

**REPORT
 HIGHLIGHTS**
 PERFORMANCE AUDIT

Subject

As of June 30, 2008, the Arizona Department of Juvenile Corrections (Department) reported a population of 1,077 juveniles committed to its care, consisting of 652 juveniles housed in its four correctional facilities and 425 on parole. These juveniles generally had a history of repeated delinquent behavior, including misdemeanors, class 6 felonies, and some more serious offenses. The Department's mission is to protect the public by changing these juveniles' delinquent thinking and behaviors.

Our Conclusion

The Department has adopted treatment programs modeled after best practices, but has not implemented them as designed. Further, the process for making juvenile offender treatment and release recommendations needs improvement. Finally, juveniles who are transitioning into the community need better support in returning to school, employment, and other support services.



2009

**Treatment programs
 modeled after best
 practices but
 Department needs to
 improve their delivery**

The Department deals with juveniles who have often demonstrated a pattern of repeated delinquent behaviors. Most have previously been referred to juvenile court, and over half have been adjudicated as delinquent four or more times. The Department's mission is to enhance public protection by changing the delinquent thinking and behaviors of these juvenile offenders.

Treatment programs modeled after best practices—One of the most important tools the Department has to affect juvenile behavior is its treatment programs. Research shows that properly implemented treatment using certain types of therapies can reduce recidivism. The most notable and effective therapy approach is cognitive behavioral therapy.

Cognitive-behavioral therapy—“Our thoughts cause our feelings and behaviors, not external things, like people, situations, and events,” and “the benefit of this fact is that we can change the way we think to feel/act better even if the situation does not change.”

Source: National Association of Cognitive-Behavioral Therapists Web site, August 22, 2008.



Source: <http://www.azdjcc.gov/PhotoGallery/080706CMSParkingLot/Parking.htm>

The Department has several treatment programs informed by this therapy, using group sessions as the primary means of treatment. These programs include:

- **Core treatment program**—A broad substance abuse and behavioral health program provided to all juveniles. This program is designed to have 45-minute group sessions held eight times a week in core housing units.
- **Chemical dependency program**—Provided to juveniles residing in specialty housing units for chemical dependency. The program is designed to have two group sessions a week lasting for 45-60 minutes each. Further, juveniles with dependency problems not living in the special housing units are supposed to receive at least one chemical dependency group session each week.
- **Sex offender treatment program**—Provided to juveniles adjudicated as sex offenders or who have been identified as at-risk for inappropriate sexual behavior. This program is designed to last from 12-18 months and have four group sessions a week of 45-60 minutes each. This program is provided to juveniles living in the specialty units for sex offenders, but is also supposed to be offered on an out-patient basis to sex offenders living in other housing units.

Programs not implemented as designed—

Research shows that treatment programs are most effective when they adhere to the programs' designs. However, the Department has not implemented its treatment programs as they were designed. Some sessions were not held as frequently as they should be, or for as long. Auditors reviewed some of the Department's treatment programs conducted in 9 of the Department's 25 housing units and found:

- Only 4 of the 9 units provided core treatment groups as specified;
- None of the 9 units held the core treatment groups for 45 minutes as designed; and
- Two of the chemical dependency and sex offender units did not hold chemical dependency or sex offender group sessions for 45 minutes as designed.

In addition, poor behavior management undermined the therapeutic environment in many of the core treatment groups. Four of the groups had significant behavior problems with juveniles talking constantly, shouting, and talking back to the staff members leading the groups, and staff did not appropriately redirect the juveniles' behaviors as they should. In contrast, the sex offender and chemical dependency treatment groups were generally well managed.

Finally, chemical dependency and sex offender treatment was not provided to some juveniles who needed it. Over 200 juveniles with chemical dependency as of September 2008 and 29 adjudicated sex offenders as of August 2008 were not receiving treatment as designed by the Department.

Programs' designs should be followed—The Department should ensure its treatment programs

are provided as designed by developing and implementing policies and procedures that specify:

- Group session frequency and duration; and
- Providing chemical dependency and sex offender treatment to all juveniles who need it.

Staff need better training—The Department should provide its staff with adequate training. For example, as of August 2008, for the 151 staff reviewed:

- 25 had not received behavior management training;
- 75 had not received formal training on the core treatment program; and
- None had received ongoing training on the core treatment program.

Further, although the Department recognizes that sex offender treatment requires special skills and training, at the time of the audit most staff working in the sex offender units had not received any specialized sex offender training.

The Department should also work to have more groups conducted by mental health professionals. The Department's staffing plan calls for each unit to have a master's degree-level mental health provider called a psychology associate. These positions are responsible for conducting the core treatment groups and the specialty groups. However, because of high turnover among these positions, case managers—who may hold only a high school diploma—may instead lead some groups, including sex offender groups.

Department improvements—The Department has begun to take steps to improve the delivery of its treatment programs, including developing and/or revising procedures, providing additional training to staff, and providing sex offender treatment to more juveniles who need it.

Recommendations

The Department should continue its efforts to:

- Develop and implement policies and procedures to ensure programs are implemented as designed.
- Ensure staff receive the training needed to provide effective treatment.

Department needs to improve its process for treatment and release recommendations

The Department faces significant challenges in attempting to change juveniles' thinking and behaviors. Once released from secure care, many juveniles return to the custody of either the Department or the Arizona Department of Corrections. Between 2002 and 2005, 33 percent of

juveniles released from custody returned in 12 months. For juveniles released in 2004, 54 percent of them returned within 36 months of release. Anything that can be done to improve the decision-making regarding a juvenile's treatment and release is important.

The Department uses multidisciplinary teams (MDTs) to develop its treatment plans and make release decisions. The MDT meets on a weekly and monthly basis to review juveniles' progress. The monthly MDT should provide a more comprehensive review of the juvenile and various department staff should attend, including the parole officer, youth program supervisor, and psychology associate.

Better data needed for decision-making process—

Recommendations are based on assessments prepared and entered into the Department's "Youthbase" database by staff who have interacted with the juvenile. Some of this information is unreliable because the responses prepared by staff are unclear, and information is inconsistent and contradictory. For example, 34 of 51 assessments auditors reviewed contained unclear responses regarding the juveniles' aggressive behavior.

Seventy-six of 90 assessments had contradictory information about the juveniles' alcohol and drug use. The Department should continue efforts initiated during the audit to enhance data controls to improve the reliability of assessment information.

Staff conduct and lack of attendance detract from meeting effectiveness—

The success of MDT meetings depends on the professional conduct, attendance, and participation of its members. However, at some of these meetings, auditors observed that some staff were argumentative and confrontational with juveniles, parole officers failed to attend meetings, and other members arrived late or left early, or were distracted by other tasks. In addition, some MDT environments did not ensure the juvenile's privacy or were noisy and disruptive. Meetings also did not follow procedure or the schedule. To address these issues, the Department has revised procedures, provided training to staff, and has its quality assurance unit monitor MDT meetings.

Recommendations

The Department should continue its efforts to:

- Improve its assessment information by implementing data controls.
- Monitor the MDT process regularly and address any problems identified.

Department should better support juveniles' transition into community

Research shows that a failure to effectively transition juveniles into the community places them at a higher risk of re-offending. According to literature, this transition phase begins 1 month before release to the community and carries through to as long as 6 months after release. Although the Department's planning for a juvenile's transition begins when a juvenile is committed to its care, such planning does not necessarily translate into effective action. Auditors reviewed a sample of 58 juveniles released in 2007 and found:

- Nine juveniles (15 percent) received none of the support services the Department had determined they needed, such as education, employment, or counseling.

- Thirty-three juveniles (57 percent) received some but not all of the support services.

Further, even when juveniles received education or employment services, the Department did not always place them in services in a timely manner.

Timely placement in some services, especially employment, appears critical for the sample of 58 juveniles auditors reviewed:

- Twenty-two of the 26 juveniles who did not find employment within 6 months violated parole within that same period.
- Only 12 of the 32 juveniles who found employment violated parole within 6 months.

Analysis of the First 6 Months of Parole for 58 Released Juveniles
Calendar Year 2007

Community Placement	Number of Juveniles to be Placed	Number of Juveniles Placed	Median Days to Placement
Education	55	28	19
Employment	45	27	26

Source: Auditor General staff analysis of a random sample of 58 juveniles released from secure care into the community in calendar year 2007.

Need to continue developing community relationships—The Department needs strong relationships with community organizations to provide juveniles with the best chance to succeed. The Department has established good working relationships with the Regional Behavioral Health Authorities (RBHAs). Through agreements, the Department and RBHAs have defined responsibilities for determining healthcare availability for juveniles. The Department needs a similar agreement with the State's Child Protective Services (CPS) program regarding providing care to some juveniles.

The Department has informal relationships with some juvenile courts and county attorneys, and it also needs such relationships with education and vocational rehabilitation programs. Schools' reluctance to accept juveniles is one reason enrollment is delayed. The Department is working to create a Community Education Liaison position to help in community outreach and resource development. Similar outreach efforts would also assist in identifying and developing vocational rehabilitation resources for juveniles. The Department has also established a committee where its staff can share with department

administrators and other staff information regarding programs they have identified or developed.

Other steps to help transition—Juveniles need transcripts, birth certificates, and social security cards in order to go to school, get jobs and vocational rehabilitation, and receive medical services. However, the Department does not always ensure this documentation is available when the juvenile is released from secure care. In one instance, a juvenile was never enrolled in school after his release from secure care because he had no birth certificate or school transcripts. This juvenile absconded from parole just over 4 weeks after his release and was eventually returned to secure care after being on parole for 2-and-a-half months. In another case, a juvenile was offered employment but could not work until he provided proof of citizenship. After 11 weeks without work, he absconded and was returned to secure care.

The Department should also develop a single parole plan for juveniles. There is not a single plan that outlines needed services and expectations for the juvenile but rather this information is contained in at least three different documents.

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www.azauditor.gov

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Recommendations

The Department should:

- Expand and improve relationships with outside organizations that work with juveniles.
- Develop and implement additional policies and procedures to obtain needed documentation in a timely manner.
- Develop a single parole plan.