APPENDIX D



We appreciate the Department's response including its agreement with the audit finding and its plan to implement our recommendations to improve its use of TSU. However, the Department's response states that "elements of the report have the potential to mislead readers" and includes several paragraphs related to this statement that necessitate the following comments and clarifications.

1. The Department makes the following statement related to potential negative consequences of youth isolation discussed in the report (see Department's response, page 2):

"[A]Ithough the TSU program is thoroughly explained in the Introduction, the report identifies TSU as a 'form of isolation' without fully distinguishing TSU from the other various types of isolation. As described by the research cited in the report, the term 'isolation' encompasses a broad spectrum of interventions which differ in terms of purpose, location, and duration, ranging from the use of lengthy solitary confinement, during which youth do not have access to programming opportunities, to short-term therapeutic de-escalation strategies like TSU. Including the term 'isolation' in the finding and throughout the report without providing that context may lead readers to believe that TSU is comparable to solitary confinement, which it is not. It is also important to note that the cited research regarding the potential negative consequences of isolation is not specific to the use of TSU. The report identifies the potential negative consequences of improper use of isolation but fails to distinguish between the best practices exemplified by TSU and the other types of isolation, which differ greatly from the therapeutic model used by ADJC."

Both CJJA and the Desktop Guide acknowledge that isolation encompasses a range of interventions that differ in terms of purpose, location, and duration. Additionally, as discussed in Finding 1 (see pages 12 through 13), the Department's use of TSU as outlined in its TSU policy and procedures is consistent with practices recommended by CJJA and the Desktop Guide for minimizing the use of youth isolation in correctional facilities. Further, while in TSU, youth receive programming and services, such as meeting with a Department qualified mental health professional, and they receive the same meals, and visitation and telephone privileges, as youth in the housing units (see Introduction, pages 6 through 7).

However, the negative consequences described in our report can still potentially manifest themselves through the Department's use of TSU. Specifically, both CJJA and the Desktop Guide describe a range of potential negative consequences associated with isolation that can lead to mental health problems for youth. Although the Desktop Guide indicates that the degree of psychological deterioration will vary depending on several factors, such as the duration and intensity of isolation and whether the youth perceives the isolation as threatening or unjust, neither CJJA nor the Desktop Guide indicate that these problems are associated only with certain types of isolation and not with other types. Finally, best practices and other standards for juvenile justice indicate youth isolation should be used only when youth are a danger to themselves or others and that isolation used for these purposes should be minimized.

2. The Department makes the following statement related to the sample of TSU referrals we reviewed (see Department's response, pages 2 through 3):

"The OAG expressed concern that referrals resulting in non-admission reflected an 'increased risk of noncompliance,' and oversampled non-admissions by more than double their actual occurrence, as explained in footnotes 31 and 53 and Appendix C of the report. The audit finding focuses on this very narrow, non-representative sample of TSU referrals, and the OAG categorized 12 of the 30 referrals they reviewed

as being inconsistent with policy. This may inadvertently lead readers to an incorrect assumption about the overall frequency of noncompliant referrals."

As stated in Finding 1(see page 13) and Appendix C (see pages c-1 through c-2), our sample was not designed to be representative of the population of all referrals nor to determine the estimated incidence of noncompliant referrals in the overall population. Therefore, our report does not include an estimate of or otherwise discuss the amount of noncompliance in the overall population of TSU referrals from which we sampled. As stated in Appendix C, our decision to sample equally between referrals resulting in admission and nonadmission was based on our assessment that referrals resulting in nonadmission may be more likely to be noncompliant. This sample design is consistent with government auditing standards that indicate when a representative sample is not needed, a targeted selection may be effective when the auditors have isolated risk factors to target the selection. Government auditing standards for reporting audit findings also state that auditors should give readers a basis for judging the prevalence and consequences of their findings by relating the instances identified to the population or the number of cases examined and quantifying the results, and if the results cannot be projected, limit their conclusions appropriately. Therefore, in Finding 1 we present the number of noncompliant referrals in relation to the total number of referrals we reviewed but limit this conclusion by stating that that it should not be projected to the entire population.

3. The Department makes the following statement related to the 12 TSU referrals we concluded were noncompliant with Department policy (see Department's response, page 3):

"ADJC had the opportunity to review the 12 referrals to TSU that the report categorized as non-compliant with policy and procedures. For some of the referrals, ADJC agrees that the incident reports lack some of the necessary documentation. However, for several of the incident reports, ADJC believes that the referrals were actually made consistent with policy and procedure and include all of the necessary documentation. Our differing conclusions do not detract from the importance of ensuring consistent compliance with policies and procedures but reflect our concern that the report overstates the actual incidence of noncompliance."

Although the Department believes that the incident reports for some of the noncompliant referrals we identified included all necessary documentation, Appendix B (see pages b-1 through b-6) provides specific details about the documentation included in the incident reports we reviewed and the specific reasons that we concluded it was insufficient according to the Department's TSU policy and procedures for each of the 12 noncompliant referrals. Additionally, as previously discussed, our report does not include an estimate of or otherwise discuss the amount of noncompliance in the overall population of TSU referrals from which we sampled.