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12 IN THE SUPERIOR COURT OF CALIFORNIA
13 FOR THE COUNTY OF ALAMEDA
14

15 **MARGARET FARRELL,**

16 Plaintiff,

17 v.

18 **WALTER ALLEN, III,**

19 Defendant.
20
21
22

CASE NO. RG 03079344

**DEFENDANT'S NOTICE OF FILING
OF CALIFORNIA YOUTH
AUTHORITY'S DISABILITIES
REMEDIAL PLAN AND AUDITING
INSTRUMENT**

23 Pursuant to the requirements of the Consent Decree, paragraphs 11 and 17, and the
24 Stipulation Regarding CYA's Remedial Efforts, numbered paragraph 1, page 2:7, dated
25 January 31, 2005, Defendant Allen hereby files CYA's Disabilities Remedial Plan and Auditing
26 Instrument.

27 ///

28 ///

1 Dated: May 31, 2005


2 Respectfully submitted,

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WARDS WITH DISABILITIES PROGRAM

REMEDIAL PLAN



CALIFORNIA YOUTH AUTHORITY

MAY 31, 2005

**CALIFORNIA YOUTH AUTHORITY
WARDS WITH DISABILITIES PROGRAM REMEDIAL PLAN**

Table of Contents

I.	INTRODUCTION.....	1
	A. CYA EXPERT FINDINGS/STATEMENT OF THE PROBLEM	1
	B. POLICY GOALS.....	2
	C. STANDARDS	3
II.	STATEWIDE OVERSIGHT	3
	A. DUTIES OF THE WARDS WITH DISABILITIES PROGRAM (WDP) COORDINATOR	4
III.	DIAGNOSTIC SYSTEM	5
	A. PRE-SCREENING	5
	B. ADA RIGHTS NOTIFICATION	5
	C. CLINIC SCREENING	6
	D. REFERRAL	6
	E. DISABILITY SCREENING	7
	F. DISABILITY ASSESSMENT.....	7
	G. IDENTIFICATION OF PHYSICAL OR MENTAL IMPAIRMENTS: INITIAL CASE REVIEW	7
	H. CLASSIFICATION SYSTEM.....	9
	I. GENERAL LEVELS OF CARE.....	10
	J. RECEPTION CENTER AND CLINIC PROCEDURES: ORIENTATION PROCESS.....	10
IV.	ACCOMMODATIONS.....	11
	A. EFFECTIVE COMMUNICATION	11
	B. REASONABLE ACCOMMODATION.....	13
	C. DENIAL OF REASONABLE ACCOMMODATIONS	13
V.	ASSISTIVE DEVICES.....	14
	A. PRESCRIPTION AND APPROVAL	14
	B. TELECOMMUNICATIONS.....	17
VI.	FACILITY TREATMENT PLANNING PROCESS	19
	A. WARDS WITHIN THE EXISTING POPULATION	19
	B. FACILITY WDP REFERRAL	20
	C. FACILITY WDP ASSESSMENT	21
	D. SPECIAL CASE CONFERENCE.....	22
	E. FACILITY WDP FILE REVIEW	23
	F. CASE CONFERENCE.....	24
	G. TRACKING.....	25
VII.	PROGRAM FOR WARDS WITH DEVELOPMENTAL DISABILITIES OVERVIEW, PHILOSOPHY AND PROGRAM POLICY	26
	A. PROGRAM OBJECTIVES	26
	B. POPULATION TO BE SERVED.....	26
	C. GENERAL TREATMENT CRITERIA.....	26
	D. LOCATION OF PROGRAMS	26
	E. ADMISSION TO PROGRAM	27
	F. CASE REVIEW AND DISCHARGE PROCESS	29

VIII.	PROGRAMS, SERVICES, AND ACTIVITIES.....	30
	A. EDUCATION PROGRAMS.....	31
	B. TRAINING: WORK AND CAMP PROGRAMS.....	35
	C. TREATMENT PROGRAMS.....	35
	D. SERVICES.....	35
	E. ACTIVITIES.....	35
IX.	SAFETY.....	37
	A. EMERGENCY EVACUATION PLANS.....	37
	B. VERBAL ANNOUNCEMENTS AND ALARMS.....	37
X.	SECURITY.....	37
	A. PLACEMENTS.....	37
	B. SECURITY PROCEDURES.....	40
XI.	DISCIPLINARY DECISION MAKING SYSTEM (DDMS).....	45
XII.	GRIEVANCE PROCEDURES.....	46
	A. STAFF ASSISTANT.....	47
	B. GRIEVANCE STANDARDS FOR ACCOMMODATIONS.....	48
	C. GRIEVANCE SCREENING PROCESS FOR ACCOMMODATIONS.....	49
	D. MEDICAL VERIFICATION PROCESS FOR ACCOMMODATIONS.....	49
	E. NON-MEDICAL VERIFICATION PROCESS FOR ACCOMMODATIONS.....	50
	F. TIMEFRAMES FOR REGULAR AND EMERGENCY GRIEVANCES.....	51
XIII.	WARD PAROLE HEARINGS.....	51
	A. WARD REQUEST FOR ACCOMMODATION.....	52
	B. DENIAL OF REQUEST FOR REASONABLE ACCOMMODATION.....	52
	C. WITNESSES AND VICTIMS OR THEIR FAMILIES.....	52
XIV.	REMOVAL OF ARCHITECTURAL BARRIERS.....	52
	A. OVERVIEW.....	52
	B. CRITERIA AND STANDARDS.....	56
XV.	TRAINING.....	56
XVI.	COMPLIANCE.....	57
	A. FUTURE ACTION STEPS FOR REMEDIATION.....	58
	B. BASIC REQUIREMENTS FOR COMPLIANCE.....	58
	APPENDIX A – DEFINITIONS.....	1
	APPENDIX B – PROJECT DESCRIPTIONS.....	1

WARDS WITH DISABILITIES PROGRAM REMEDIAL PLAN

I. INTRODUCTION

The Disabilities Section of the Consent Decree Remediation Plan is in response to concerns identified by the Prison Law Office (PLO) and areas identified by the findings and recommendations of disability experts Peter M. Robertson and Logan Hopper in their reports prepared in January 2004 and January 2005 respectively, regarding the following areas:

- Accommodations for Wards With Disabilities
- Testing for Cognitive and Learning Disabilities
- Access for Wards With Disabilities to Programs, Services and Activities
- Removal of Architectural Barriers at CYA Facilities, Camps and Institutions Housing Wards with Disabilities who May Be Impacted by These Barriers
- Disability Related Grievances
- Wards with Disabilities Program Coordinators
- Policies and Procedures on Access to Services, Programs and Activities for Wards with Disabilities
- Protection for Wards with Disabilities from Harassment and Abuse Related to or Resulting from Their Disability or Perceived Disability
- Adequacy of Education for Wards with Disabilities
- Adequacy of Efforts to Integrate Wards with Disabilities
- Disability Awareness Training

The Wards with Disabilities Program (hereinafter WDP) Remedial Plan responds to the deficiencies cited in the experts' reports and contains a detailed description of those things that the California Youth Authority (CYA or Department) will be required to do in order to come into compliance with state and federal law. The Department anticipates coming into compliance with federal law, as well as addressing the concerns of the PLO lawsuit.

A. CYA Expert Findings/Statement of the Problem

Originally, the CYA retained the expert services of Peter M. Robertson in the field of accessibility management. Mr. Robertson assessed the extent that the CYA policies, programs, services, activities, and the facilities where they are offered, accommodated wards with disabilities.

Mr. Robertson's report noted that CYA had not adopted system-wide program policies and procedures responsive to the implementation of the Americans with Disabilities Act (ADA), Rehabilitation Act of 1973 and other federal or state laws regulating disability nondiscrimination and accessibility. The report focused heavily on physical access, but failed to comprehensively address ward access to programs and services. As a result, CYA contracted with Logan Hopper to provide expert services in these areas. Mr. Hopper visited all CYA facilities between September and December 2004. His report of findings was prepared in January 2005 and specifically focused on access to programs and services for wards with disabilities in the CYA.

The original accessibility evaluation revealed a significant number of conditions on a statewide basis that may have the effect of limiting access to and opportunities for participation in CYA programs, services, and activities available to wards with disabilities, as compared to those available to wards without disabilities. The experts noted that the Department's current operations and existing conditions limited qualified wards' access to programs, services and activities, and failed to adequately accommodate the needs of wards with disabilities.

There is little standardization of practices and procedures regarding accommodations for wards with disabilities in CYA facilities. As with other operational areas, funding for disability services has been inadequate to bring the CYA into compliance with federal laws and regulations.

At nearly every institution toured, new construction and/or what appeared to be recent alterations to existing facilities, was done with what appears to be less than the required attention to details specified in state and federal standards for accessible design. Based on observations of new construction at the institutions toured, additional pre and post construction accessibility was recommended. Training about accessible design and provision of on-site resources to individual institution staff and outside contractors performing minor alterations was also indicated.

B. Policy Goals

Title II of the Americans with Disabilities Act of 1990 (42U.S.C. § 12101, et seq.), section 504 of the Rehabilitation Act of 1973 (29 U.S.C.A. § 794), the Unruh Civil Rights Act (Civil Code § 51, et seq.), and Government Code section 11135, provide comprehensive civil rights protections to qualified individuals with disabilities in the area of state government services. The California Youth Authority (CYA) is charged to ensure that no qualified individual with a disability shall, by reason of such disability, be excluded from participation in, or be denied the benefits of, the services, programs, or activities of the Department, or be subjected to discrimination by any Departmental representative. Therefore, it is the policy of the Department that no qualified individual with a disability shall, by reason of such disability, be excluded from participation in, or be denied the benefits of, the services, programs, or activities of the Department, or be subjected to discrimination by any Departmental representative.

The Department recognizes that wards with disabilities require different levels of care and a wide range of treatment options. The goals of the Disabilities Program policy are 1) assure equality of opportunity and full participation in all Departmental services, programs, or activities; 2) assure the elimination of discrimination against individuals with disabilities; and 3) provide clear, strong, consistent, enforceable standards addressing discrimination against individuals with disabilities. The Department shall ensure that disabled wards have access equal to non-disabled wards in all levels of care within the youth correctional system.

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.

The CYA ensures that the constitutional rights of wards are met.

C. Standards

The CYA shall ensure that disabled wards have access equal to non-disabled wards in all levels of care within the youth correctional system.

The CYA shall ensure that the constitutional rights of wards are met.

The CYA shall ensure equal access to education, training, and treatment services in the least restrictive environment for all wards.

The CYA shall ensure effective access to programs, services, and activities, for wards with disabilities by:

- Making reasonable modifications in policies, practices, procedures, and programs, unless it is demonstrated that modifications would fundamentally alter the nature of programs, services, and activities.
- Ensuring that programs, services, and activities are provided in an integrated setting, unless separate or different measures are necessary for equal opportunity.
- Not excluding wards with disabilities from programs, services, and activities because of architectural or programmatic barriers.
- Providing wards with disabilities assistive devices and/or services or other accommodations.

The Disabilities Program Remedial Plan shall be responsive to the deficiencies cited in the experts' reports and will contain a detailed description of those things that CYA will be required to do in order to come into compliance with state and federal law. The Department anticipates coming into compliance with federal law, as well as addressing the concerns of the PLO, by providing sufficient positions and resources to accommodate the needs of all wards with disabilities at all facilities in areas of physical accessibility, programs, services and activities.

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 Americans with Disabilities Act (ADA) and/or may make them eligible to receive services from a Regional Center. Developmental disabilities include mental retardation, cerebral palsy, epilepsy, autism, or other neurological disabilities, which result in symptoms similar to mental retardation.

II. STATEWIDE OVERSIGHT

The expert noted that, although the CYA had appointed the Departmental Wards with Disabilities Program Coordinator and Facility WDP Coordinators, the associated duties and responsibilities were not well defined. It was recommended that job descriptions and duty statements be developed for the Departmental WDP Coordinators and Facility WDP Coordinators. The expert also recommended that in the interim positions be made permanent.

A. Duties of the Wards with Disabilities Program (WDP) Coordinator

As currently defined, the Departmental WDP Coordinator shall be responsible for ensuring compliance with disability laws, regulations, mandates, and policies. The Departmental WDP Coordinator shall be responsible to report to the Director and Executive Committee, confer with legal staff and consult with all branches regarding changes to laws and legislation. In addition, the Departmental WDP Coordinator shall represent the Department on state level commissions and task forces; provide technical assistance to staff; review disability-related grievances and complaints from wards, staff, and the public; review and interpret data; and, serve as Chair of the Department's Disability Committee.

Currently the Departmental WDP Coordinator's responsibilities include the following:

- Coordinate and monitor each facility's overall compliance with state and federal laws and the Disabilities Remedial Plan.
- Establish a system to ensure communication between custody, medical/clinical, treatment and education staff regarding the needs of wards with disabilities in the facility.
- Act as liaison between each facility and headquarters staff and other state entities.
- Assume a leadership role in preparing each facility for monitoring tours and compliance reviews.
- Ensure that all pertinent staff is present for monitoring tours.
- Assume overall responsibility for the disability verification process at facilities and/or reception centers/clinics.
- Monitor placement of wards with disabilities to prevent over-placement in special treatment programs.
- Ensure that all staff receive training and follow up training on ADA compliance and disability awareness. Seek out and arrange for participation in professional training opportunities for all staff.
- Monitor each facility's tracking system and ensure that appropriate staff are aware of ward needs under the WDP Remedial Plan. Ensure that each facility maintains a contract for sign language interpreter services, as well as a record of use of this service.
- Maintain a file of all disability related complaints, grievances and appeals. Conduct periodic file reviews to identify disability related issues raised and evaluate each facility's performance.
- Designated as the Department's ADA Coordinator under Title II of the Americans with Disabilities Act.

CYA has identified the required level of: 1) A full-time Departmental WDP Coordinator and analytical staff to develop, support, lead and manage a quality Disability Access program. Analytical staff shall assist in monitoring the WDP, tracking, and identifying resources and obtaining funds to assist the Department in correcting deficiencies and enhancing programs, services and activities for wards with disabilities. 2) One full-time facility WDP Coordinator position at each facility to ensure local compliance with state and federal law.

The CYA will fill the full-time Departmental WDP Coordinator to provide oversight at CYA Headquarters by October 2005. The Departmental WDP Coordinator shall be familiar with disability access legal requirements and be able to communicate the requirements to other staff effectively. Facility WDP Coordinator positions will be filled by February 2006.

To address deficiencies in the interim, additional duties have been designated to management positions at CYA Headquarters and each facility. On November 10, 2004, a memorandum was issued to all CYA staff, identifying Departmental WDP Coordinators and instructing Superintendents to designate a position at a manager level to oversee the facility WDP program on or before November 15, 2004. Positions were subsequently designated at each site.

III. DIAGNOSTIC SYSTEM

A. Pre-screening

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.

Indicators to be documented by Intake and Court Services Unit staff include but are not limited to, a history of:

- Acute or psychiatric hospitalization
- Suicidal behaviors
- Physical or mental impairments
- Special Education services
- Involvement with Child Protective Services
- Prescribed medications
- Need for assistive devices or adaptive support services

When indicators of impairment exist, the Intake and Court Services Unit staff shall complete a Disability Pre-screening form, YA 1.411, and forward to the designated Reception Center and Clinic.

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.

Department reception centers and clinics are designated to provide temporary housing and processing for wards entering the youth correctional system.

B. ADA Rights Notification

As part of the Clinic process, all wards will be advised of their rights under the ADA and Section 504. The CYA shall develop a provisional form that contains a written advisement of these rights in simple English and Spanish by August 2005. The information contained in the form shall be reviewed with each ward. The ward and the staff shall both sign the form to acknowledge the ward's understanding of his or her rights. Copies shall be given to the ward and placed in the field file.

C. Clinic Screening

Department staff members who are licensed mental health professionals, medical personnel, and credentialed education staff shall screen all wards for mental and physical impairments that may limit a major life activity and require accommodations. The clinic screening process shall be completed within 30 calendar days of intake to determine the need for further evaluation. The Clinic screening shall include, but not be limited to:

- Treatment Needs Assessment (TNA).
- Kaufman Brief Intelligence Test (KBIT).
- Comprehensive Medical and Dental Examination.
- Suicide Risk and Screening Questionnaire.
- Comprehensive Adult Screening Assessment System (CASAS)

D. Referral

A ward may request an accommodation for a documented or perceived impairment through his/her assigned Institutional Parole Agent (PA) or Casework Specialist. Department staff shall refer any ward who requests an accommodation, or who has been identified by staff as needing an accommodation, for screening and assessment.

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.

Indicators that a ward may need to be referred include, but are not limited to:

- 1) A previous history of mental health concerns,
- 2) Mental health flags on the Treatment Needs Assessment (TNA),
- 3) A result on the KBIT indicating below average cognitive functioning,
- 4) Current behaviors such as a suicidal gesture or attempt, psychotic symptoms, or acute mood disorders, and
- 5) Collateral information or concerns expressed by Department staff.

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. These indicators include, but are not limited to: a physiological disease, disorder, condition, cosmetic disfigurement, or anatomical loss that affects one or more of the bodily systems.

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. These indicators include, but are not limited to: vision, speech, language, hearing, or learning impairments.

E. Disability Screening

Department staff members who are licensed mental health professionals, medical personnel, and credentialed education staff shall complete the screening process on a ward within 10 working days of a referral from an assigned Casework Specialist. When completing the screening process, these staff shall:

1. Review the referral request.
2. Conduct a file review.
3. Make collateral contacts as necessary.
4. Conduct an interview with the ward.
5. Administer formal screening instruments.

A licensed mental health professional, medical personnel, or credentialed education staff shall conduct an assessment after determining, through the screening process, that an impairment may exist that limits a major life activity.

F. Disability Assessment

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 and dental practices, to assess wards.

Within 15 calendar days of completing the disability screening process, the education staff will develop an assessment plan. The parent/ guardian or adult student will have at least 15 calendar days from receipt of proposed assessment plan to approve or disapprove the plan. An IEP will be developed as a result of the assessment within a total time not to exceed 50 calendar days. (CCR Title 5, Special Education Programs, Article 3, Section 56043)

When completing the assessment of a ward, aforementioned staff members shall be responsible to assess whether a mental or physical impairment exists with respect to the staff member's expertise (i.e., medical, mental health or educational).

If a mental or physical impairment exists, staff shall determine the treatment needs and possible accommodations and recommend the appropriate level of care. A written assessment report shall be completed and forwarded to the assigned Casework Specialist for distribution.

G. Identification of Physical or Mental Impairments: Initial Case Review

The Supervising Casework Specialist II shall schedule an Initial Case Review (ICR) for all newly committed wards within 45 to 60 calendar days of arrival at the designated Reception Center and Clinic. The assigned Casework Specialist shall prepare the Clinic Summary report, including the Disability section.

The Supervising Casework Specialist II shall review all Clinic Summary reports and supporting documentation prior to the ICR. He/She shall chair the ICR and request the attendance of required mental health, medical, dental or educational professionals.

The assigned Casework Specialist shall present the case at the ICR, where Department staff shall discuss assessment results and determine whether a mental or physical impairment exists.

1. Disability Designation

During the ICR, the Supervising Casework Specialist II and the ward with a diagnosed physical or mental impairment, shall determine, in collaboration with other designated ICR participants, whether access accommodations are required to ensure equal access to Department programs, services and activities.

The ICR participants shall determine whether a ward is disabled and requires an accommodation. To determine a disability, a ward must have an impairment that limits one or more major life activities.

During the ICR, mental health, medical, dental and/or educational professionals, in collaboration with the ward, shall determine the appropriate level of care, initial treatment goals, and accommodations required.

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.

The Supervising Casework Specialist II shall complete the Disability Designation section of the ICR form.

2. Documentation

The Department shall maintain a system that documents the mental and physical impairments of wards with disabilities and any reasonable accommodations. The assigned Casework Specialist shall enter all relevant disability information into the WIN 2000. The Supervising Casework Specialist II shall mark the disability designation on the Special Case Requirement Form and forward it to Master Files. Upon receipt, Master Files shall forward a copy of all Special Case Requirement Forms to the Intake and Court Services Unit. The Intake and Court Services Unit staff shall be responsible to update the Referral Document with the disability designation indicated on the Special Case Requirement Form.

The clinic process, including classification and needs assessment shall be completed within the same time frames for all wards, including wards with disabilities.

H. Classification System

The Department shall develop and implement a classification system that will identify the needs of wards with disabilities, so that an appropriate treatment plan may be implemented that is best suited to provide for their treatment needs. The Department's classification system shall be as described in the Ward Safety and Welfare Remedial Plan and will be developed in consideration of the needs of wards with disabilities.

A comprehensive CYA Classification system will be implemented as part of the Ward Safety and Welfare Remedial Plan that is scheduled to be filed on November 30, 2005.

Physical impairments that most prevalently occur within the Department include, but are not limited to:

Contagious and Non-Contagious Diseases

- Human Immunodeficiency Virus/AIDS
- Tuberculosis
- Hepatitis

Physiological Impairments

- Mobility Impairments
- Manual Dexterity Impairments
- Visual Impairments
- Speech Impairments
- Hearing Impairments

Other Conditions and Impairments

- Epilepsy
- Multiple Sclerosis
- Cancer
- Diabetes
- Cerebral Palsy

Mental impairments that most prevalently occur within the Department include, but are not limited to:

Cognitive Impairments

- Specific Learning Disabilities
- Borderline Intellectual Functioning
- Developmental Disabilities
- Traumatic Brain Injury
- Psychotic Disorders

Emotional Impairments

- Addictive Disorders
- Mood Disorders
- Anxiety Disorders

Personality Disorders

- Paranoid Personality Disorder
- Schizoid Personality Disorder
- Antisocial Personality Disorder
- Borderline Personality Disorder
- Histrionic Personality Disorder
- Narcissistic Personality Disorder
- Avoidant Personality Disorder
- Obsessive-Compulsive Personality Disorder

I. General Levels Of Care

The Department shall assess wards at the reception centers and clinics to identify treatment needs and risk levels. Wards shall be placed in the level of care that provides the appropriate treatment and training in the least restrictive environment required, with or without accommodation. Ongoing assessment and reclassification will occur as a ward's individual needs may change. Ward placement shall not be based solely upon a specific or perceived disability. The WDP Coordinator will monitor placement of wards with disabilities to prevent over-placement in special treatment programs.

J. Reception Center And Clinic Procedures: Orientation Process

All wards shall complete the orientation process at a reception center. The orientation process shall include a standardized Disability module.

The Disability module presented 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.

Presenters shall make the reasonable accommodations or modifications necessary for wards with disabilities who require accommodations during the orientation.

Accommodations may include, but are not limited to: 1) a change in format or presentation of information, for example large print materials, repetition of instructions, verbal prompts, audio/visual equipment, or closed-captioned television; 2) assistance from staff assigned to provide supplementary services, for example Basic Skills Enhancement or Special Education; 3) assistance from external consultants assigned to provide specialized services such as sign language interpreters.

IV. ACCOMMODATIONS

Department staff shall ensure that reasonable modifications are made to programs, services, and activities for wards with disabilities.

A. Effective Communication

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. Such assistive devices may include interpreters, readers, taped texts, canes, crutches, wheelchairs, hearing aids, corrective lenses, tele-typewriters (TTY's), telecommunication devices for deaf persons (TDD's), assistive listening headsets, television captioning and decoders, Braille materials, video text displays, and large print materials.

Because of the critical importance of communication involving due process or health care, the standard for equally effective communication is higher when these interests are involved. The Department shall ensure that staff provides effective communication under all circumstances, but the degree of accommodation that is required shall be determined on a case-by-case basis. Although in some circumstances a notepad and written materials may be sufficient to permit effective communication, in other circumstances they may not be sufficient. For example, a qualified interpreter may be necessary when the information being communicated is complex, or is exchanged for a lengthy period of time. Generally, factors to be considered in determining whether an interpreter is required include the context in which the communication is taking place, the number of people involved and the importance of the communication.

Ways to determine whether a ward with a disability has understood a communication include, but are not limited to: 1) a deaf or hard of hearing ward repeating back the substance of the communication through a sign language interpreter, 2) a deaf or hard of hearing ward indicating a substantive response via written notes, or 3) a deaf or hard of hearing ward indicating a substantive response via sign language through an interpreter.

1. Sign Language Interpreters

Qualified sign language interpreters shall be provided for all due process functions and medical consultations when sign language is the primary means for effective communication, except when a ward is over the age of 18 years and waives the assistance of an interpreter, when attempts to obtain an interpreter are not successful after reasonable and timely attempts, or when delay would pose a safety or security risk.

Qualified interpreter" or "qualified sign language interpreter" means an interpreter who is able to interpret effectively, accurately, and impartially both receptively and expressively, using any necessary specialized vocabulary.

At a minimum, CYA will require that its' interpreters be persons adept at American Sign Language (ASL) and have certification qualifications from the Registry of Interpreters for the Deaf (RID) and/or the National Association for the Deaf (NAD), or their equivalents, which are current and up to date.

Qualified sign language interpreters shall be made available for all other special programs, including but not limited to religious services, meetings and orientations. Interpreters for education services shall be provided as described in a ward's IEP.

In the event a qualified sign language interpreter is not available after reasonable and timely attempts were made to secure one, or is waived by a ward who is an adult, staff shall employ the most effective form of communication available. Staff shall use both receptive and expressive means to communicate. Effective forms of communication might include, but are not limited to, written notes, staff interpreters and specialized vocabulary. Staff shall interpret communication accurately and impartially.

The types of medical consultations in which a qualified sign language interpreter shall be provided include, but are not limited to:

- 1) determining a medical history;
- 2) obtaining a description of an ailment or injury;
- 3) providing patient rights;
- 4) obtaining informed consent;
- 5) obtaining permission to treat;
- 6) providing a prognosis or diagnosis;
- 7) explaining procedures, tests, or treatment;
- 8) explaining the use of prescribed medications including dosage, side effects, or food interactions;
- 9) giving discharge instructions; and
- 10) providing mental health evaluations.

Videoconferencing is an appropriate and acceptable means of providing qualified sign language interpretive services, and may be employed when available. The ability of a ward to lip-read shall not be the sole source used by staff for effective communication during medical consultations or when ensuring the due process rights of wards.

Staff who are able to interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary may be utilized as an interpreter, in the event a qualified sign language interpreter is not reasonably available, or is waived by the ward.

The Department shall ensure contracts or service agreements are established with a local sign interpreter service organization in order to provide interpretive services for deaf or hard of hearing wards during medical consultations and due process functions.

B. Reasonable Accommodation

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. Examples of reasonable accommodations include, but are not limited to:

- 1) staff assistants
- 2) sign language interpreters
- 3) modification of work or program schedules
- 4) grab-bars
- 5) magnifiers
- 6) electronic readers
- 7) sound amplification devices

To assist in accommodating equal access for a ward to the court, the Department shall provide a letter to the court identifying the nature and severity of the disability and any limitations of a ward. This letter shall also include a brief description of the request of the ward for an accommodation by the court.

C. Denial Of Reasonable Accommodations

The Superintendent/Chief Medical Officer (CMO)/Principal shall make a recommendation to the Director, or designee, when he or she determines that an accommodation should be denied.

Reasonable accommodations may only be denied for the following reasons:

1. Direct Threat to the Health or Safety of Others

The CYA is not required to permit a ward with disabilities to participate in or benefit from the goods, services, facilities, privileges, advantages and accommodations if that individual poses a direct threat to the health or safety of others. A direct threat is a significant risk to the health or safety of others that cannot be eliminated by modification of policies, practices, or procedures, or by the provision of auxiliary aids or services.

The determination that a ward with disabilities poses a direct threat to the health or safety of others may not be based on generalizations or stereotypes about the effects of a particular disability.

The determination must be based upon an individualized assessment based upon reasonable judgment that relies on current medical evidence or best available objective evidence to determine:

- a) the nature , duration, and severity of the risk;
- b) the probability that the potential injury may actually occur; and
- c) whether reasonable modifications of policies, practices or procedures will mitigate the risk.

2. Undue Burden

An accommodation may be considered an undue burden and denied when the accommodation would cause a fundamental alteration in the nature of a service, program, or activity, or result in undue financial and administrative burdens.

3. Equally Effective Means

A request for a specific accommodation may be denied if equally effective access to a program, service, or activity may be afforded 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.

The CMO, in consultation with medical, mental health and/or education staff, shall make a recommendation to the Deputy Director of Health Care Services/Deputy Director of Education Services when an accommodation shall be denied based on an alternative means for accessing a program, service, or activity. All denials of specific requests shall be in writing.

V. ASSISTIVE DEVICES

A. Prescription and Approval

In conjunction with the Health Care Transition Team, Medical Experts and Disabilities Expert, (1) 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 , and (2) revise Temporary Departmental Order #03-12 to provide for the evaluation of close vision necessary for reading and completing schoolwork or other required written activities and to procure suitable glasses, contact lenses, or other aids for the ward's constant use.

Also, 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. These medications shall meet the needs of the individual and are not to be used primarily for behavior or mood control and institute policies shall ensure wards understand the rationale and side effects of the prescribed psychotropic medications.

Assistive devices shall be prescribed and approved for eligible wards by licensed Department health care providers. Custody staff shall approve all assistive devices, including those belonging to the ward prior to entry into the youth correctional system, for conformance with department safety and security standards.

The CMO shall be immediately consulted when custody staff, upon inspection of an assistive device, determines that a legitimate safety or security risk exists and shall determine the appropriate accommodation for the ward in lieu of the assistive device that poses a security threat to the safe operation of the facility.

Alternative accommodations may include modifying the appliance or substituting a different appliance at State expense.

1. Possession of Assistive Devices

Assistive devices shall be documented as property of the ward and appropriately identified in accordance with department and facility policies and shall not be included in the volume limit for personal property.

Wards shall not be deprived of an assistive device that was in their possession upon entry into the youth correctional system or that was properly obtained while in department custody. Assistive devices shall be retained and maintained by wards upon release to parole.

2. Purchase of Assistive Devices

Prescribed assistive devices can be purchased by the ward through a vendor of the ward's choosing or by the Department. The CMO or the Chief Dental Officer shall approve the purchase of all assistive devices. Licensed health care staff shall ensure that all assistive devices received are in compliance with a physician's order.

The procedure to verify compliance with a physician's order shall not cause a delay in the delivery of prescribed assistive device. Should a delay occur in the delivery of an assistive device, health care staff shall document the nature of the delay and communicate the reason for delay to the ward and the assigned YCC.

3. Maintenance and Repair of Assistive Devices

The Department and the ward have a joint responsibility to maintain all assistive devices in good repair and operation. The ward shall use approved Department procedures for notifying health care staff when an assistive device is in need of repair or replacement. Upon notification of the need of repair or replacement, health care staff shall evaluate the condition of the assistive device. Once the need for repair or replacement is verified, the ward shall be issued an appropriate assistive device or an accommodation. The batteries for hearing aids and other assistive devices shall be replaced immediately upon request.

The ward shall be financially responsible for intentional damage, or for resulting repair and replacement of assistive devices and parts, and shall be charged the cost thereof in accordance with Department Disciplinary Decision-Making System (DDMS) dispositions.

4. Maintenance of Accessible Features and Equipment

The Department shall maintain in operable condition, the structural features and equipment necessary to make programs, services, and activities accessible to wards with disabilities. Custody staff shall conduct and log periodic safety and security inspections on all wheelchairs on at least a monthly basis.

Health care staff shall maintain the appropriate service contracts for wheelchair maintenance and shall be notified when repairs are necessary.

5. Removal of Assistive Devices

Assistive devices shall 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. Collecting an assistive device as evidence of a crime can only occur when supported by documented evidence. No ward will be deprived of an assistive device because of the acts of another ward.

If a direct and immediate threat to safety and security exists, custody staff can immediately take away an assistive device. The senior custody officer on duty may temporarily authorize the removal of an assistive device. In no event shall the procedures for the removal of an assistive device obstruct standard protocols for crime scene preservation, evidence collection, emergency response, or any other measure necessary for the safety of persons and the security of the facility.

When an assistive device is taken away, for reasons of safety, the CMO or designee, shall be contacted immediately, but no longer than within 2 hours, regarding the need for the assistive device. The CMO, or designee, will provide a reasonable alternative accommodation for the removed assistive device.

The Senior Officer in Charge shall inform the Superintendent or designee of the incident that caused the removal of the assistive device as well as the alternative means provided by the CMO to accommodate the ward.

The Superintendent or designee shall decide what course of action to take in regards to removing the assistive device and for providing the alternative means to accommodate the ward. If the decision is to retain the assistive device, it shall be stored in a designated safe and secure location on the living unit. The assistive device shall be provided to the ward when needed for participation in scheduled programs, services and activities. During the period of alternative accommodation, health care staff shall regularly observe the health condition of the ward and document observed changes in behavior on a Medical Report of Unusual Occurrence or Injury form and in the living unit log. If evidence of deterioration is observed, the health care staff shall immediately advise custody staff of the need for medically necessary changes in the accommodation.

The misconduct that caused the removal of the assistive device shall be charged against the ward in an appropriate behavior report. The ward shall be referred to the next scheduled Youth Authority Administrative Committee (YAAC) for confirmation of removal of the assistive device, pending adjudication of the disciplinary charges. The assistive device can be removed as long as a threat to the safety and security of the ward or others continues. The necessity to continue the removal shall be reviewed by the YAAC on a weekly basis.

The YAAC review shall include a medical evaluation of the health of the ward without the assistive device.

The CMO or designee shall be consulted immediately to determine treatment needs, if the health of the ward has deteriorated due to the removal of the assistive device. Accommodation may include modifying or substituting a different assistive device at department expense. A pattern of behavior involving the inappropriate use of a specific assistive device may result in a custody decision to provide an alternative, but effective, accommodation. In such case, the YAAC, in consultation with the CMO, shall approve the need for removal.

B. Telecommunications

Wards with or without disabilities shall have equal telephone access. Wards with hearing impairments shall have access to telephones with volume control. The facility WDP Coordinator shall ensure that wards with or without disabilities have equal telephone access.

1. Telecommunications Devices for the Deaf

Wards shall be allowed to call parties who require the use of a Telecommunications Devices for the Deaf (TDD). Once the verification of the need is confirmed, wards with disabilities shall be provided use of a TDD and telephones for people with disabilities. The Superintendent shall ensure that use of the TDD for confidential purposes shall be consistent with departmental policy on confidential communications. Each facility shall have one or more, if necessary, TDD(s) and it shall be placed in a location that is easily accessible to wards with a need.

A ward who requires the use of a TDD, and who requests to call an approved phone contact that does not have use of a TDD, shall be permitted to use the California Relay Service. Designated staff shall ensure that wards calling on a TDD are allowed up to 40 minutes in length, due to the time delay associated with the TDD relay process. Any printouts containing confidential text of a verbal exchange shall be given to the ward. Designated staff shall document all calls made by wards that require use of a TDD.

2. Closed Captioned Television

Wards with or without disabilities, shall have equal television access. 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.

3. Accessible Publications

The Department shall ensure that any communication with wards with disabilities is as effective as communications with others. The Department shall distribute and post reports, brochures, treatment, and education materials in a manner that is accessible to wards with disabilities.

4. Alternative Formats

The Department shall provide publications in an alternative format to wards with disabilities to ensure equal access. The Department shall make reasonable accommodations available for wards with disabilities by providing materials in the most accessible format.

The most accessible format could be one of the following: Braille, video captioning, large print, diskette/CD ROMs, audiocassettes, or e-text.

All requests for alternative formats by a ward shall be made to the facility WDP Coordinator.

5. Notices

The Department shall accommodate wards with disabilities by providing alternative formats for notices and publications to ensure equal access.

6. Brochures, Reports, Education, and Treatment Materials

In accordance with the California Government Code and ADA requirements, publications for wards with disabilities shall be made available in Braille, large print, computer disk, or tape cassette as a reasonable accommodation when required for equal access. Staff can contact the Departmental WDP Coordinator to obtain information on alternative formats for a ward with a disability. Staff may refer the public to the Department TDD telephone number (916) 262-2913.

7. Requests for Alternative Formats

The Department shall ensure equal access for a ward with a disability to documents produced and distributed throughout youth correctional facilities. The Superintendent, to ensure equal access for a ward with a disability, shall ensure that documents that can be easily converted into an alternative format, for example by increasing font size, are distributed according to the standard plan for the item.

The Departmental WDP Coordinator shall be contacted if materials require delivery through an alternative format that cannot be easily converted to an alternative format and distributed according to the standard plan for the item.

The Departmental WDP Coordinator shall ensure that a request for conversion of a document into an alternative format is processed by: 1) determining the scope of the request, the preferred alternative format, and the desired time frame for document conversion and distribution from the Program Administrator, and 2) arranging to have the requested materials converted to an alternative format, including contracting for services if necessary.

VI. FACILITY TREATMENT PLANNING PROCESS

A. Wards within the Existing Population

Efforts to identify wards with disabilities within youth correctional facilities shall be continuous.

Identification of wards with disabilities within the existing population shall involve the following:

- Facility WDP Referral
- Facility WDP Screening
- Facility WDP Assessment
- Facility WDP Special Case Conference
- Facility WDP File Review
- Facility Case Conference
- Facility Tracking

B. Facility WDP Referral

1. Self-Referral

A ward may make a self-referral requesting an accommodation for a documented or perceived impairment through his or her assigned Institutional Parole Agent, Casework Specialist or by completing the Referral for Sick Call (RSC) form. The CMO shall ensure that a Medical Technical Assistant (MTA) or Registered Nurse (RN) receives a copy of all RSC forms, enters all RSC referrals into the WIN database, and files all RSC referrals in the UHR. Within five days of receipt, the MTA or RN shall forward RSC referrals to the appropriate licensed mental health professionals and/or medical personnel for screening.

A ward may make a self-referral requesting an accommodation for a documented or perceived impairment through his or her Education Advisor by completing the Self Referral to the School Consultation Team (SRSC) form. The Principal shall ensure that the School Consultation Team Coordinator receives a copy of all SRSC Referral forms, enters all SRSC referrals into the WIN database, and files all SRSC referrals in the School Records File. Within five days of receipt, the SCT Coordinator shall forward SRSC referrals to the appropriate credentialed education staff for screening.

2. Staff-Referral

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 already documented and verified.

Indicators that a ward may need to be referred include but are not limited to a physiological disease, disorder, condition, cosmetic disfigurement, anatomical loss that affects one or more of the bodily systems, a physical impairment of vision, speech, language, mobility, or hearing, a mental disorder or condition, such as a developmental disability, organic brain syndrome, emotional or mental illness, or a specific learning disability.

Staff shall refer a ward for screening to Health Care Services by using a Staff Referral for Sick Call (SRSC) form.

The CMO shall ensure that a MTA or RN receives a copy of all SRSC forms, enters all SRSC referrals into the WIN database, and files all SRSC referrals in the UHR. Within five days of receipt, the MTA or RN shall forward SRSC referrals to the appropriate licensed mental health professionals or medical personnel for screening. Staff shall refer a ward for screening to Education Services by using the School Consultation Team (SCT) Referral form. The Principal shall ensure that the School Consultation Team Coordinator receives a copy of all SCT Referral forms, enters all SCT referrals into the WIN database, and files all SCT referrals in the School Records File. Within five days of receipt, the SCT Coordinator shall forward SCT referrals to the appropriate credentialed education staff for screening.

3. Facility WDP Screening

Department licensed mental health professionals, medical personnel, and credentialed education staff shall screen all wards, upon receipt of a referral, for the presence of a mental or physical impairment that may limit a major life activity and require accommodation.

The facility screening process shall be completed within ten working days of receipt of a referral to determine the need for further evaluation. When completing the screening of a ward, Department licensed mental health professionals, medical personnel, and credentialed education staff shall:

- Review the referral request.
- Conduct a file review.
- Make collateral contacts as necessary.
- Conduct an interview with the ward.
- Administer formal screening instruments as necessary.

A licensed mental health professional, medical personnel, or credentialed education staff shall document screening results on the WDP Screening Results Form, including any recommendations to conduct further assessment. The licensed mental health professional or medical personnel shall enter all screening results into the WIN database and file all WDP Screening Results Forms into the UHR. The credentialed education staff shall enter all screening results into the WIN database and file all WDP Screening Results Forms into the School Records File.

C. Facility WDP Assessment

Within ten working days of completing the WDP screening process, department licensed mental health professionals, medical personnel, and credentialed education staff shall use standard psychological test instruments, medical and dental practices, and educational procedures to assess wards.

When completing the assessment of a ward, Department licensed mental health professionals and/or medical personnel, shall:

- assess whether a mental or physical impairment exists,
- determine the treatment or educational needs and possible accommodations,
- recommend the appropriate level of care, and
- complete a written assessment report.

Within 15 calendar days of completing the disability screening process, the education staff will develop an assessment plan. The parent/ guardian or adult student will have at least 15 calendar days from receipt of proposed assessment plan to approve or disapprove the plan. An IEP will be developed as a result of the assessment within a total time not to exceed 50 calendar days. (CCR Title 5, Special Education Programs, Article 3, Section 56043)

The licensed mental health professional or medical personnel shall enter WDP assessment results into the WIN database, and file WDP assessment reports into the UHR. Credentialed education staff shall enter WDP assessment results into the WIN database and file WDP assessment reports into the School Records File. Department licensed mental health professionals, medical personnel, and education staff shall complete the appropriate assessment reports and forward to the assigned PA for distribution prior to the special case conference.

D. Special Case Conference

The Superintendent shall ensure that each living unit has a special case conference for wards with disabilities who require accommodations not previously identified and/or met, consisting minimally of the PA/ Casework Specialist, an education representative, and the ward.

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 institutional PA /Casework Specialist conducts a special case conference. The institutional PA or Casework Specialist shall chair the special case conference interdisciplinary team and ensure full participation in the decision-making process.

The special case conference interdisciplinary team shall:

1. determine, in collaboration with a ward, whether impairment exists that substantially limits a major life activity;
2. establish or review treatment, education, and behavioral goals;
3. determine whether accommodations are necessary to ensure equal access to programs, services, and activities at the appropriate level of care; and
4. determine whether a staff assistant should be provided for a ward with a disability.

A staff assistant shall be provided if assistance in understanding classification, disciplinary, or medical information is required.

The Treatment Team Supervisor/ Supervising Casework Specialist shall ensure accommodations identified in the special case conference are provided to a ward with impairment. The PA/ Casework Specialist shall make all reasonable efforts to expedite the placement of a ward in the level of care recommended by the special case conference interdisciplinary team.

The Department shall maintain accurate documentation of the classification codes and level of care designation for all wards, including those for wards with impairments, impairments that substantially limit a major life activity, and impairments that require accommodation.

The institutional PA/Casework Specialist shall document on the Individual Change Plan and in the WIN 2000 the following information:

- Impairment
- Accommodations
- Current level of care
- Classification code

The institutional PA or Casework Specialist shall ensure that copies of the changes in the status of a ward with a disability documented on the Individual Change Plan are forwarded to the following:

- Education Services for inclusion in the School Records File
- Health Care Services for inclusion in the UHR
- Casework Services for inclusion in the Field File

The Institutional PAIII/Supervising Casework Specialist II shall update the Special Case Requirements/Notifications form and forward copies to the Intake and Court Services Unit and to the Population Management Unit whenever the status of a ward with a disability changes. The Intake and Court Services and Population Management staff shall maintain accurate data on all wards with disabilities including accommodations.

E. Facility WDP File Review

Prior to each case conference department staff shall identify wards that have previously been diagnosed with a physical or mental impairment, with or without accommodations, or who have developed the signs and symptoms of impairment at CYA. The MTA or RN shall review the UHR. The PAI shall review the Field File, Unit File, and WIN Database. The Education representative shall review the School Records File, including the Special Education File if appropriate.

If there are positive findings through the WDP file review process, the MTA, RN, institutional PA, or Education representative shall present the positive findings at the Case Conference. The licensed mental health professional, medical personnel, or credentialed education staff shall document all findings on the WDP File Review form and shall enter WDP file review findings into the WIN database. The WDP File Review forms shall be filed in the UHR and the School Records File.

F. Case Conference

The Department shall ensure that staff reviews the level of care placement and any reasonable accommodations for wards with disabilities at regularly scheduled case conferences. For wards with disabilities who require accommodations, the case conference interdisciplinary team shall:

1. evaluate progress by tracking achievement of treatment, education, and behavioral goals;
2. continually assess whether a ward is disabled and entitled to civil rights protections by using the eligibility criteria contained in the Department WDP policy; and
3. review the designated level of care, classification, and accommodations for possible modifications.

The Department shall ensure that the staff who are essential in providing accommodations receive clear documentation regarding the status of wards with disabilities. The Superintendent shall ensure that a system is in effect which clearly notifies all staff of the disability of a ward and the accommodations required to access programs, services, and activities. The institutional PA / Casework Specialist shall document on the Individual Change Plan, and in the WIN 2000 any changes in the following information for a ward with a disability:

- Impairment
- Accommodations
- Current level of care
- Classification code

The institutional PA or Casework Specialist shall ensure that copies of the changes in the status of a ward with a disability that are documented on the Case Conference Review form are forwarded to the following:

- Education Services for inclusion in the School Records File
- Health Care Services for inclusion in the UHR
- Casework Services for inclusion in the Field File
- Youth Correctional Counselor for inclusion in the Living Unit File

The Institutional PAIII/Supervising Casework Specialist II shall update the Special Case Requirements/Notifications form and forward to the Intake and Court Services unit and to the Population Management unit when the status of a ward with a disability changes. The PAI or Casework Specialist shall ensure that a separate photo identification roster is maintained on all living units that house wards with disabilities who require accommodations. The accommodations for each ward with a disability shall be clearly identified on the photo identification roster and routinely updated to reflect current information. The Principal shall ensure that a separate photo identification roster is maintained in all classrooms for wards with disabilities who require accommodations. The accommodations for each ward with a disability shall be clearly identified on the photo identification roster and routinely updated to reflect current information.

G. Tracking

The Department shall ensure that wards with disabilities who require accommodations are tracked through the WIN system and that an accurate record is maintained for wards with disabilities that allows for the collection of individual and aggregate data.

The Superintendent or facility WDP Coordinator shall ensure that the following data is entered into the WIN system for all wards with a disability:

- Name, age, YA number
- Location by facility, living unit, or parole office
- Specific impairment
- Impairments that substantially limit a major life activity
- Impairments that substantially limit a major life activity and require accommodations
- Specific accommodations required
- Need for a Staff Assistant
- Level of care designation (i.e., GPOP, ITP, SCP, SBTP)
- Classification code

The facility WDP Coordinators, in collaboration with the Departmental WDP Coordinator, shall develop procedures to identify all wards with disabilities, with or without accommodations, within their respective facilities and maintain a current census of all wards with disabilities in their respective facilities. As requested, he/she shall generate reports of wards by impairment that substantially limit a major life activity and require accommodation. He/she shall submit monthly reports to the Departmental WDP Coordinator.

VII. PROGRAM FOR WARDS WITH DEVELOPMENTAL DISABILITIES OVERVIEW, PHILOSOPHY AND PROGRAM POLICY

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 Wards with Disabilities Program Remedial Plan is filed with the court. Based on the results of the study, if applicable, the CYA shall develop and implement a plan to respond to the needs identified in the study. The plan shall include procedures to ensure that no outward signs of identification or labeling will be posted for wards involved in this program.

A. Program Objectives

Each ward who has been determined to have a developmental disability, or in need of the services provided, shall be placed in the least restrictive environment available, while concurrently meeting the treatment requirements necessary to successfully complete their Identified Treatment Issues (ITI) and prepare for parole. A high functioning developmentally disabled ward could be placed in the General Population Outpatient (GPOP) Level of Care if his/her adaptive skills are advanced and he/she can maintain positive progress towards meeting his/her ITI. If progress is limited by his/her disability, or if his/her disability prohibits placement in the GPOP, wards who are developmentally disabled will be placed in a specialized program. The program designated to provide developmental disability services to eligible wards shall do so via individualized treatment and educational programs, activities and services as prescribed by the Individual Change Plan (ICP) developed by their Interdisciplinary Treatment Team (IDTT) at case conferences.

B. Population to be Served

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.

C. General Treatment Criteria

Wards that demonstrate a deficit in their level of adaptive functioning, but who do not meet the three part eligibility criteria, will receive supportive services. Wards that are vulnerable to victimization from other wards based on their cognitive or adaptive functioning deficits will receive supportive services.

D. Location of Programs

Wards that have been identified as being developmentally disabled, or as requiring these services, shall be placed in a designated GPOP, or a specialized program, based on their individual level of care needs, level of adaptive functioning, vulnerability, and ITI.

E. Admission to Program

1. Screening Process

At all Youth Authority reception centers and clinics, all wards shall be screened for the presence of a developmental disability.

For a diagnosis of developmental disability a ward must fully meet the three-part eligibility requirement:

1. the ward has a full scale I.Q. of 69 or lower;
2. there are deficits in adaptive functioning, including independent living skills; and
3. the onset of the disability occurred prior to the age of 18.

In special cases, based on individual need, other conditions may allow eligibility into the program for wards with developmental disabilities.

The screening process shall include an instrument designed to measure a ward's overall intelligence quotient. The cognitive skills will be tested utilizing either the Kaufman Brief Intelligence Test (a cognitive screening tool used to provide a rapid estimate of cognitive functioning) or if the ward's English skills are limited, the TONI-Third Edition (a standardized, language-free, problem solving-based test of cognitive ability), or alternative tests to be determined. If a ward scores in the borderline range of intellectual functioning or lower, he/she shall be referred to a clinical psychologist for further testing and evaluation.

As part of the screening process, the ward's referral documents shall be thoroughly reviewed by the reception center and clinic mental health staff to determine if the ward:

1. has previously been identified as having a developmental disability;
2. is eligible for special education services by being diagnosed as having a developmental disability; or
3. has been identified by a Regional Center as having a developmental disability.

In instances where a ward has not been identified during the clinic process, and institutional staff identify a need for screening, a mental health referral shall be completed by the case manager and the same process utilized for wards during the clinic process shall be followed by the designated clinical psychologist.

As mandated by state law, designated educational specialists shall complete the assessment of wards who have active or inactive Individualized Education Plans (IEP) or who demonstrate a need for further evaluation during the educational assessment process.

2. Evaluation Process

The assigned clinical psychologist shall thoroughly review the ward's Unified Health Record (UHR), field file, education file; conduct a clinical interview with the ward; and administer an age-appropriate, standardized, full scale intelligence test. The psychologist shall apply the three part eligibility criteria, and if the ward meets the criteria, the ward will be eligible for developmental disability services. The ward shall also be referred to the appropriate Regional Center (servicing the ward's county of commitment) to determine whether the ward may be eligible for services either while detained or on parole.

3. Placement Process

Wards who have been identified as meeting the eligibility requirements for placement in programs providing developmental disability services shall be placed as follows:

After completing the screening and evaluation process, a clinical psychologist documents the results in the ward's UHR and in the Ward Information Network (WIN) system. The IEP team members, after completing the screening and evaluation process, determine whether the ward is eligible for special education services based on the presence of a developmental disability.

The ward's assigned IDTT, via the Case Conference process, shall review the evaluation results, decide the ward's current level of care, and contact the Health Care Services Mental Health Administrator to arrange placement of the ward in the designated GPOP or specialized program.

4. General Treatment Services

Once a ward has been identified as having a developmental disability and/or requiring services for other reasons, he/she will have an ICP developed by their assigned IDTT.

Areas and topics to be considered in the ICP include:

- Prompting
- Identifying triggers and cues
- Independent living skills
- Reinforcement
- Splinter skills
- Reinforcers
- Information processing

The ICP, written in behavioral terms that are quantifiable and can be measured, shall include a behavioral analysis of the ward's adaptive skills, the goals and objectives to be targeted and specific skills to be taught. When necessary, prompts may be given by any staff interacting with the ward, to assist him or her in achieving the objectives and goals.

Daily, weekly, and monthly data collection of the forms designed to tabulate progress in the above areas will be completed and maintained to track progress and refine the ward's ICP.

5. Staffing and Case Management

Developmental disability services will be provided within the context of the designated GPOP or specialized program. A clinical psychologist, institutional PA/Casework Specialist and Youth Correctional Counselors (YCC) shall provide services to wards with developmental disabilities. In addition to the training provided to all staff, staff assigned to specialized programs will receive specialized training on working with wards with development disabilities. Training shall be appropriate to the staff role, such as continuing education for clinical staff, attendance at professional conferences, seminars, etc.

The psychologist, in collaboration with the IDTT, will develop the goals, objectives and intervention plan(s). The YCC assigned to a ward with disabilities will document the ward's progress in meeting his/her goals and objectives. If progress is not being made the team will meet to modify the plans to improve ward's treatment progress and goal attainment.

The YCC will implement the ward's modified plans and document progress. The institutional PA /Casework Specialist will collect and tabulate the results and chart overall progress. The IDTT will monitor, modify and/or change the objectives and goals based on the accomplishments of the ward.

F. Case Review and Discharge Process

1. Case Review

The case review process shall be incorporated into the already existing Case Conference schedule. Individual ward progress will be reviewed by the IDTT at a minimum quarterly, or more frequently if necessary. Appropriateness of placement and the need for continuing to receive services for their disability at the specialized level of care will also be reviewed at each Case Conference. If a ward's adaptive skills/functioning improve, and/or his or her cognitive skills improve, then the IDTT will re-evaluate a ward's eligibility for continuation in the program and make recommendations for the ward's current level of care.

The CYA shall develop a screening tool to assess the current ward population in order to identify any wards who may not have been previously identified. The CYA shall complete this assessment by December 2006.

2. Discharge Process

When a ward with a developmental disability prepares to be paroled or discharged, his or her IDTT shall develop a parole plan in collaboration with the ward, assigned Field Parole Agent (FPA) and outside agencies.

In cases where wards are eligible and services are available, the Regional Center which services the area where the ward is being paroled, shall be contacted by the assigned institutional Parole Agent/Casework Specialist to begin planning and arranging case management services for the ward prior to, and when he/she arrives in the community. Institutional Parole staff shall work collaboratively with field parole staff and Regional Center personnel to coordinate the following services for individuals with developmental disabilities and their families upon release:

- Assessment and diagnosis
- Counseling
- Lifelong planning and service coordination
- Purchase and necessary services included in the individual program plan
- Resource development
- Outreach advocacy for the protection of legal, civil and service rights
- Early intervention services for at-risk infants and their families
- Genetic counseling
- Planning, placement, and monitoring for 24 hours out of home care
- Training and education opportunities for individuals and families
- Community education about developmental disabilities

A relapse prevention plan focusing on ITI shall be developed. After the appropriate signed releases are obtained, the relapse prevention plan and placement package shall be shared with the Regional Center case manager, and also made available to those who will be providing supervision to the ward.

3. Aftercare Planning and Referrals

To ensure a smooth transition from the core program institution to the ward's community, and to develop plans prior to the wards' arrival, the assigned institutional parole agent/Casework Specialist will provide detailed information regarding the wards' needs and make recommendations to the field parole agent regarding referrals to key community agencies and service providers. These referral sources include, but are not limited to Regional Centers, Alcoholics and/or Narcotics Anonymous, Community Mental Health Clinics, Churches and the Employment Development Department.

VIII. PROGRAMS, SERVICES, AND ACTIVITIES

Department staff shall develop, organize, and supervise all custody, treatment and educational opportunities that occur within a youth facility to ensure equal access by wards with disabilities. Department management staff shall evaluate all Youth Authority programs, services, and activities on an annual basis to ensure equal access by wards with disabilities. Eligibility to participate in any Youth Authority program shall be based on the ability of the ward to perform the essential functions of the program, with or without reasonable accommodation. Essential functions are defined as the basic duties and requirements of programs, services, or assignments that a ward performs, receives or desires.

A. Education Programs

Wards with disabilities may also have Individualized Education Programs (IEP's) identified under the Individuals with Disabilities Education Act (IDEA), and may not include all wards with disabilities under ADA, such as high school graduates or students with disabilities who have been exited from special education. The educational terms, accommodations and modifications, are not necessarily synonymous with the definitions of reasonable accommodations and modifications under the ADA.

1) High School Graduation Plan

The Principal shall ensure that each ward with a disability has a High School Graduation Plan (HSGP) developed to meet the high school graduation standard for the Department.

2) Graduation Standard

The Department shall ensure that all wards with a disability earn a high school diploma before referral to parole. When the parole consideration date prevents achievement of a diploma prior to release on parole, the Department shall ensure that the requirement to earn a high school diploma is satisfied while a ward with a disability is on parole.

Exceptions are:

- Wards who meet the requirements by obtaining either the General Educational Development (GED) or California High School Proficiency Exam (CHSPE) certificates;
- Wards deemed mentally or developmentally incapable of meeting the graduation requirement as determined by an IEP team, a clinical psychologist or psychiatrist.
- Wards younger than 17 years of age.
- Wards who have completed all custody, treatment, and YAB goals, and are demonstrating satisfactory progress toward their HSGP.

3) Academic

The principal shall ensure that education staff conducts continuous observations to ensure all wards with disabilities enrolled in educational programs have equal access to programs, services and activities. The principal shall ensure that reasonable accommodations are provided to students with disabilities enrolled in middle school, high school, career-vocational, and college classes. The principal shall ensure that accommodations are prescribed through regular team processes, such as the School Consultation Team (SCT), Individualized Education Programs (IEP), Section 504 Plans, and other school progress meetings. The principal shall ensure that additional accommodations are determined and updated by treatment or medical personnel through Initial Case Reviews and Special Case Conferences.

Education administrators shall periodically monitor school enrollment data to ensure that class assignments are nondiscriminatory. In addition, the progress of special education students, will be continuously monitored by education staff.

4) Classroom Instruction

The principal shall ensure that teachers and specialists provide instruction using a variety of educational strategies, techniques, and materials to address individual needs of students with disabilities. The principal shall ensure that education staff follows the accommodations or modifications indicated in an IEP or Section 504 Plan.

Supplementary services shall include:

1. Basic Skills Enhancement
2. Special Education, and
3. English Language Learner

The principal shall ensure that supplementary services are provided to meet the individualized needs of students and to ensure equal educational access to the core curriculum in the least restrictive environment. The least restrictive environment refers to placement of students with disabilities in the most integrated learning setting.

5) Testing

The principal shall ensure, for purposes of statewide, district wide, and high school exit examinations, the following applies to students with disabilities;

1. Education staff shall define the terms “accommodations” and “modifications” related to an educational setting for wards with disabilities according to standards established by the California Department of Education (CDE) and
2. Education staff shall follow established guidelines set by CDE, Standards and Assessment Division for statewide testing.

6) Library Services

The principal shall ensure that students with disabilities have access to library and law library services for a minimum of 30 hours each week according to schedules established by the Education Services Branch and Title 15 mandates. The Principal shall ensure that accommodations provided to students with disabilities enrolled in educational classes apply equally to library and law library services. The Superintendent shall ensure that wards with disabilities who are not currently enrolled in an educational program are provided access to library and law library services by submitting a written request to library staff.

The Superintendent/Principal shall ensure that a ward who requires special assistance, due to the nature of the disability, in completing a written request, receives assistance from a Staff Assistant or other designated personnel. The Superintendent/Principal shall ensure that special arrangements with Library staff are made to accommodate wards with disabilities who are temporarily placed in alternative education or other restricted settings.

7) Library Equipment

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. Equipment such as computers capable of displaying large print materials, photocopiers capable of making large print materials, tape recorders, books on tape, text magnifiers, magnifying glasses, Braille and large print materials, and TV/VCR/DVDs with closed-captioning capability will be provided on a case by case basis in response to the wards' individual needs. Electronic equipment is intended for student use in the libraries located in the school area.

The Principal shall ensure students with disabilities are trained in the proper use of electronic equipment and are provided equal access to services and shall ensure that students with disabilities are not restricted to using the equipment for legal text. However, legal users will be given priority access.

The Principal shall ensure that students with disabilities can request access to the electronic equipment by submitting a written request to the librarian, or if unable to write, may verbally request such access.

8) Computers

The Superintendent/Principal shall ensure that students with disabilities adhere to Department policy regarding limited access to computers. The Superintendent/Principal shall ensure that wards (students) with disabilities have equal access to computers as wards without disabilities.

Computer access shall be limited for all wards to assisted instruction within an academic classroom setting, a vocational education setting, within Free Venture programs, and for library and library information retrieval. The Principal shall ensure that wards with disabilities are accommodated to ensure equal access to information provided through computer-assisted instruction.

The Principal shall ensure that students with disabilities can request access to the computers by submitting a written request to the librarian, or if unable to write, may verbally request such access.

The Superintendent/Principal shall ensure that wards with disabilities who are not currently enrolled in educational programs have access to electronic equipment located in the library by submitting a written request to Library staff.

The Superintendent/Principal shall ensure that a ward that requires assistance, due to the nature of a disability, shall receive assistance by a Staff Assistant or other designated personnel in the use of specialized equipment to ensure equal access.

9) Individualized Education Plan (IEP) Meetings

By December 2005, the Department shall implement the following:

1. The Education Services Branch shall establish a working committee consisting of the Disability Expert, one Education Expert, the SELPA Director and the Manager of special education programs (or two other Department representatives if these latter two persons become unavailable. This committee will meet two to three times (or more if deemed necessary by the committee) to study and make recommendations to improve the adult wards' and parents' meaningful participation during IEP meetings, to encourage more active participation, and to providing informational materials for parents and/or surrogates. Recommendations submitted by this committee will be discussed with the Superintendent of Education, and the Department shall implement the recommendations as appropriate.
2. Each 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. This will be intended to encourage active participation of wards and (if applicable) parents and surrogates during the IEP meeting. During the IEP meeting, a specialist or alternate, in addition to any participating parent or surrogate, will serve as the advocate of the student.
3. 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 encourage active participation.
4. The committee described in (1) above 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 should not be interpreted that this remedial plan requires the Department to provide such means of transportation for parents to IEP meetings.
5. The committee described in (1) above shall also study the need to include a wider variety of individualized accommodations in IEP's.

B. Training: Work And Camp Programs

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. The Superintendent shall ensure that treatment teams evaluate wards with disabilities for consideration regarding placement on a case-by-case basis. The Program Administrator shall ensure that a ward with a disability is capable of performing the essential functions of a work assignment before approving placement. The Program Administrator shall also be responsible to ensure, when possible, without jeopardizing the fundamental nature of an assignment to a work or camp program safety or security, that a ward with a disability is accommodated and afforded equal participation. The Program Administrator shall ensure the ability to earn program credits is not affected by the failure of a ward with a disability to succeed in a work or camp assignment, solely due to the nature of a disability, even with accommodations or modifications.

C. Treatment Programs

The Department shall ensure that reasonable accommodations are provided for all wards with disabilities to ensure full participation in all treatment programs and related activities. Treatment programs and related activities include but are not limited to: drug treatment; sex offender treatment; and resource groups such as social thinking skills, anger management, parenting, inner wounded child, victim awareness, and gang awareness. The Superintendent shall ensure that specific types of accommodations are identified through the special case conference process.

The Superintendent or designee 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. The Superintendent or designee shall ensure that a Staff Assistant is assigned to a ward with a disability when individualized assistance in the completion of daily or weekly assignments is required. The Program Administrator shall ensure that supervisors on living units monitor treatment provided to wards with disabilities for discrimination.

The Superintendent or designee shall ensure that treatment staff present rules that govern the group living process in a manner that wards with disabilities can understand. The Treatment Team Supervisor shall ensure that accommodations are provided to wards with disabilities when posting or communicating rules, such as the repetition of verbal instructions, large print, or the use of signs and symbols.

D. Services

The Department shall ensure equal access to the services provided to wards with disabilities as to those provided to wards without disabilities. Services shall include: Medical, Dental, Mental Health, Food (meals), Laundry, Religious, Transportation, and Telephone.

E. Activities

The Department shall ensure equal access to participation in the activities provided to wards with disabilities as to those provided to wards without disabilities. These include visiting, recreation and sanitation and hygiene.

1. Visiting

The Department shall ensure that reasonable accommodations are afforded wards with disabilities to facilitate their full participation in visiting with guests and family members.

The Department shall include plan to make all visiting facilities at all youth correctional facilities fully operationally and accessible. The new visiting facility at Ventura YCF is currently under construction and will be fully operational by January 2006. The design of the new facility at Preston YCF requires additional staffing to make it fully operational and safe for all wards, visitors and staff. The Department will utilize the current budget process to request additional staffing positions and the facility will be in operation by July 2006. The CYA will confer with the Disabilities expert to explore and implement, as reasonably appropriate, interim solutions to address architectural at the existing PYCF visiting area until the new facility is opened in July 2006.

The Superintendent shall ensure that required auxiliary aids and assistive devices are provided to wards with disabilities and/or their guests with disabilities when required for effective communication.

2. Recreation

The Department shall ensure that reasonable accommodations are afforded wards with disabilities to facilitate their full participation in recreational activities. The Superintendent shall ensure that auxiliary aids and assistive devices are provided for the ward with a disability to participate in the activity when required.

3. Sanitation and Hygiene

The Department shall ensure that reasonable accommodations are afforded wards with disabilities to facilitate their full participation in activities of daily living. The Superintendent shall ensure that auxiliary aids and assistive devices are provided and any existing devices modified for the ward with a disability to fully and independently participate in personal hygiene and sanitation.

When developing parole plans for wards with disabilities, the PA III shall ensure that institutional PA's consider the ability of a ward with a disability to transfer a skill from the youth facility to parole, as well as the environment, availability of resources, devices, and modifications required.

IX. SAFETY

A. Emergency Evacuation Plans

Emergency Evacuation Plans refers to procedures that shall be implemented and followed during evacuation due to a multi-hazard incident or emergency. Reasons for evacuation include, but are not limited to: fire, earthquake, explosion, imminent flooding or actual flooding, dam failure, bomb threat or hazardous material incident. Designated Department staff shall intervene during emergencies and multi-hazardous incidents in an expeditious manner using appropriate resources and shall ensure the safe and effective evacuation of wards with disabilities.

Evacuation procedures shall be implemented at each facility to protect the safety of staff, wards, and the general public, protect property, preserve the organizational structure and facilitate the continuity and resumption of essential services. The Department shall ensure that the special needs of wards with disabilities are accommodated during an emergency evacuation. Special needs may include, but are not limited to, personal notification for deaf or hard of hearing wards and assistance to vision or mobility impaired wards.

Evacuation procedures shall be effectively communicated to disabled wards during the orientation process. Wards with impairments, who require accommodations who are temporarily housed in non-accessible rooms due to a change in condition, or who are transferred in error, shall be expeditiously transferred to a living unit that is accessible to wards with disabilities.

B. Verbal Announcements and Alarms

The Department shall ensure that wards with hearing and other impairments, who require accommodations, benefit from effective communication regarding public address announcements and reporting procedures, including those regarding visiting, school, recreation period, movements, count, or emergency situations. The Departmental WDP Coordinator will develop a standardized emergency announcement protocol by December 2005. 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.

X. SECURITY

A. Placements

1. Special Housing Placements

Special Housing placements include Temporary Detention (TD), Administrative Lockdown, Special Management Program (SMP) and Medical Placement.

Temporary Detention (TD) refers to a status in which confinement in secured quarters is imposed to ensure the safety of wards, staff, or the facility. Placement on TD must meet the criteria of a Danger to Self or Others, Endangered (Protective Custody) or Likely to Escape. Such program restrictions last only as long as the condition or behavior warrants. The Superintendent shall report to the Deputy Director, within twenty-four hours, when a ward with a disability that requires accommodation is on TD. For each extension of TD, the Superintendent shall ensure that the ward requiring accommodations is seen by a Staff Assistant. The Superintendent shall monitor the need for an extension of a TD and shall report to the Deputy Director when accommodations are being impacted by the proposed extension.

Wards with disabilities shall be provided accessible housing when placed on TD. When accessible TD housing is not available, alternative placement may be made temporarily in another appropriate location. If there is a risk of injury to self due to placement in a non-accessible room while on TD, wards shall be admitted by a physician to an out patient housing unit.

2. Administrative Lockdown

Administrative Lockdown refers to the program restriction of a group of wards, living units, or an entire facility due to an operational emergency that threatens the safety of staff and/or wards. Administrative Lockdown lasts only as long as necessary to restore the safe operation of the living units or the facility.

The Superintendent shall only institute an Administrative Lockdown at a facility or living unit when safety and security is threatened by an operational emergency including a gang-related incident, group disturbance, assault on staff, or serious assault on wards. The Superintendent shall report to the Deputy Director, within the first twenty-four hours of an Administrative Lockdown, all of the wards with disabilities who require accommodations. Every reasonable effort will be made to ensure availability of services commensurate with all other wards. For each extension of Administrative Lockdown, the Superintendent shall monitor and report the number of wards with disabilities whose accommodations are being impacted by the proposed extension and, if appropriate, shall determine alternate ways to meet their needs and ensure that those alternatives are carried out.

3. Restricted Settings (RS)

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. The Superintendent shall report to the Deputy Director, within twenty-four hours, when a ward with a disability requiring accommodations is placed into a restricted setting. At the Initial Case Conference (ICC), the manager shall ensure that wards with disabilities placed into a restricted setting have their level of care updated and their treatment goals set within five working days. During the ICC, the manager shall ensure that an individualized special management plan is developed for wards with disabilities who require accommodations. Individual treatment plans shall be developed to ensure equal opportunity for progress through the stage system and successful reintegration into the least restrictive environment. During the ICC, the manager shall also ensure that the individualized Individual treatment plan developed for wards with disabilities contains a strategy for the use of assistive devices, if required.

Accessible restricted setting housing shall be provided in at least one designated facility for each gender of wards with disabilities who require accommodations. The ward unable to use a sports wheelchair to enter a restricted setting room shall be provided accommodations on a case-by-case basis as developed and approved by the CMO.

4. Medical Placement

The Department shall provide health care to all wards according to established standards. Emergencies, acute illness, chronic illness, and traumatic conditions of recent origin shall be treated promptly and according to Department Primary Care Treatment Guidelines. Wards who require immediate care may receive off-site health services. Emergent conditions shall be treated when indicated, to preserve health, prevent permanent disability, or prevent permanent health impairment. Medical treatment, which is necessary for the maintenance of health, including the treatment of chronic conditions such as diabetes, mellitus, and epilepsy shall be provided.

If there is a judgment that nursing care is required, or if there is a risk of injury to self, wards with disabilities may be admitted by a physician to a medical bed when no accessible room is available for placement. Wards shall have access to programs, services and activities prescribed in their individual treatment plans when placed in medical beds because of their disability, including when placed for the sole purpose of assistance with activities of daily living, or when placed because of a risk of injury to self. Such programs, services, and activities shall be provided in a manner that does not adversely impact health care operations.

A program, service, or activity may be disallowed, on a case-by-case basis, if a physician determines that participation would endanger the health or safety of the ward.

A ward with a disability shall be afforded equivalent programs, services and activities provided to non-disabled wards when housed in a medical setting that requires nursing care.

B. Security Procedures

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.

1. Use of Force

Use of force procedures shall be utilized by designated Department staff in self-defense or in the defense of others.

- a) Peace officer staff shall use only the minimum force necessary to ensure the safety of others. Peace officers may use force in self-defense or in the defense of others. Peace officers shall analyze, assess, and evaluate the situation to determine the most reasonable force option to exercise with a ward with a disability. In non-emergency situations, and if the time needed does not create an additional safety and security issue or significantly interfere with the operations of the facility, correctional peace officers shall consult with a licensed medical or mental health professional regarding the mental and physical impairments of a ward prior to using force.
- b) The Superintendent shall ensure that wards with disabilities are clearly identified in such a manner that all staff is aware of the designation of a ward, and the need for accommodation when considering the use of force. With regard to the use of force, the Superintendent shall ensure that wards with disabilities requiring the appropriate professional staff assesses accommodations and that the accommodations required are documented and made available to all correctional peace officers. The Superintendent shall ensure that the following factors are considered when, in a non-emergency situation, correctional peace officers are considering the use of force on a ward with a disability requiring an accommodation:
 - Health reasons. (Including but not limited to respiratory impairments, heart murmur, seizure disorder, etc.)
 - Mental health issues
 - Pregnancy
 - Placement on suicide watch
 - Psychotropic medication

The Superintendent shall ensure that in emergency situations, correctional peace officers attempt to provide the documented accommodations for the ward with a disability. The Superintendent shall ensure that if a situation creates a threat to staff, other wards, or threatens facility safety, that correctional peace officers use reasonable force, regardless of the need for accommodations for a ward with a disability.

2. Force Options

Whenever possible, prolonged dialogue and verbal instruction shall be used prior to the use of chemical, physical and /or mechanical restraints.

a) Dialogue and Verbal Instruction

- (1) Peace officer staff shall attempt to resolve situations with wards with disabilities using dialogue and verbal instructions whenever possible. Accommodations for wards with disabilities who have specific language, cognitive and/or hearing impairments shall include but not be limited to: 1) clear and understandable warnings of the rule being violated and the consequences of further non-compliance, 2) a sufficient and reasonable amount of time after the warning is given for the ward with a disability to respond, 3) prolonged attempts at resolution via dialogue and instruction, and 4) use of interpreters or staff assistants to establish or enhance communication.

b) Chemical Restraints

- (1) Peace officer staff shall give sufficient warning prior to applying chemical agents to wards with disabilities. When warnings are given to wards with disabilities, peace officers shall consider the following factors: 1) clear and understandable warnings are given to wards with cognitive and hearing impairments, and 2) a sufficient and reasonable amount of time is afforded after the warning is given for wards with disabilities to respond.
- (2) Peace officers shall afford reasonable accommodation, under the direction of the supervisor in charge, when applying chemical agents to wards with disabilities.
- (3) Reasonable accommodations that may be required include but are not limited to: 1) prolonged attempts at resolution via dialogue and instruction, 2) specific chemical agent to be used approved by a medical doctor, or 3) restriction from the use of chemical agents.

c) Physical Restraint

- (1) Peace officers shall give sufficient warning prior to applying approved physical restraints/holds on wards with disabilities and shall afford reasonable accommodation, under the direction of the supervisor in charge, when applying approved physical restraints—/holds to wards with disabilities. Reasonable accommodations that may be required include but are not limited to: 1) prolonged attempts at resolution via dialogue and instruction, 2) chemical agents to be used first, specific agents when identified by a medical doctor, 3) specific physical restraints/holds approved by a medical doctor, or 4) alternative, approved physical restraints/holds approved by a medical doctor.

d) Mechanical Restraints

- (1) When application of restraint equipment is prevented in the ordinarily prescribed manner, peace officers shall afford reasonable accommodation, under the direction of the supervisor in charge, when applying restraint equipment on wards with disabilities.
- (2) The Superintendent shall ensure that mechanical restraints are effectively applied while reasonably accommodating wards with disabilities. Reasonable accommodations that may be required include but are not limited to: 1) prolonged attempts at resolution via dialogue and instruction, 2) chemical agents to be used first, specific agents when approved by a medical doctor, 3) specific physical restraints/holds approved by a medical doctor, or 4) alternative, approved physical restraints/holds approved by a medical doctor.

e) Less Lethal

- (1) Peace officers shall give sufficient warning prior to using less lethal force on wards with disabilities. When warnings are given to wards with disabilities, peace officers shall consider the following factors: 1) clear and understandable warnings are given to wards with language, cognitive and/or hearing impairments, and 2) a sufficient and reasonable amount of time is afforded after the warning is given for the ward with disability to respond.

- (2) Peace officers shall afford reasonable accommodation, under the direction of the supervisor in charge, when using less lethal force on wards with disabilities. Reasonable accommodations that may be required include but are not limited to: 1) prolonged attempts at resolution via dialogue and instruction, 2) specific chemical agents approved by a medical doctor, 3) restriction from the use of chemical agent, physical restraints/holds, and/or mechanical restraints, or 4) specific target areas approved for less lethal force.

3. Count

Counts may prevent or interrupt an attack on a ward, or cause a faster response in a medical emergency. Staff shall observe skin, and check for breathing or movement, or other signs of life, to document the count.

The Superintendent shall ensure that wards with disabilities are accommodated when count procedures are reviewed during the orientation process. To ensure compliance with count procedures, the Superintendent shall ensure that reasonable accommodations such as grab bars, wheelchairs, interpreters, visual alerts, clear and concise instructions are consistently provided to wards with disabilities. Seated count may be approved as an option to accommodate wards with mobility impairments.

4. Searches

Designated Department staff shall perform searches when looking for contraband or for evidence in an investigation of an incident to ensure the safety and security of staff and other wards. Searches may lead to temporary confiscation of assistive devices. Wards with a disability that prevents the employment of standard search methods shall be afforded reasonable accommodation under the direction of the supervisor in charge. Wards who use wheelchairs and/or have severe mobility impairments and are unable to perform standard unclothed body search maneuvers shall be afforded reasonable accommodation to ensure a thorough search, including body cavity if necessary.

Any removal or disassembly of an assistive device shall be conducted in a clean setting. Wards who require removal of an assistive device to complete the search shall be allowed to remove the device and give it to staff if they are compliant. If forcible removal of the device is necessary, health care staff shall be present and available for consultation regarding the safe removal of the device.

Wards shall not be required to sit or lie on extremely cold or hot surfaces to perform strip search maneuvers. Assistive devices shall only be removed for inspection during an unclothed body search. Complex devices (i.e. electronic assistive devices) shall be disassembled for inspection only when there is reasonable cause to believe there is contraband concealed inside the device. Inspection of such devices shall require approval from the supervisor in charge after consultation with the appropriate medical staff. Only a trained professional shall disassemble the device.

5. Transportation

Designated Department staff shall transport all wards when transferring between institutions and camps, when being held for temporary detention, when apprehended after an escape, for court appearances or medical appointments and emergencies, or when newly released. Designated staff shall transport wards in accordance with the regulations of the State Department of Automotive Management.

The Department shall accommodate wards with disabilities who require transport.

The disability of wards shall be considered in transporting them. Any assistive devices shall be transported with the ward upon transfer. Accessible vehicles shall be used to transport wards in wheelchairs and whose disability, for example, mobility impairment, necessitates specialized transportation.

The CYA shall procure two wheelchair accessible vans to transport wards with disabilities by July 2006. In the interim, Department staff may contact the Transportation Services Unit (TSU) of the California Department of Corrections directly to request transport of wards who require transportation in accessible vehicles.

6. Visiting

Visitation shall occur in accessible designated visiting areas or at pre-arranged special locations. Reasonable accommodation shall be afforded wards with disabilities to facilitate their full participation in visiting as provided by each institution. Wards with disabilities shall be provided with the reasonable accommodations and modifications for them to participate in the visiting program. Accommodations and modifications shall be provided in a manner consistent with ensuring the safety and security of the public, staff and wards.

Visitors shall not be permitted to bring in outside equipment for effective communication when it is available at the institution. Any equipment that visitors are permitted to bring will be subject to search, pursuant to CCR, Title 15, Section 3173. Wards with disabilities requiring accommodation for visitation shall give appropriate notice of any request for accommodation to the assigned institutional PAI or Casework Specialist responsible for approving and arranging the visit.

7. Property

Designated department staff shall follow established procedures at the time of intake or when a ward is temporarily or permanently transferred.

XI. DISCIPLINARY DECISION MAKING SYSTEM (DDMS)

Department staff shall utilize the DDMS as one aspect of treatment when dealing with wards who, due to a rule or law violation, may be subject to disciplinary action which will have the effect of imposing a disposition, taking away a possession, or depriving the ward of something reasonably expected as part of their prescribed program. Staff shall closely monitor the daily activities of wards with cognitive and emotional disabilities to facilitate their compliance with department rules and regulations. Staff shall attempt to address rule violations by using rapport, direct instructions, prompting, or verbal counseling. Staff shall assess the ability of wards to understand the nature of their rule violations and the consequences of their continued misconduct.

If staff determines that the ward does not understand the nature of his or her misconduct, due to a disability, interventions shall be considered, including:

1. removal of barriers to understanding of the rules;
2. referral to counselors, mental health professionals, educational specialists or the facility ADA Coordinator;
3. referral to IEP's or 504 plans for goals, objectives, and interventions;
4. referral to treatment plans for goals, objectives, and interventions; and
5. referral to treatment teams for review of level of care designation.

If these interventions successfully correct the misconduct, no further disciplinary actions are required. If, upon understanding the nature of his or her misconduct and after successful interventions, the ward continues the misconduct, the misconduct may be handled in accordance with DDMS. Staff shall take into consideration the nature of the ward's disability and his/her need for adaptive support services when determining the method of discipline.

Staff Assistant

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.

Each facility shall have a SA team with at least one representative from each of the following disciplines: mental health, health care, and education.

The SA shall be assigned to each DDMS case involving a ward with a mental or physical disability who currently requires an accommodation and shall be assisted by a bilingual aide, reader, and mental health professional, as necessary. The SA shall receive training in intervention, documentation, and in due process hearings. The SA shall be responsible to inform wards of their rights and ensure their understanding of the disciplinary procedures.

The SA shall help wards prepare for the disciplinary hearing, represent the position of wards at the disciplinary hearing, ensure the position of wards is understood, and ensure that wards understand the decisions reached. In addition, the SA shall provide the fact finder with information related to the disabilities of wards and the adaptive support services required. The SA shall be present at the disciplinary hearing and all interviews related to the disciplinary process. However, the SA shall refrain from giving legal counsel or specifying the position that wards shall take in any disciplinary proceedings. The SA shall provide additional assistance as appropriate.

The fact finder shall evaluate the adaptive support services for wards with disabilities when determining guilt or innocence and shall consult with the SA assigned to a ward with a disability regarding the findings. The facility WDP Coordinator shall review all DDMS forms to ensure fair and equitable treatment occurred during the DDMS process and that no discrimination occurred due to cognitive limitations of a ward.

The SA assigned to a ward with a disability shall provide input as to the effectiveness of the disposition in correcting the behavior. Both the disposition chairperson and SA shall sign completed DDMS forms. By signing the DDMS forms, the SA shall not be considered endorsing the disposition, but only acknowledging the consultation. The need for the disposition chairperson to consult with the SA concerning the disposition for wards with cognitive and emotional impairments shall be incorporated into the DDMS process. Disposition chairperson shall be trained to communicate with wards who have disabilities.

The SA shall complete a course to become a staff assistant that contains modules that define SA roles and responsibilities, describe cognitive and emotional disabilities and present an overview of the DDMS process.

All written notes utilized and exchanged for effective communication between the ward and staff shall be attached and included with the disciplinary documents. If a ward with a cognitive or emotional disability exhibits ongoing behavioral problems, the SA shall refer the case to a mental health staff for assistance in assessing the causes of the behavior and for creating a treatment plan.

The facility WDP Coordinators shall review all DDMS forms at least monthly to identify any patterns of misbehavior that may be related to cognitive and emotional disabilities. Reasonable accommodations shall be afforded wards with disabilities in the disciplinary process, including but not limited to, assistance by a bilingual aide or qualified interpreter in order to ensure effective communication.

XII. GRIEVANCE PROCEDURES

The Ward Grievance procedures refers to the process that ensures wards the access to a fair, simple and expeditious system for the resolution of complaints as required by Welfare and Institution Code Section 1766.5. Both staff and wards shall be treated fairly and with dignity as issues are addressed through this system. The procedures and means for filing a grievance shall be made readily available to all wards. The grievance process shall be considered an integral part of the treatment program.

When a ward with a disability files a regular, emergency, disability related grievance or complaint alleging staff misconduct he/she shall be afforded the same opportunities as all others wards and shall be provided appropriate accommodation and/or a staff assistant.

If staff determines that the ward does not understand the procedures and means for filing a grievance, then one or more of the following interventions shall be utilized to remove barriers to understanding of the grievance process:

- 1) Provide written procedures to the ward to explain the grievance process
- 2) Provide written copies of the policy or procedure being grieved and
- 3) Enlist the Grievance Clerk to assist with the writing of the grievance.

If these interventions successfully allow the ward to understand his/her rights and participate in the grievance process, then no further assistance is required.

A. Staff Assistant

To assure the opportunity to file all types of grievances and for a full and fair hearing, all wards with disabilities who require accommodations shall be assigned a SA from the facility SA team. Each facility shall have a SA team with at least one representative from each of the following disciplines: mental health, health care and education.

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. As necessary, the SA shall be assisted by a bilingual aide, reader, and/or, mental health professional. Every SA shall receive training in intervention, documentation, and in due process hearings. The SA will be responsible to inform the ward of his/her rights and ensure their understanding of the grievance procedures.

The duties of the SA shall include the following:

- Help wards with the writing of the grievance, as necessary, and prepare for the grievance proceedings, including wards with cognitive or other disabilities that limit reading and writing abilities.
- Represent the position of wards throughout the grievance proceedings.
- Ensure the position of wards is understood.
- Ensure wards understand the decisions reached.
- Provide the grievance respondent with information related to the disabilities of wards and the adaptive support services required.
- Be present at the all levels of grievance proceedings and all interviews related to the grievance process.
- Refrain from giving legal counsel or specifying the position wards shall take in any grievance proceedings.
- Provide additional assistance as appropriate.

All grievance respondents shall evaluate the adaptive support services for wards with disabilities when determining their ability to participate in the grievance process and shall consult with the SA assigned to a ward with a disability regarding the response to a grievance before taking action. All grievance respondents shall review grievance forms to ensure fair and equitable treatment occurred during the grievance process, and that no discrimination occurred due to mental limitations of a ward. All grievance respondents and the SA shall sign completed grievance forms. However, by signing the form, the SA shall not be considered endorsing the resolution of the grievance, but only acknowledging the consultation.

The need for all grievance respondents to consult with the SA concerning the resolution for wards with mental and physical impairments shall be incorporated into the grievance process. All grievance respondents shall be trained to communicate with wards that have disabilities.

The SA shall complete a course to become a staff assistant that contains modules that define SA roles and responsibilities, describe mental and physical disabilities and present an overview of the grievance process.

All written notes utilized and exchanged for effective communication between wards and staff shall be attached to the grievances. The Facility WDP Coordinator shall review all grievance forms at least monthly to identify any patterns of repetitive involvement that may be related to mental and physical disabilities and refer such cases to the appropriate supervisory staff.

Reasonable accommodations shall be afforded wards with disabilities in the grievance process.

The ward and the SA may need to be assisted by a bilingual aide or qualified interpreter in order to ensure effective communication. Additional accommodations may be appropriate.

B. Grievance Standards For Accommodations

A ward with a disability may request an accommodation or grieve alleged discrimination through the grievance process. Department staff shall provide aid to all wards that require assistance in the grievance process.

A ward shall request accommodations or file grievances, as a remedy to ensure equal access to programs, services, and activities, on a CYA grievance form. The ward may attach any relevant documentation of a disability requiring an accommodation to this form. A ward with a disability shall submit the request for accommodation to the Wards Rights Coordinator at each CYA facility. The Wards Rights Coordinator shall attach the request for accommodation or the alleged charge of discrimination to the standard CYA grievance form.

The Superintendent at each facility shall ensure that Youth Authority forms to file standard grievances are accessible to all wards.

C. Grievance Screening Process For Accommodations

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 Wards with Disabilities policy
- Allegation of discrimination based on a disability
- Denial of access to a program, service, or activity based on disability

Disability related grievances meeting the above criteria shall be reviewed and handled by someone other than the staff member named in the grievance.

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. If a grievance includes both a WDP and non-WDP issue, the facility WDP Coordinator or designee shall respond to the WDP related issue within prescribed timelines. If the Wards Rights Coordinator determines that a grievance is not a WDP issue, the grievance shall be re-categorized and processed through the regular grievance system.

Reasons for re-categorization may include, but are not limited to the following:

- The ward requests medical treatment for a condition that does not substantially limit a major life activity.
- The ward complains about pain and requests medical treatment with no indication that a program, service, or activity is impeded.

D. Medical Verification Process For Accommodations

The Wards Rights Coordinator shall refer grievances to the CMO when medical verification of a disability or identification of an associated limitation is required. Within five working days of receipt of a grievance, the medical staff shall examine the UHR of wards who have requested accommodation or have alleged discrimination based upon the disability. Medical staff shall note that documentation exists on the YA grievance form, in the response section, to verify that a disability or any associated limitation is contained in the UHR of a ward. Medical staff shall attach relevant copies of documentation, contained in the UHR, to the YA grievance form and return to the Wards Rights Coordinator within five working days. Confidential medical and/or mental health information documentation shall not be attached to the grievance form. If medical verification is not available in the UHR, medical staff shall determine whether a disability exists.

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. However, the appropriate physician shall determine whether interim accommodations shall be provided pending the specialist appointment. Upon determination that an expert consultant is required, the CMO shall inform the Wards Rights Coordinator of the referral. The grievance timeframes shall be suspended until medical staff receives the report from the expert consultant. 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.

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.

E. Non-Medical Verification Process For Accommodations

The Wards Rights Coordinator shall refer a grievance to the facility WDP Coordinator when verification of a non-medical disability is required. Within five working days of receipt of a grievance from the Wards Rights Coordinator, the facility WDP Coordinator shall examine the field file and other applicable records of wards who have requested accommodation or have alleged discrimination based upon the disability. The facility WDP Coordinator shall note that documentation exists on the CYA grievance form when verification of a disability or any associated limitation is contained in the field file, or other applicable records, of a ward. The facility WDP Coordinator shall attach relevant copies of documentation to the CYA grievance form and return it to the Wards Rights Coordinator.

The Program Manager shall contact section managers to determine whether a non-medical disability exists, when verification is not available in the field file or other applicable records, and shall ensure that documents that verify non-medical disabilities are placed in the field file of wards when obtained from section managers. The Program Manager shall attach all relevant copies of documentation, obtained from section managers, to the YA grievance form and return to the Wards Rights Coordinator.

The facility WDP Coordinator shall conduct an interview with the ward, who has filed a grievance for an accommodation or who has alleged discrimination, when verification is not available in the field file or from designated section managers for a non-medical disability. The facility WDP Coordinator may determine from the interview whether the ward has met the criteria for a referral to a psychologist or education specialist for screening. The psychologist or education specialist shall conduct the screening or evaluation if required, and forward a report to the facility WDP Coordinator within five working days. Upon receipt of reports from psychologists or education specialists, the facility WDP Coordinator shall note a non-medical disability and any limitations that exist on the CYA grievance form and in the field file of the ward.

After the psychologist or education specialist verifies a disability, the Program Manager 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 the Program Manager.

The Wards Rights Coordinator, Program Administrator, or Principal may temporarily grant an accommodation pending verification of an alleged disability on the condition that the accommodation will be withdrawn if the department is unable to verify that the disability exists. The Wards Rights Coordinator, Program Administrator, or Principal shall grant accommodations pending verification when denial of an accommodation could cause serious or irreparable harm.

F. Timeframes for Regular and Emergency Grievances

Timeframes for processing grievances, including emergency grievances are currently being revised and will be addressed in the Ward Safety and Welfare Remedial Plan to be filed November 30, 2005. The timeframes for dealing with emergency grievances and grievances that request accommodations or allege discrimination will be outlined in the Ward Safety and Welfare Remedial Plan. Wards with disabilities shall be granted reasonable accommodations as discussed herein with respect to the timeframes for processing of these grievances.

XIII. WARD PAROLE HEARINGS

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. This includes ensuring that wards with disabilities who are preparing for parole are provided reasonable accommodations including sign language interpreters for wards whose preferred mode of communication is sign language. To ensure that reasonable accommodations are provided Department staff shall review all wards with a disability designation who are preparing for parole and identify those accommodations which may be necessary based on those which were provided during his/her institutional stay.

Department staff shall ensure that wards with disabilities are provided staff assistance in understanding regulations and procedures related to parole plans and in the completion of required forms. Types of assistance or accommodations may include but are not limited to the repetition of verbal instructions, large print materials, or the use of assistive devices. Department staff shall ensure that wards with disabilities who have difficulty reading or communicating in writing are provided equal access to the required information given to non-disabled wards preparing for parole and YAB proceedings.

The institutional PA/Casework Specialist shall complete and forward the Case Report Transmittal Form, along with all supporting documents on the issue of a disability, to the PAIII or Supervising Casework Specialist II, when scheduling a YAB hearing. PAI/Casework Specialist shall be responsible for requesting accommodations for wards with disabilities during YAB hearings when a ward requests an accommodation, or when the PAI/Casework Specialist is aware of a disability or should have been aware of a disability. The institutional PA/Casework Specialist shall place the Case Report Transmittal Form requesting accommodations during a YAB hearing in the Case Report section of the field file.

The Department shall ensure that aid is provided to all wards with disabilities who request assistance in requesting accommodations during YAB hearings. If a ward has a developmental disability, which impairs the ward's ability to attend a hearing or communicate effectively with the hearing officer, Department staff is responsible for making arrangements in advance to provide accommodations for the wards. The Superintendent shall be responsible for ensuring that due process and equal access occurs for wards with disabilities who require accommodations during YAB hearings.

A. Ward Request for Accommodation

Wards who require an accommodation due to a verified disability may request a reasonable accommodation to ensure effective communication preparing for parole and during YAB hearings.

B. Denial of Request for Reasonable Accommodation

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. All complaints related to the denial of reasonable accommodations during a YAB hearing shall be handled as an emergency WDP grievance. The Office of the Superintendent or designee shall conduct the emergency review and shall render a decision upon receipt of the request from the ward. The decision shall be set forth in writing and returned to the ward.

C. Witnesses and Victims or their Families

The PA III or Supervising Casework Specialist II shall ensure that all required notifications of scheduled YAB hearings to witnesses and victims or their families include instructions to notify the institutional PAII or Supervising Casework Specialist II if accommodations are needed. When an accommodation request is received, the PAII/Supervising Casework Specialist II shall contact the facility WDP Coordinator to assist with the accommodation.

XIV. REMOVAL OF ARCHITECTURAL BARRIERS

A. Overview

The CYA's Facilities Planning Division (FPD) and Peter Robertson of Access Unlimited completed surveys at each facility to identify the most urgent modification/renovation projects needed to accommodate wards with disabilities. For its survey, the FPD also reviewed the disability standards set forth in federal and state statute, which will be followed for each disability-related project to ensure compliance.

The highest priority barriers identified on the surveys was the construction/renovation of rooms to provide accessible housing for wards with disabilities. The CYA agrees with this recommendation and has initiated the renovation of one room at each facility (demonstrated in the "Room Modifications" table below) to ensure that there is one room at each facility, which is fully accessible to wards with disabilities. Room modifications will be completed by June 30, 2006.

ROOM MODIFICATIONS	
FACILITY	COMPLETION DATE
Southern Reception (1 st room)	Completed
Ventura YCF	Completed
N.A. Chaderjian YCF	Completed
Herman G Stark YCF	Completed
El Paso de Robles YCF	August 2005
Dewitt Nelson YCF	December 2005
O. H. Close YCF	December 2005
Preston YCF	December 2005
Southern Reception (2 nd room)	June 2006

The next identified priority of barrier removal work identified by the surveys was accessibility of shower and lavatory facilities. At a minimum, there shall be one fully accessible shower and/or lavatory area at each CYA facility in close proximity to the modified room. To achieve this during fiscal year 2005-2006, CYA will renovate nine shower and/or lavatory areas in close proximity to the modified rooms by June 30, 2006. It will further renovate eight more showers and/or lavatory areas in housing units by June 30, 2007.

In a survey and report dated February 17, 2004, Peter M. Robertson of Access Unlimited identified numerous additional barriers at YA facilities. The chart below reflects the next most critical items identified for barrier removal. As the next highest-priority barriers, funding has been approved for remediation of these barriers by FY 2008/2009. The chart titled "Critical Disability-Related Barriers" shows both the currently planned projects and the projected dates of completion:

CRITICAL DISABILITY-RELATED STRUCTURAL BARRIERS
(Appendix B provides a more detailed description of these projects)

FACILITY	MODIFICATION	2005/06	2006/07	2007/08	2008/09
NACYCF	Sliding doors at front entrance				X
	Drinking fountains (Admin./Visiting/Education	X			
	Ward restroom in Parole Board Hearing area		X		
	Ward restrooms in Visiting area		X		
	Male/female/ward restroom in education area	X			

FACILITY	MODIFICATION	2005/06	2006/07	2007/08	2008/09
OHCYCF	Ramp and sliding doors at front entrance				X
	Male and female restroom in Admin. Bldg.				X
	Security station service window with pass-thru	X			
	Drinking fountains (Admin./Visiting/Education			X	
	Ward restrooms Parole Board Hearing area		X		
	Male and female restroom in visiting area				X
	Male/female/ward restroom education area	X			
DWNYCF	Sliding door at front entrance				X
	Security station service window with pass-thru				X
	Drinking fountains (Admin./Visiting/Education		X		
	Ward restrooms Parole Board Hearing area		X		
	Male/female/ward restroom education area		X		
EPDRYCF	Sliding door at front entrance				X
	Security station service window with pass-thru				X
	Ward restrooms Parole Board Hearing area		X		
	Ward restrooms in visiting area			X	
PYCF	Ward restroom Parole Board Hearing area			X	
	Male/female/ward restroom education area			X	
SYCRCC	Sliding door at front entrance				X
	Male and female restroom in Admin. Bldg.				X
	Drinking fountains in Admin./Education				X
	Ward restroom Parole Board Hearing area		X		

FACILITY	MODIFICATION	2005/06	2006/07	2007/08	2008/09
SYCRCC	Male/female/ward restroom education area	X			
HGSYCF	Sliding door at front entrance				X
	Male and female restroom in Admin. Bldg.			X	
	Drinking fountains in education area				X
	Ward restroom Parole Board Hearing area		X		
	Ward restrooms in visiting area		X		
	Male/female/ward restroom education area	X			
VYCF	Sliding door at front entrance				X
	Male and female restroom in Admin. Bldg.			X	
	Security station service window with pass-thru				X
	Drinking fountains (Admin./Visiting/Education	X			
	Ward restroom Parole Board Hearing area		X		
	Male/female/ward restroom education area			X	

If facilities and/or living units are closed, the schedule for modification may be revised with the approval of the Disability Expert.

The remaining barriers identified in the Access Unlimited survey and report consists of nearly 3,000 less critical architectural access barriers. The Department is in the process of segregating the projects into three categories. The first category will be comprised of projects that can be "fixed" in a short period of time with a minimum of cost. The second category will contain projects, which will require substantial funding. The third category will contain projects, which are not required for ward programmatic access and are not a part of this plan.

By July 15, 2005, the CYA shall provide the Disability Expert and plaintiff's counsel with a comprehensive list identifying each project as either category one, two or three and prioritizing the two project categories to be complete. This list shall also contain projects in category three, which are not required which are not required for ward programmatic access and are not a part of this plan.

The list shall be subject to final approval and revision by the Disability Expert and plaintiff's counsel. The CYA agrees to file the final list, upon approval by all parties and the Disabilities Expert, by August 15, 2005 as Appendix C to this plan. Construction of the first category of projects shall be completed by September 30, 2006, and the second category of projects by September 30, 2008.

The Department will provide the CYA Remedial Plan Coordinator with bi-annual progress reports indicating the projects from each list that have been completed, beginning in March 30, 2006. The Remedial Plan Coordinator will forward these reports to the plaintiff.

As recommended in the Disability Expert's Report, the CYA will also identify improvements necessary to provide programmatic access to 1) Sanitation and Hygiene, 2) Religious Services, 3) Emergency Services and Plans, and 4) Food Service. To the extent that these barriers are not immediately remediated, in consultation with the Disability Expert and based on the findings and recommendations of the Disability Expert's Report (pages 73, 74, 76 and 78), the CYA shall immediately implement interim measures to ensure that wards with disabilities have access to necessary programs and services.

Emergency Alarm System

When new fire alarm systems are installed as part of the Department's major capital outlay project, flashing lights will be installed with all fire alarm systems in order to meet federal and state disability standards.

B. Criteria and Standards

The CYA commits to use the Minimum Standards for Local Juvenile Facilities, Title 24 Part 1, Section 13-201 and Part 2, Section 460A as the basis for decision-making relative to any remediation(s) requiring modification of the physical plant.

The Department shall maintain all existing facilities, camps, offices and any corresponding outdoor areas, including features such as ramps, walkways and parking lots, to ensure physical access to programs, services and activities.

XV. TRAINING

The CYA shall conduct a needs assessment and prepare Department-wide ADA/disability training materials, with the assistance of an outside disability advocacy organization or consultant, and in consultation with the Disability Expert, by June 2006. The needs assessment may increase the scope of training, but shall not decrease the scope of required training as described in Sections 5.1 of the Disabilities Expert's report.

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 disability sensitivity, awareness and harassment within 12 months of the court approval and adoption of this plan. Additionally, training in the areas of ADA, IDEA, Section 504, SA process, DDMS and Grievance policies and procedures will subsequently be provided to all staff. Special repairs training will be provided to all facility maintenance staff. A disabilities component shall be included in Use of Force training provided to all peace officers. Specialized training will be provided to all peace officers assigned to specialized treatment programs for wards with disabilities such as ITP, SCP and SBTP and to all designated SA's. All SA's shall complete a course to become a staff assistant that contains modules that define SA roles and responsibilities, describe cognitive and emotional disabilities and present an overview of the DDMS process.

Within six months of the court approval and adoption of this plan, the Ward Disability Program Coordinator and facility Ward Disability Program Coordinators shall receive a higher level of training provided by qualified trainers/consultants from outside the Department as recommended in Section 5.1 of the expert report.

Disability sensitivity, awareness and harassment training shall be provided to all staff annually. Until such time as disability sensitivity, awareness and harassment training is incorporated in the basic training academy curriculum, this training will be provided to all new hires within 90 days of their placement in the facility.

Since supervisors are responsible for ensuring that their staff follow department policy and, therefore, are accountable for the actions of their staff, supervisors shall also receive the training to the same standards as the staff they supervise. If policies change, for example, and supervisors do not also receive updated training, they are likely to require their staff to operate contrary to current policy.

The targeted audience is all staff. One hour of WDP training is currently provided to all staff. The need for training in this area will be determined as part of the Department's overall training assessment to be conducted in Fiscal Year 2005 – 2006.

XVI. COMPLIANCE

The Deputy Director of Health Care Services shall ensure that a Medical and Dental Activities Report continues to be completed monthly that contains tracking information regarding every ward with disabilities housed in the Department. The Departmental WDP Coordinator will work collaboratively with the WIN 2000 designer to implement changes in the WIN 2000 to track WDP compliance. Modifications to the WIN 2000 shall be completed by September 2005.

The Departmental WDP Coordinator shall ensure that a WDP report is completed monthly, quarterly and annually for each site. Effective immediately, the WDP Coordinator shall conduct regular meetings and trainings, as required, with all facility WDP Coordinators.

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. The compliance reviews will be accomplished using a standardized instrument developed in collaboration with the disabilities expert and the PLO to ensure implementation of the Remedial Plan and shall commence with the 2006 calendar year.

A. Future Action Steps for Remediation

The CYA shall complete the Department Disabilities Policy for wards and submit the final draft to the Directorate for approval by August 1, 2005. When approved, the CYA shall complete all action steps related to the implementation of the Departmental Disabilities Policy for wards, including hiring staff, all levels of reviews, forms, electronic documentation development, labor negotiations, and training curriculum.

B. Basic Requirements for Compliance

CYA commits to have a Department Disabilities Program in place and has designated the person(s) responsible to oversee the Department Disabilities Program as required by statute.

CYA will develop a Classification system, within the Ward Safety and Welfare Remedial Plan, that will identify qualified wards with disabilities and that will define the wards' disability or perceived disability.

CYA will provide access and accommodation. CYA will ensure that the programs, services and/or activities provided are accessible for each of the qualifying disabilities.

CYA will ensure "Proof of Practice" by documenting the assistance or accommodations provided to wards, providing training to staff and wards, and conducting audits to ensure compliance with the law.

APPENDIX A – DEFINITIONS

Access Aisle-an accessible pedestrian space between elements, such as parking spaces, seating, and desks, that provides clearances appropriate for use of the elements.

Access-the equal right of entry to programs, services, and activities.

Accessible Element-an element specified by these guidelines such as telephone, controls, and shelves.

ACCESS Grievance-a grievance that requests accommodation or alleges discrimination based on a disability or perceived disability.

Accessible Route-continuous, unobstructed path connecting all accessible elements and spaces of a building or facility. Interior accessible routes may include corridors, floors, ramps, elevators, lifts, and clear floor space at fixtures. Exterior accessible routes may include parking access aisles, curb ramps, crosswalks at vehicular ways, walks, ramps, and lifts.

Accessible Space-space that complies with these guidelines.

Accessible-describes a site, building, facility, or portion thereof that complies with these guidelines.

Accommodation-the modification of programs, services, and activities or provision of assistive devices to meet individual needs.

ADA Coordinator-See Disabilities Coordinator.

Adaptability-the ability of certain building spaces and elements, such as kitchen counters, sinks, and grab bars, to be added or altered so as to accommodate the needs of individuals with or without disabilities or to accommodate the needs of persons with different types or degrees of disability.

Addictive disorders-characterized by a cluster of cognitive, behavioral, psychological and physiological symptoms that indicate a continued pattern of conduct despite significant life-impairment problems.

Addition-an expansion, extension, or increase in the gross floor area of a building or facility.

Administrative Authority-a governmental agency that adopts or enforces regulations and guidelines for the design, construction, or alteration of buildings and facilities.

Alcohol dependence-dependency indicated by evidence of tolerance or symptoms of withdrawal.

Alteration-change to a building or facility made by, on behalf of, or for the use of a public accommodation or commercial facility, that affects or could affect the usability of the building or facility or part thereof. Alterations include, but are not limited to, remodeling, renovation, rehabilitation, reconstruction, historic restoration, changes or rearrangement of the structural parts or elements, and changes or rearrangement in the plan configuration of walls and full-height partitions. Normal maintenance, reroofing, painting or wallpapering, or changes to mechanical and electrical systems are not alterations unless they affect the usability of the building or facility.

Antisocial Personality disorder-characterized by a pervasive pattern of disregard for, and violation of, the rights of others.

Anxiety disorders-characterized by the persistent and excessive presence of worry, anxiety, panic, obsessions, compulsions, or the re-experiencing of an extremely traumatic event, the result of which causes significant impairment in daily functioning.

Architectural barrier-an impediment to approach and entrances, goods and services, drinking fountains, telephones, and the usability of restrooms.

Area of Rescue Assistance-an area, which has direct access to an exit, where people who are unable to use stairs may remain in temporary safety to await further instructions or assistance during emergency evacuation

Articulation disorders-characterized by the impaired ability to produce speech sounds.

Asperger's disorder-characterized by a severe and sustained impairment in social interaction and the development of restricted, repetitive patterns of behavior, interests, and activities that cause clinically significant impairment in social, occupational, or other important areas of functioning.

Assembly Area-a room or space accommodating a group of individuals for recreational, educational, political, social, or amusement purposes, or for the consumption of food and drink.

Automatic Door-a door equipped with a power-operated mechanism and controls that open and close the door automatically upon receipt of a momentary actuating signal. The switch that begins the automatic cycle may be a photoelectric device, floor mat, or manual switch (see power-assisted door).

Assistive devices and services-the service aids and equipment used to facilitate wards with disabilities in accessing and participating in programs, services, and activities. Assistive devices include, but are not limited to: taped texts, canes, crutches, wheelchairs, hearing aids, corrective lenses, tele-typewriters (TTYs), telecommunication devices for deaf persons (TDDs), assistive listening headsets, television captioning and decoders, Braille materials, video text displays, and large print materials. Assistive services include, but are not limited to: interpreters; readers; speech, physical or occupational therapy; and dispensing of psychotropic medication.

Autistic disorder-characterized by the presence of markedly abnormal or impaired development in social interaction and communication, and a markedly restricted repertoire of activity and interests.

Bipolar disorder-characterized by either one or more manic or mixed episodes, usually accompanied by major depressive episodes (Bipolar I). Is characterized by one or more major depressive episodes that are accompanied by at least one hypomanic episode (Bipolar II).

Blindness-loss of useful sight

Borderline Intellectual Functioning-associated with an IQ in the 71-84 range.

Borderline Personality disorder-characterized by a pervasive pattern of instability in interpersonal relationships, self-image and affect, and marked impulsivity.

Building-any structure used and intended for supporting or sheltering any use or occupancy.

Cancer-an abnormal growth of cells that tend to proliferate in an uncontrolled way and may metastasize.

Central Auditory Processing disorder-the inability to differentiate, recognize or understand sounds while both hearing and intelligence are normal.

Cerebral Palsy-an abnormality of motor function, or the inability to move and control movements, and is acquired at an early age, usually less than a year of age. Is due to a brain lesion that is non-progressive.

Circulation Path-an exterior or interior way of passage from one place to another for pedestrians, including, but not limited to, walks, hallways, courtyards, stairways, and stair landings.

Clear Floor Space-the minimum unobstructed floor or ground space required to accommodate a single, stationary wheelchair and occupant.

Clear-unobstructed.

Closed Circuit Telephone-a telephone with dedicated line(s) such as a house phone, courtesy phone or phone that must be used to gain entrance to a facility.

Common Use-refers to those interior and exterior rooms, spaces, or elements that are made available for the use of a restricted group of people (for example, occupants of a homeless shelter, the occupants of an office building, or the guests of such occupants).

Count-refers to a system that ensures an accounting of all wards assigned to the facility.

Cross Slope-the slope that is perpendicular to the direction of travel (see running slope).

Curb Ramp-short ramp (see Ramp) cutting through a curb or built up to it.

Deafness-loss of hearing.

Deferred Maintenance- Same as special repairs, except the project will add to the life of the asset. (Example: new roof)

Delusional disorder-a disturbance characterized by at least one month of non-bizarre delusions without other active-phase symptoms of Schizophrenia.

Designated Instructional Services (DIS)-those related services to support the ward's primary educational placement: includes services such as Speech/Language, Counseling, and deaf interpreter.

Detectable Warning-a standardized surface feature built in or applied to walking surfaces or other elements to warn visually impaired people of hazards on a circulation path.

Developmental disabilities-disabilities that are attributable to a mental or physical impairment, manifested before age 22 years, and are likely to continue indefinitely, resulting in substantial limitation in three or more specified areas of functioning that will require specific and lifelong extended care.

Diabetes-can present as diabetes mellitus or diabetes insipidus and is characterized by excessive urination (polyuria). There are two main types of diabetes mellitus: Type 1 requiring insulin and Type 2 adult onset.

Disabilities Coordinator-a Departmental staff member, who has been delegated the responsibility for coordinating the identification of disabled wards and reasonable accommodation(s) that will allow wards to participate in, or obtain the benefits of, the programs, services or activities of the Department. May also be referred to as ADA Coordinator or ACCESS Coordinator.

Disability-with respect to a ward is a physical or mental impairment or medical condition that limits one or more of the major life activities of such individual; a record of such an impairment or condition; or being regarded as having such an impairment or condition.

Disciplinary Decision-Making System (DDMS)-the process that ensures wards the right to due process in disciplinary matters.

Disfluency-a speech disorder characterized by stuttering or cluttering.

Dwelling Unit-a single unit, which provides a kitchen or food preparation area, in addition to rooms and spaces for such activities as living, bathing, sleeping.

Dwelling units include a single family home or a townhouse used as a transient group home; an apartment building used as a shelter; guestrooms in a hotel that provide sleeping accommodations and food preparation areas; and other similar facilities used on a transient basis. For purposes of these guidelines, use of the term "Dwelling Unit" does not imply the unit is used as a residence.

Education Services Branch (ESB)-the branch of California Youth Authority with overall responsibility of educational services to students.

Egress, Means of-a continuous and unobstructed way of exit travel from any point in a building or facility to a public way. A means of egress comprises vertical and horizontal travel and may include intervening room spaces, doorways, hallways, corridors, passageways, balconies, ramps, stairs, enclosures, lobbies, horizontal exits, courts and yards. An accessible means of egress is one that complies with these guidelines and does not include stairs, steps, or escalators. Areas of rescue assistance or evacuation elevators may be included as part of accessible means of egress.

Element-an architectural or mechanical component of a building, facility, space, or site, e.g., telephone, curb ramp, door, drinking fountain, seating, or water closet.

Emergency ACCESS Grievance-grievance that alleges:
discrimination or requests accommodation when an immediate threat to the health, safety or well-being of a ward with a disability exists, or irreparable harm could be caused by the denial of the request, or a decision could be rendered moot, if not expedited.

Entrance-any access point to a building or portion of a building or facility used for the purpose of entering. An entrance includes the approach walk, the vertical access leading to the entrance platform, the entrance platform itself, vestibules if provided, the entry door(s) or gate(s), and the hardware of the entry door(s) or gate(s).

Facility-all or any portion of buildings, structures, site improvements, complexes, equipment, roads, walks, passageways, parking lots, or other real or personal property located on a site.

Free appropriate public education (FAPE)-term that defines entitlement of services under federal law to eligible students under the Individuals with Disabilities Education Act.

Generalized anxiety disorder-is characterized by at least six months of persistent and excessive anxiety and worry.

Glaucoma-a disease of the optic nerve causing loss of vision.

Ground Floor-any occupiable floor less than one story above or below grade with direct access to grade. A building or facility always has at least one ground floor and may have more than one ground floor as where a split-level entrance has been provided or where a building is built into a hillside.

Hearing or auditory impairments-the inability to hear.

Hepatitis A-a virus which is usually transmitted by food or drink that has been handled by an infected person whose hygiene is poor.

Hepatitis B-a virus that can be transmitted via needle sticks, body piercing, and tattooing, using unsterilized instruments, the dialysis process, sexual contact, and childbirth.

Hepatitis C-a virus which is usually spread by blood transfusion, hemo-dialysis, and needle sticks.

Human Immunodeficiency Virus (HIV)-a retrovirus that debilitates the body's immune system, eventually resulting in severe susceptibility to various opportunistic infections and malignancies that usually causes death. Infection with one or more of these opportunistic infections is defined as AIDS.

Individualized Education Program (IEP)-a document developed by a team, including the ward, that specifies eligibility criteria for the participation in special education and related services, and includes individualized goals and objectives based on need, defines programs and services, transition activities and other required elements.

Individuals with Disabilities Education Act (IDEA)-Federal legislation signed in June 1997 which outlines the requirements for local education agencies to provide services to eligible students meeting eligibility criteria, and provides guidelines for parent participation and notification, assessment procedures, and IEP development.

Inner Ear Trauma-injury caused by penetration to inner ear, blunt force to skull with resulting fracture, concussion to the inner ear, and sound or pressure damage.

Language, Speech & Hearing Specialist (LSHS)-a designated instructional service designed to meet the needs of students who may have impairments in speech, auditory processing, memory, hearing, etc.

Major Capitol Outlay-funding for an approved project with the expenditure of dollars above \$400,000.

Major Depressive disorder-characterized by one or more major depressive episodes that last at least two weeks. Major depressive episodes are accompanied by at least four additional symptoms of depression which include: depressed mood, significant weight loss or weight gain, markedly diminished interest or pleasure in all or most daily activities, insomnia, or hypersomnia, fatigue, loss of energy, etc.

Major life activities-shall be broadly construed and include physical, mental, social activities, and working. Major life activities include, but are not limited to: caring for oneself, performing manual tasks, walking, seeing, hearing, sitting, standing, lifting, reaching, speaking, breathing, learning, and working.

Marked Crossing-a crosswalk or other identified path intended for pedestrian use in crossing a vehicular way.

Mental impairment-a disorder or condition, such as mental retardation, organic brain syndrome, emotional or mental illness, or a specific learning disability. Mental impairment refers to any clinically significant behavioral or psychological syndrome characterized by the presence of distressing symptoms or significant impairment of functioning. Mental disorders are assumed to result from some psychological or organic dysfunction.

Mental Retardation-significantly sub-average general intellectual functioning that is accompanied by significant limitations in adaptive functioning in at least two of the following skill areas: communication, self-care, home living, social and interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health and safety. The onset must occur before age 18 years. The most prevalent degree of severity occurring within the CYA reflects the following level of intellectual impairment: Mild Mental Retardation (MR) where IQ level is 50-55 to approximately 70.

Mezzanine or Mezzanine Floor-that portion of a story, which is an intermediate floor level, placed within the story and having occupiable space above and below its floor.

Minor Capitol Outlay-funding for an approved project with the expenditure of dollars to an upper limit of \$400,000.

Mobility impairments-disorders of the loco-motor system of the body, including the skeleton, muscles, joints, and related tissues.

Mood disorders-characterized by a pervasive disturbance in mood as the predominant feature resulting in significant impairment in daily functioning.

Multi-family Dwelling-any building containing more than two dwelling units.

Multiple Sclerosis (MS)-a disease that randomly attacks the central nervous system, wearing away control over the body.

Symptoms include blurred or double vision, red-green distortion, or sudden blindness; muscle weakness leading to difficulties with coordination and balance; muscle spasms, fatigue, numbness, and prickling pain; loss of sensation, speech impediment, tremors, dizziness, or occasional hearing loss. A small percent of patients experience mental changes such as decreased concentration, attention deficits, some degree of memory loss, or impairment in judgment. Other symptoms may include depression, manic and depressed episodes, paranoia or an uncontrollable urge to laugh and weep called laughing-weeping syndrome.

Narcissistic Personality disorder-characterized by a pervasive pattern of grandiosity, and the need for admiration with lack of empathy for others.

Occupiable-a room or enclosed space designed for human occupancy in which individuals congregate for amusement, educational or similar purposes, or in which occupants are engaged at labor, and which is equipped with means of egress, light, and ventilation.

Operable Part-a part of a piece of equipment or appliance used to insert or withdraw objects, or to activate, deactivate, or adjust the equipment or appliance (for example, coin slot, pushbutton, handle).

Personality disorders-characterized as an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the culture. The behavior is pervasive and inflexible, and has an onset in adolescence or early adulthood, is stable over time, and leads to distress and impairment.

Physical impairments-can include a physiological disease, disorder, condition, cosmetic disfigurement, or anatomical loss that affects one or more of the bodily systems.

Physical Plant- the physical space where regularly scheduled programs, services, or activities occur within a facility. Examples of physical space within a youth correctional facility include, but are not limited to: a special management unit, a camera room, a detention room, a living unit, a classroom, a boardroom, or a lavatory. Physical plant also refers to any building or corresponding outdoor area operated or leased by the Department.

Posttraumatic Stress disorder-characterized by the re-experiencing of an extremely traumatic event accompanied by symptoms of increased arousal for more than one month and by avoidance of stimuli associated with the trauma.

Power-assisted Door-a door used for human passage with a mechanism that helps to open the door, or relieves the opening resistance of a door, upon the activation of a switch or a continued force applied to the door itself.

Property-refers to the procedure used to promptly collect, inventory, maintain, and safeguard the personal belongings of wards.

Psychotic disorders-characterized by having psychotic symptoms as the defining features, including delusions and prominent hallucinations.

Public Use-describes interior or exterior rooms or spaces that are made available to the general public. Public use may be provided at a building or facility that is privately or publicly owned.

Qualified individual with a disability-an individual with a disability who, with or without reasonable modifications to rules, policies, or practices, the removal of architectural, communication, or transportation barriers, or the provision of auxiliary aids and services, meets the essential eligibility requirements for the receipt of services or the participation in programs or activities provided by a public entity.

Qualified interpreter" or "qualified sign language interpreter"- an interpreter who is able to interpret effectively, accurately, and impartially both receptively and expressively, using any necessary specialized vocabulary

Qualified sign language interpreters--See "*Qualified Interpreter*"

Ramp-a walking surface, which has a running slope greater than 1:20.

Recurring Maintenance-maintenance that is required on a scheduled timeframe or as needed. This would include items such as replacing filters in evaporative water coolers (scheduled) or replacing broken floor tile (as needed).

Running Slope-the slope that is parallel to the direction of travel (see cross slope).

Schizoaffective disorder-a disturbance in which a mood episode and the active-phase symptoms of Schizophrenia occur together and are preceded, or are followed, by at least two weeks of delusions or hallucinations without prominent mood symptoms.

Schizophrenia-a disturbance that lasts for at least six months and includes at least one month of active-phase symptoms. Active phase symptoms include two or more of the following: delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior, and negative symptoms. Subtypes are paranoid, disorganized, catatonic, undifferentiated, and residual.

Schizophreniform disorder-characterized by a symptomatic presentation that is equivalent to Schizophrenia, except for its duration. The disturbance lasts one to six months. There is an absence of a requirement that there be a decline in functioning.

Searches-refers to a procedure in which designated Department staff may search the person, premises, property, or room of a ward.

Seizure disorder-when nerve cells in the brain fire electrical impulses at a rate of up to four times higher than normal. This causes a sort of electrical storm in the brain, known as a seizure. A pattern of repeated seizures is referred to as epilepsy. Grand Mal is the most obvious type of seizure. There are two parts to a tonic-clonic seizure. In the tonic phase the body becomes rigid, and in the clonic phase there is uncontrolled jerking.

Service Entrance-an entrance intended primarily for delivery of goods or services.

Signage-displayed verbal, symbolic, tactile, and pictorial information.

Site Improvement-landscaping, paving for pedestrian and vehicular ways, outdoor lighting, recreational facilities, etc., added to a site.

Site-a parcel of land bound by a property line or a designated portion of a public right-of-way.

Sleeping Accommodations-rooms in which people sleep; for example, dormitory and hotel or motel guest rooms or suites.

Space-a definable area, e.g., room, toilet room, hall, assembly area, entrance, storage room, alcove, courtyard, or lobby.

Special Day Class (SDC)-a self contained special education classroom/service designed for students who require more structured, intensive services and differentiated instruction due to the severity of their disability (academically and/or behaviorally). This is the most restrictive program placement in the continuum of special education services

Special Repairs-repairs to either fix or replace with like items. This would include replacing an exhaust fan with a like exhaust fan or replacing doors with like doors.

Specific Learning Disabilities-disorders in which achievement levels in reading, mathematics, or written expression are substantially below that expected, given the chronological age and age-appropriate education. The disorders can significantly interfere with academic achievement or with daily living skills.

Speech impairments-disorders of the ability to produce normal speech. Most speech disorders have their roots in oral-motor differences, although some involve language-processing problems.

Staff Assistant-a Department employee who acts as an aide to perform support services for a ward with a disability, such as reading, or writing, or explaining the processes of the Disciplinary Decision Making System.

Story-that portion of a building included between the upper surface of a floor and upper surface of the floor or roof next above. If such portion of a building does not include occupiable space, it is not considered a story for purposes of these guidelines. There may be more than one floor level within a story as in the case of a mezzanine or mezzanines.

Structural Frame-the structural frame shall be considered to be the columns and the girders, beams, trusses and spandrels having direct connections to the columns and all other members, which are essential to the stability of the building as a whole.

School Consultation Team (SCT)-the CEA version of a Student Study Team, consisting of general education teachers and administrators who meet to brainstorm interventions to address a particular student's needs. Special education personnel may act in the role of consultants at these meetings.

Substance dependence-a maladaptive pattern of substance abuse, leading to clinically significant impairment or distress, as manifested by three or more indicators of addiction. Indicators of addiction include: tolerance, withdrawal, increase in amount taken, persistent desire or unsuccessful efforts to control use, or use continues despite negative consequences, etc.

Tactile-describes an object that can be perceived using the sense of touch.

Text Telephone-machinery or equipment that employs interactive graphic (i.e., typed) communications through the transmission of coded signals across the standard telephone network. Text telephones can include, for example, devices known as TDD's (telecommunication display devices or telecommunication devices for deaf persons) or computers.

Tinnitus-a roaring, buzzing, machine-like, ringing sound in the ear, and may be episodic, with an attack of vertigo, or may be constant.

Transient Lodging-a building, facility, or portion thereof, excluding inpatient medical care facilities, that contains one or more dwelling units or sleeping accommodations. Transient lodging may include, but is not limited to, resorts, group homes, hotels, motels, and dormitories.

Transportation-refers to the process by which designated department staff transport wards.

Traumatic Brain Injury-injury to the brain caused by an external physical force or by an internal occurrence, such as stroke or aneurysm, resulting in total or partial functional disability or psychosocial maladjustment.

Tuberculosis (TB)-a highly contagious infection caused by the bacterium called Mycobacterium Tuberculosis.

Use of Force- a procedure utilized by designated department staff in self-defense or in the defense of others.

Vehicular Way-a route intended for vehicular traffic, such as a street, driveway, or parking lot.

Vertigo-a hallucination of motion, in most cases, implies a disorder of the inner ear or vestibular system.

Visiting- refers to the process by which wards are provided the opportunity to visit with their parents and others.

Visual impairments-are the inability to see clearly.

Voice disorders-characterized by impaired tone, pitch, volume, or speed when speaking.

Walk-An exterior pathway with a prepared surface intended for pedestrian use, including general pedestrian areas such as plazas and court

WIN database (WIN2k)-the automated ward/student information system that stores information such as student profiles.

APPENDIX B – PROJECT DESCRIPTIONS

Americans with Disabilities Act Removal of Physical Barriers

Chaderjian Youth Correctional Facility

Project Description
Remove existing entrance doors and install sliding doors.
Install handicap accessible drinking fountains in the administration, visiting, and education building. Construct necessary alcove or provide railings per Title 24 requirements.
Enlarge and modify ward restroom for compliance with Title 24 requirements in the parole <u>board hearing area</u> . This will entail replacing all restroom fixtures, partitions, flooring material, wainscoting, door hardware and grab bars. Lead abatement maybe necessary.
Install TTD equipment in the hearing room for the wards, staff or visitors.
Enlarge and modify ward restrooms for compliance with Title 24 requirements in the <u>visiting area</u> . This will entail replacing all restroom fixtures, partitions, flooring material, wainscoting, door hardware and grab bars. Asbestos abatement maybe necessary.
Enlarge and modify three restrooms, for men, women, and wards for compliance with Title 24 requirements in the education building. This will entail replacing all restroom fixtures, partitions, flooring material, wainscoting, door hardware and grab bars. Lead abatement maybe necessary.

Dewitt Nelson Youth Correctional Facility

Project Description
Remove existing entrance doors and install sliding doors.
Install a new security station service window with pass-thru at code required height (above finished floor). In addition, this will involve repairing existing walls and removing the existing pass-thru window.
Install handicap accessible drinking fountains in the administration, visiting, and education buildings. Construct necessary alcove or provide railings per Title 24 requirements.
Enlarge and modify ward restrooms for compliance with Title 24 requirements in the parole board hearing area. This will entail replacing all restroom fixtures, partitions, flooring material, wainscoting, door-hardware and grab bars. Lead abatement maybe necessary.
Install TTD equipment in the hearing room for the wards, staff or visitors.
Enlarge and modify restrooms, for men, women, and wards for compliance with Title 24 requirements in the education building. This will entail replacing all restroom fixtures, partitions, flooring material, wainscoting, door-hardware and grab bars. Lead abatement maybe necessary.

El Paso de Robles Youth Correctional Facility

Project Description
Remove existing entrance doors and install sliding doors. In addition, a handicap accessible ramp will have to be installed with handrails per Title 24 requirements.
Install a new security station service window with pass-thru at code required height (above finished floor). In addition, this will involve repairing existing walls and removing the existing pass-thru window.
Install TTD equipment in the hearing room for the wards, staff or visitors.
Enlarge and modify ward restrooms for compliance with Title 24 requirements in the main control area for parole board hearings. This will entail enlarging space by removing some masonry walls and replacing all restroom fixtures, flooring material, wainscoting, door hardware, grab bars.
Enlarge and modify ward restrooms for compliance with Title 24 requirements in the visiting building. This will entail enlarging space by removing some conc. block walls and replacing all restroom fixtures, flooring material, wainscoting, door hardware, grab bars.

Heman G. Stark Youth Correctional Facility

Project Description
Remove existing entrance doors and install sliding doors. In addition, a handicap accessible ramp will have to be installed with handrails per Title 24 requirements.
Enlarge and modify restrooms, for men and women for compliance with Title 24 requirements in the administration building. This will entail replacing all restroom fixtures, partitions, flooring material, wainscoting, door-hardware and grab bars. Lead abatement maybe necessary.
Install Handicap accessible drinking fountains in the education building. Construct necessary alcove or provide railings per Title 24 requirements.
Enlarge and modify ward restrooms for compliance with Title 24 requirements in the parole board hearing area. This will entail replacing all restroom fixtures, partitions, flooring material, wainscoting, door-hardware and grab bars. Lead abatement maybe necessary.
Install TTD equipment in the hearing room for the wards, staff or visitors.
Modify ward restrooms for compliance with Title 24 requirements in the visiting area. This will entail replacing all restroom fixtures, partitions, flooring material, wainscoting, door-hardware and grab bars. Asbestos abatement maybe necessary.

O.H. Close Youth Correctional Facility

Project Description
Remove existing entrance doors and install sliding doors. In addition, a handicap accessible ramp will have to be installed with handrails per Title 24 requirements.
Enlarge and modify two restrooms, for men and women for compliance with Title 24 requirements in the administration building. This will entail replacing all restroom fixtures, partitions, flooring material, wainscoting, door-hardware and grab bars. Lead abatement maybe necessary.
Install a new security station service window with pass-thru at code required height (above finished floor). In addition, this will involve repairing existing walls and removing the existing pass-thru window.
Install handicap accessible drinking fountains in the administration, visiting, and education buildings. Construct necessary alcove or provide railing per Title 24 requirements.
Enlarge and modify ward restrooms for compliance with Title 24 requirements in the parole board hearing area. This will entail replacing all restroom fixtures, partitions, flooring material, wainscoting, door hardware and grab bars. Lead abatement maybe necessary.
Install TTD equipment in the hearing room for the wards, staff or visitors.
Modify two restrooms, for men and women for compliance with Title 24 requirements in the visiting area. This will entail replacing all restroom fixtures, partitions, flooring material, wainscoting, door hardware and grab bars. Asbestos abatement maybe necessary.
Enlarge and modify three restrooms, for men, women, and wards for compliance with Title 24 requirements in the education building. This will entail replacing all restroom fixtures, partitions, flooring material, wainscoting, door-hardware and grab bars. Lead abatement maybe necessary.

Preston Youth Correctional Facility

Project Description
Enlarge and modify ward restroom for compliance with Title 24 requirements in the parole board hearing area. This will entail replacing all restroom fixtures, partitions, flooring material, wainscoting, door hardware and grab bars. Lead abatement maybe necessary.
Install TTD equipment in the hearing for the wards, staff or visitors.
Enlarge and modify restrooms, for men, women, and wards for compliance with Title 24 requirements in the education building. This will entail replacing all restroom fixtures, partitions, flooring material, wainscoting, door hardware and grab bars. Lead abatement maybe necessary.

Southern Youth Correctional Reception Center and Clinic

Project Description
Remove existing entrance doors and install sliding doors. In addition, a handicap accessible ramp will have to be installed with handrails per Title 24 requirements.
Enlarge and modify two restrooms, for men and women for compliance with Title 24 requirements in the administration building. This will entail replacing all restroom fixtures, partitions, flooring material, wainscoting, door-hardware and grab bars. Lead abatement maybe necessary.
Install handicap accessible drinking fountains the administration and education building. Construct necessary alcove or provide railing per Title 24 requirements.
Enlarge and modify ward restrooms for compliance with Title 24 requirements in the parole board hearing area. This will entail replacing all restroom fixtures, partitions, flooring material, wainscoting, door hardware and grab bars. Lead abatement maybe necessary.
Install TTD equipment in the hearing room for the wards, staff or visitors.
Enlarge and modify three restrooms, for men, women, and wards for compliance with Title 24 requirements in the education building. This will entail replacing all restroom fixtures, partitions, flooring material, wainscoting, door hardware and grab bars. Lead abatement maybe necessary.

Ventura Youth Correctional Facility

Project Description
Remove existing entrance doors and install sliding doors. In addition, a handicap accessible ramp will have to be installed with handrails per Title 24 requirements.
Enlarge and modify restrooms for men and women for compliance with Title 24 requirements in the administration building. This will entail replacing all restroom fixtures, partitions, flooring material, wainscoting, door hardware and grab bars. Lead abatement maybe necessary.
Install a new security station service window with pass-thru at code required height (above finished floor). In addition, this will involve repairing existing walls and removing the existing pass-thru window.
Install handicap accessible drinking fountains in the administration, visiting, and education building. Construct necessary alcove or provide railings per Title 24 requirements.
Enlarge and modify ward restrooms for compliance with Title 24 requirements in the parole board hearing area. This will entail replacing all restroom fixtures, partitions, flooring material, wainscoting, door hardware and grab bars. Lead abatement maybe necessary.
Install TTD equipment in the hearing room for the wards, staff or visitors.
Enlarge and modify three restrooms, for men, women, and wards for compliance with Title 24 requirements in the education building. This will entail replacing all restroom fixtures, partitions, flooring material, wainscoting, door hardware and grab bars. Lead abatement maybe necessary.

CALIFORNIA YOUTH AUTHORITY
Ward's Disabilities Program Remedial Plan
Auditing Instrument

HEADQUARTERS			
Item	Method	Compliance Rate	Comments
A. Directorate			
Maintain a current copy of the Wards With Disabilities Program Remedial Plan in the Director's office.	Verify current copy is retained.		
B. 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 Disability Access program.	Verify positions are in place and filled.		
Ensure duty statement encompasses all Departmental WDP Coordinator duties as defined in the WDP Remedial Plan.	Review duty statement.		
The WDP Coordinator shall perform the oversight functions as set forth in the WDP Remedial Plan.	Review documentation maintained by the Departmental WDP Coordinator.		
Establish and maintain full-time WDP Coordinators at each facility by February 2006.	Verify positions are in place and filled.		
The Departmental WDP Coordinator will develop a standardized emergency announcement protocol by December 2005.	Review emergency announcement procedures to ensure appropriate procedures are in place to provide the needed assistance for wards with disabilities. Determine timeliness of announcement.		

Item	Method	Compliance Rate	Comments
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.		
In conjunction with the Health Care Transition Team, Medical Experts and Disabilities Expert, (1) 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.		
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.		

Item	Method	Compliance Rate	Comments
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.		
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 Ward with Disabilities Program Plan. Review and confirm training schedule to ensure all individuals complete the required training.		
Develop the Disability Health Services Referral Form.	Monitor for completion by December 2005.		

Item	Method	Compliance Rate	Comments
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		
By July 2006, the Department shall develop and maintain a system that documents the mental and physical impairments of wards with disabilities and any reasonable accommodations.	Audit to determine implementation within the given timeframe and review documentation to ensure compliance.		
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.		
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.		
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 upon manifestations of that disability.	On-going audit.		

Item	Method	Compliance Rate	Comments
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 recommendation and develop appropriate implementation plans.		
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 Department to provide such means.)	Review recommendations and provide support if applicable.		
The Education Branch working committee shall also study the need to include a wider variety of individualized accommodations in IEP's.	Review recommendation and develop appropriate implementation plans.		

Item	Method	Compliance Rate	Comments
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 Program Remedial Plan is filed with the court.	Review documented study for meeting timeline and evaluate recommendations.		
The new visiting facility at Ventura YCF is currently under construction and will be fully operational by January 2006. The new facility at Preston YCF will be fully operational and safe for all wards, visitors and staff by July 2006. The CYA will confer with the Disability Expert to explore and implement, as reasonably appropriate, interim solutions to address architectural barriers at the existing Preston YCF visiting area until the new facility is opened by July 2006.	Visit locations to determine completion/level of operation by established dates.		
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, and in consultation with the Disability Expert, by June 2006.	Review needs assessment and training materials.		

Item	Method	Compliance Rate	Comments
<p>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 December 2006.</p>	<p>Review screening tool to ensure validation. Ensure that the assessment is completed within the given timeframe.</p>		
<p>Within 12 months of the court approval and adoption of this 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 disabilities sensitivity, awareness and harassment. This training will be provided to all staff on an annual basis. Additionally, until such time as disability sensitivity, awareness and harassment training is incorporated in the basic training academy curriculum, this training will be provided to all new hires within 90 days of their placement in the facility.</p>	<p>Review the outside consultant training material to determine compliance with the requirements contained in the Wards with Disabilities Program Plan. Review and confirm training schedules and document attendance to ensure all staff and new hires are provided training.</p>		
<p>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.</p>	<p>Review departmental list of wards with disabilities and conduct interviews. Audit work and camp program rosters to determine placement of wards with disabilities.</p>		

Item	Method	Compliance Rate	Comments
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.		
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.		
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.		
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.		
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.		

FACILITY ADMINISTRATION

Item	Method	Compliance Rate	Comments
A. Superintendent			
Maintain a current copy of the Wards With Disabilities Program Remedial Plan retained in the Superintendent's office.	Verify current copy is retained.		
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.		
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.		
The Superintendent shall be responsible for ensuring that due process and equal access occurs for wards with disabilities who require accommodations during institutional YAB hearings.	Audit Case Report Transmittal Form.		
B. Facility's Ward Disabilities Coordinator			
Maintain WDP Coordinators at each facility.	Verify positions are in place and filled.		

Ensure duty statement encompasses all facility WDP Coordinator duties as defined in the WDP Remedial Plan.	Review duty statement.		
The facility WDP Coordinator shall perform the oversight functions as set forth in the WDP Remedial Plan.	Review documentation maintained by the facility WDP Coordinator.		
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 the outside consultants training material to determine compliance with the requirements contained in the Ward with Disabilities Program Plan. Review and confirm training schedule to ensure all individuals complete the required training.		
The facility WDP Coordinators shall submit monthly reports to the Department WDP Coordinator.	Review monthly reports.		
C. Facility's Policies			
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.		
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.		

Item	Method	Compliance Rate	Comments
Wards with hearing disabilities shall be provided use of a Telecommunications Devices for the Deaf (TDD).	Interview wards and WDP coordinators to verify presence of operational TDD device.		
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.		
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.		
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 requesting an accommodation for a documented or perceived impairment through his or her Education Advisor by completing the Self-Referral to the School Consultation Team (SR SCT) form.	Review submitted RSC (YA 7.464) and SR SCT (YA 8.229) forms and determine appropriateness of disposition. Observe random interviews at intake.		
The Principal shall ensure students with disabilities are trained in the proper use of electronic equipment.	Interview wards and Principal for proof of practice.		

Item	Method	Compliance Rate	Comments
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.)		
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.		
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.		
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.		
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.		

Item	Method	Compliance Rate	Comments
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.		
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.		
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.		
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.		

Item	Method	Compliance Rate	Comments
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. Such assistive devices may include interpreters, readers, taped texts, canes, crutches, wheelchairs, hearing aids, corrective lenses, tele-typewriters (TTYs), telecommunication devices for deaf persons (TDDs), assistive listening headsets, television captioning and decoders, Braille materials, video text displays, and large print materials.	Interview wards and WDP coordinators to determine level of availability and accessibility of assistive devices.		
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.		
Qualified sign language interpreters shall be provided as necessary to ensure effective communication and at a minimum for all due process functions, medical consultations, videoconferencing and special programs.	Review record of use logs for qualified interpreters.		

Item	Method	Compliance Rate	Comments
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. A request for a specific accommodation may be denied if equally effective access to a program, service, or activity may be afforded 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.		
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 IPAs/Casework Specialists to ensure compliance.		
Department staff shall ensure that wards with disabilities are provided staff assistance in understanding regulations and procedures related to parole plans and in the completion of required forms.	Interview wards with disabilities and SAs to ensure compliance.		

Item	Method	Compliance Rate	Comments
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 developmental disabilities. Interview institutional parole agents/Casework Specialist to ensure compliance.		
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.		
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 IPAs/Casework Specialists to ensure compliance.		
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 SAs to ensure compliance.		
<i>1. Disciplinary Decision Making System</i>			

Item	Method	Compliance Rate	Comments
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.		
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.		
Disposition chairperson shall be trained to communicate with wards that have disabilities.	Audit training module and review training record of disposition chairperson for compliance.		
The SA shall complete a course to become a staff assistant that contains modules that define SA roles and responsibilities, describe cognitive and emotional disabilities and present an overview of the DDMS process.	Audit training module and review training record of SA for compliance.		
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.		

Item	Method	Compliance Rate	Comments
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.		
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.		
The SA shall complete a course to become a staff assistant that contains modules that define SA roles and responsibilities, describe mental and physical disabilities and present an overview of the grievance process.	Audit training module and review training record of SA for compliance.		
The WDP Coordinator shall review all grievance forms at least monthly to identify any patterns of repetitive involvement that may be related to mental and physical disabilities and refer such cases to the appropriate supervisory staff.	Review monthly audit documents to confirm compliance.		
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.		

Item	Method	Compliance Rate	Comments
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.		
<p>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:</p> <ul style="list-style-type: none"> ▪ 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.		
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.		
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 given time constraints.		

Item	Method	Compliance Rate	Comments
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.		
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.		
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.		
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.		

Item	Method	Compliance Rate	Comments
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.		
D. Programs			
1. Reception Center and Clinic Functions			
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 Americans with Disabilities Act (ADA) and/or may make them eligible to receive services from a Regional Center.	Review screening documents (YA 1.411) in ward field files.		
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.		
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.		

Item	Method	Compliance Rate	Comments
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.		
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.		
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		
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		
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 and medical and dental practices to assess wards.	Review appropriate documentation for completeness and timeliness		

Item	Method	Compliance Rate	Comments
Credentialed Education Staff shall complete educational assessment within 50 calendar days.	Review appropriate documentation for completeness and timeliness		
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.		
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.		
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.		

Item	Method	Compliance Rate	Comments
2. Residential Programs			
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.		
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 already documented and verified.	Review submitted SRSC (YA 7.464) and SCT Referral (YA 8.229) forms and determines appropriateness of disposition.		
Within five days of receipt, the MTA or RN shall forward RSC referrals to the appropriate licensed mental health professionals or medical personnel for screening.	Review RSC (YA 8.229) for timeliness of submission.		
Within five days of receipt, the SCT Coordinator shall forward SCT referrals to the appropriate credentialed education staff for screening.	Review SCT (YA 7/464) referrals for timeliness of submission.		
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		
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		

Item	Method	Compliance Rate	Comments
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 and medical and dental practices to assess wards.	Review appropriate documentation for completeness and timeliness		
Credentialed Education Staff shall complete educational assessment within 50 calendar days.	Review appropriate documentation for completeness and timeliness		
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.		
The PA/Casework Specialist shall document on the Individual Change Plan (ICP) form the following information: <ul style="list-style-type: none"> ▪ Impairment. ▪ Accommodations. ▪ Current level of care. ▪ Classification code. 	Review the ICP for documentation of information.		

Item	Method	Compliance Rate	Comments
<p>The PA or Casework Specialist shall ensure that copies of the changes in the status of a ward with a disability documented on the ICP form are forwarded to the following:</p> <ul style="list-style-type: none"> ▪ Education Services for inclusion in the School Records File ▪ Health Care Services for inclusion in the UHR ▪ Casework Services for inclusion in the Field File 	<p>Review the School Records File form, the UHR and the Field File for documentation of information.</p>		
<p>The Department shall ensure that staff reviews the level of care placement and any reasonable accommodations for wards with disabilities at regularly scheduled case conferences.</p>	<p>Audit ICP forms for wards with disabilities to determine level of review.</p>		

Item	Method	Compliance Rate	Comments
<p>The Superintendent shall ensure that the following data is documented for all wards with a disability:</p> <ul style="list-style-type: none"> ▪ Name, age, YA number ▪ Location by facility, living unit, or parole office ▪ Specific impairment ▪ Impairments that substantially limit a major life activity ▪ Impairments that substantially limit a major life activity and require accommodations ▪ Specific accommodations required ▪ Need for a Staff Assistant ▪ Level of care designation (i.e.: GPOP, ITP, SCP, SBTP) ▪ Classification code 	Review documentation for completeness of information.		
<p>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.</p>	Review modified materials.		
<p>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.</p>	Review list of SA and assignments. Conduct interviews with SA and assigned wards with disabilities to determine effectiveness.		

Item	Method	Compliance Rate	Comments
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.		
<i>3. Developmental Disabilities</i>			
No outward signs of identification or labeling will be posted for wards involved in the developmental disabilities program.	Tour facilities to ensure compliance		
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 PDF) and ICP.		
<i>4. Removal of Architectural Barriers</i>			
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.		

Item	Method	Compliance Rate	Comments
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.		
The Department committed to the removal of critical disability related structural barriers projects that will be completed by 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.		
The Department committed to analyze the 3000 additional barriers identified in the report prepared by Access Unlimited and provides a report that would categorize the barriers into three distinct areas. The three categories would be: 1) Projects that could be fixed in a short period of time with minimum of cost; 2) Projects that will require substantial funding; and 3) Projects that have been identified but are not specifically required for ward programmatic access and are not part of the plan. 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.		

Item	Method	Compliance Rate	Comments
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.		
The second category of projects, which involve projects that will require substantial funding, will be completed by September 30, 2008	Audit second category projects for compliance of completion within defined timeline.		

DECLARATION OF SERVICE BY U.S. MAIL

Case Name: **Margaret Farrell v. Walter Allen, III**

No.: **RG 03079344**

I declare:

I am employed in the Office of the Attorney General, which is the office of a member of the California State Bar, at which member's direction this service is made. I am 18 years of age and older and not a party to this matter. I am familiar with the business practice at the Office of the Attorney General for collection and processing of correspondence for mailing with the United States Postal Service. In accordance with that practice, correspondence placed in the internal mail collection system at the Office of the Attorney General is deposited with the United States Postal Service that same day in the ordinary course of business.

On May 31, 2005, I served the attached:

**DEFENDANT'S NOTICE OF FILING OF CALIFORNIA YOUTH
AUTHORITY'S DISABILITIES REMEDIAL PLAN**

by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid, in the internal mail collection system at the Office of the Attorney General at 1300 I Street, Suite 125, P.O. Box 944255, Sacramento, CA 94244-2550, addressed as follows:

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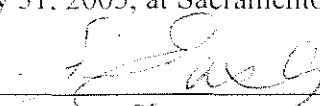
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I declare under penalty of perjury under the laws of the State of California the foregoing is true and correct and that this declaration was executed on May 31, 2005, at Sacramento, California.

L. Easley

Declarant


Signature