline.	PC	SC*	PC	SC*	PC	SC*	PC	PC	PC	--	Most of these projects have been effectively completed, but not all.
The second category of projects, which involve projects that will require substantial funding, will be completed by Sept. 30, 2008	Audit second category projects for compliance of completion within defined timeline.	--	--	--	--	--	--	--	--	--	--	Since the required critical barrier removal completion date of September 30, 2008, has not yet arrived, site visits only provided a general review of certain areas of future barrier removal.