



DEBRA K. DAVENPORT, CPA
AUDITOR GENERAL

STATE OF ARIZONA
OFFICE OF THE
AUDITOR GENERAL

MELANIE M. CHESNEY
DEPUTY AUDITOR GENERAL

March 26, 2012

The Honorable Carl Seel, Chair
Joint Legislative Audit Committee

The Honorable Rick Murphy, Vice Chair
Joint Legislative Audit Committee

Dear Representative Seel and Senator Murphy:

Our Office has recently completed a 36-month followup of the Arizona Department of Juvenile Corrections—Rehabilitation and Community Re-entry Programs regarding the implementation status of the 37 audit recommendations (including sub-parts of the recommendations) presented in the performance audit report released in March 2009 (Auditor General Report No. 09-02). As the attached grid indicates:

- 34 have been implemented;
- 2 have been partially implemented, and;
- 1 is not yet applicable.

Unless otherwise directed by the Joint Legislative Audit Committee, this concludes our follow-up work on the Department's efforts to implement the recommendations from the March 2009 performance audit report.

Sincerely,

Dale Chapman, Director
Performance Audit Division

DC:sjs
Attachment

cc: Charles Flanagan, Director
Arizona Department of Juvenile Corrections

ARIZONA DEPARTMENT OF JUVENILE CORRECTIONS— Rehabilitation and Community Re-entry Programs Auditor General Report No. 09-02 36-Month Follow-Up Report.

Recommendation	Status/Additional Explanation
Finding 1: Department’s treatment programs modeled after best practices, but delivery needs improvement	
1.1 The Department should develop and implement policies and procedures that specify:	
a. The frequency and duration of core process, treatment focus, and specialty groups and specialty treatment program groups;	Implemented at 36 months
b. Using approved treatment materials;	Implemented at 18 months
c. Customizing treatment to meet the needs of individual juveniles by providing juveniles with specific treatment modules and specialty groups that are based on individual diagnoses;	Implemented at 18 months
d. Providing sex offender treatment for all adjudicated sex offenders and for juveniles who have been identified as at risk for inappropriate sexual behavior; and;	Implemented at 36 months
e. Developing and implementing a plan to provide chemical dependency treatment to all juveniles the Department identifies as needing this treatment.	Implemented at 18 months
1.2 If the Department decides that it cannot implement its current treatment programs as designed, it should revise and implement its programs in such a manner as to continue to follow the literature on effective treatment programs.	Implemented at 18 months
1.3 The Department should develop and implement treatment program policies and procedures and revise program manuals to clearly guide staff on how to implement the treatment programs. These policies and procedures should specify:	
a. Who should lead different types of treatment groups and what to do in cases where appropriate staff are not available;	Implemented at 36 months
b. How frequently each type of treatment group should be held;	Implemented at 36 months
c. How long treatment groups should last; and	Implemented at 36 months

Recommendation	Status/Additional Explanation
d. Expectations for staff and juveniles' behavior and participation in the groups.	Implemented at 36 months
<p>1.4 The Department should develop and implement training programs to ensure that its staff have the appropriate knowledge and skills to competently provide treatment. Specifically, the Department should:</p> <p>a. Ensure that unit staff receive treatment program and behavioral management training prior to working with the juveniles;</p> <p>b. Provide clinical staff who work with juveniles who are adjudicated sex offenders with specialized sex offender training. In addition, the Department should provide all staff working with juveniles who are adjudicated sex offenders training on how to interact with and manage sex offenders. The Department should also ensure that staff receive this training prior to working with these juveniles;</p> <p>c. Ensure that staff leading core treatment process and specialty groups and sex offender and chemical dependency groups are trained on how to provide group counseling; and</p> <p>d. Develop and implement policies and procedures for providing staff with periodic ongoing training for all treatment programs and the behavior management program.</p>	<p>Implemented at 36 months</p> <p>Implemented at 36 months</p> <p>Implemented at 18 months</p> <p>Implemented at 36 months</p>
<p>1.5 The Department should develop and implement comprehensive monitoring procedures to ensure that treatment programming is being provided to juveniles as designed. At a minimum, this should include:</p> <p>a. What groups to monitor;</p> <p>b. When and how to monitor;</p> <p>c. Who should monitor;</p> <p>d. Identifying qualified staff to monitor and providing training to this staff; and</p> <p>e. Reporting, feedback, and follow-up procedures.</p>	<p>Implemented at 18 months</p> <p>Implemented at 18 months</p> <p>Implemented at 18 months</p> <p>Implemented at 18 months</p> <p>Implemented at 18 months</p>
1.6 The Department should implement its current evaluation process and ensure that regular evaluations are conducted and used to assess and improve its treatment programs.	Implemented at 36 months

Finding 2: Decision-making process for juvenile treatment and release recommendations needs improvement

To improve the decision-making processes related to juveniles’ treatment plans and recommendations for release, the Department should:

- | | |
|--|--|
| <p>2.1 Make the following improvements to its assessment and scheduler in Youthbase:</p> <ul style="list-style-type: none"> a. Implement data controls throughout the assessment to minimize the potential for data inconsistencies and eliminate the current practice of allowing staff to save an assessment without changing/updating any data; b. Establish controls that limit assessment updates to only those questions that should change and ensure that only authorized staff can complete certain domains; and c. Continue efforts to implement the automated scheduler and monitor it to ensure that parole officers do not experience scheduling conflicts for MDT meetings. | <p>Implemented at 18 months</p> <p>Implemented at 18 months</p> <p>Implemented at 36 months</p> |
| <p>2.2. Revise its procedures on assessments to require greater clinical or supervisory review of assessments conducted after the initial assessment.</p> | <p>Implemented at 18 months</p> |
| <p>2.3. Monitor the MDT process on a regular basis for staff attendance, attentiveness, and conduct as well as procedural compliance, schedule adherence, and appropriate meeting environments.</p> | <p>Implemented at 36 months</p> |
| <p>2.4. Provide all secure care clinical and community corrections staff with refresher assessment training on a regular basis.</p> | <p>Implemented at 36 months</p> |
| <p>2.5. Identify clinically trained and credentialed family services coordinators and use them to update the mental health domain every 90 days for those juveniles in the community who the Department has determined need ongoing assessment because of high risk and needs in this area. Further, family services coordinators should then provide parole officers with the information needed to help juveniles address problems in this area.</p> | <p>Implemented at 18 months</p> |

Finding 3: Department should better support juveniles’ transition to the community

- 3.1. To better transition juveniles back into the community, the Department should improve and expand working relationships with outside organizations that also work with juveniles by:

Recommendation

Status/Additional Explanation

- a. Continuing to meet with the Department of Economic Security, Child Protective Services and developing an agreement similar to the formal agreements it has with the RBHAs. The agreement should define the responsibilities of both agencies and the staff responsibilities for various processes, including attendance at key department meetings, establishing time frames for when actions should be taken, and specifying a problem-solving process;
- b. Ensuring all formal agreements have objective measurements and processes to hold participants accountable for their actions;
- c. Leveraging its existing resources to create a Community Education Liaison to work with community education programs to help transition juveniles into public schools. The Community Education Liaison should work to identify, document, and access other educational opportunities for juveniles who are struggling to reintegrate into traditional classrooms;
- d. Identifying relevant events, such as conferences and trainings, that the Department could use to communicate with and receive feedback from educators regarding the special needs of its juveniles;
- e. Continuing to develop its working relationship with the Department of Economic Security (DES) and ensure that it can track the services that DES provides;
- f. Using its vocation rehabilitation liaison position and/or other staff resources to identify and contract for relevant job training and vocational rehabilitation programs for its juveniles. This position should also identify relevant events, such as conferences and trainings, that the Department could use to communicate with and receive feedback from community vocation program directors regarding the needs of its juveniles; and

Partially implemented at 36 months

The Department has continued to meet with the Department of Economic Security, Child Protective Services (CPS) and reported making progress in working collaboratively with CPS. However, a formal agreement defining both agencies' responsibilities has yet to be developed.

Not yet applicable

See explanation for 3.1a.

Implemented at 18 months

Implemented at 18 months

Partially implemented at 36 months

The Department reported tracking some DES-provided services, but that it is not always aware of the services DES provides to juveniles. Auditors' review of juvenile case plans showed evidence of this tracking. Department staff have recently resumed discussions with DES aimed at establishing a comprehensive system for tracking DES-provided services; however, a tracking system has yet to be established.

Implemented at 18 months

Recommendation**Status/Additional Explanation**

g. Continuing to use existing committees to share information regarding both educational and vocational rehabilitation programs and opportunities in the community that department staff identify and/or develop.

Implemented at 18 months

3.2. To better support juveniles' transition back into the community, the Department should develop and implement additional policies and procedures that:

a. Include set timelines and staff responsibilities for obtaining a juvenile's necessary identification, transcripts, and other documentation prior to transitioning to the community;

Implemented at 36 months

b. Require the development of a single, unified parole plan for its juveniles prior to their transition to the community. The plan should define a juvenile's responsibilities while on parole, list needed services, and serve as a guide to department and other agency staff regarding the support that should be provided to the juvenile while he/she is in the community; and

Implemented at 18 months

c. Require the development of goals, objectives, and measures to track juveniles' success in transitioning and the monitoring and tracking of those goals, objectives, and measures. The Department should ensure that those goals include the goals defined in a juvenile's parole plans.

Implemented at 36 months
