

The October 2021 Arizona Department of Juvenile Corrections performance audit found that the Department has not assessed fidelity for some treatment intervention components, implemented some treatment programming recommended improvements, and tracked a comprehensive set of outcome measures for its treatment programming, potentially impacting its ability to ensure its treatment programming's effectiveness. We made 7 recommendations to the Department, and its status in implementing the recommendations is as follows:

Status of 7 recommendations

Implemented:	1
In process:	4
Not yet applicable:	2

We will conduct an 18-month followup with the Department on the status of the recommendations that have not yet been implemented.

Finding 1: Department has not assessed some treatment intervention components to help ensure interventions are delivered as designed, increasing the risk of providing youth less-effective treatment interventions

1. The Department should ensure it delivers its treatment interventions with fidelity, that any identified fidelity deficiencies are corrected, and that corrective actions are documented by:
 - a. Developing and implementing policies and procedures and/or revising and implementing existing policies and procedures to establish ongoing monitoring of fidelity with its policy requirements for the frequency and duration of group treatment sessions, the content that should be covered in each session, and the order in which content should be delivered, including procedures for correcting any identified deficiencies.

Implementation in process—The Department has revised its policies and procedures to establish ongoing monitoring of fidelity with its treatment programming's policy requirements, including procedures for correcting any identified deficiencies, effective May 31, 2022. For example, the Department's revised policies and procedures require clinical staff assigned to housing units to weekly monitor youths' group treatment attendance and group treatment session facilitators to document when youths make up missed treatment sessions. Additionally, the revised policies and procedures require clinical staff to assess whether youth who have attended a treatment session determined to have been delivered with low fidelity must repeat the treatment session. We will assess the Department's implementation of its revised policies and procedures during our 18-month followup.
 - b. Developing and implementing policies and procedures outlining staff responsibility for overseeing the results of its fidelity-monitoring efforts, including identifying the staff responsible for overseeing fidelity-monitoring efforts and ensuring identified deficiencies are corrected, and outlining time frames and procedures for doing so.

Implementation in process—The Department has revised its policies and procedures to assign responsibility to its clinical director for overseeing the results of its fidelity-monitoring efforts and ensuring identified deficiencies are corrected, including time frames for doing so, effective May 31, 2022. For

example, the Department's revised policies and procedures require the Department's clinical director to hold weekly meetings in which clinical staff discuss fidelity monitoring results and efforts to correct identified deficiencies. Department policy also requires the Department's clinical director to provide monthly supervision to clinical staff leaders who are responsible for identifying and correcting fidelity deficiencies. We will assess the Department's implementation of its revised policies and procedures during our 18-month followup.

Finding 2: Department evaluations have recommended treatment programming improvements, but it has not ensured some recommendations were implemented, which could impact its effectiveness in reducing youth recidivism

2. The Department should implement its revised CPC evaluation policy and procedures to help ensure it addresses all actionable CPC evaluation report recommendations.

Not yet applicable—As of July 2022, the Department had initiated a CPC evaluation, which is the first CPC evaluation it will have conducted since revising its CPC evaluation policy and procedures. The Department estimates it will finalize the associated CPC evaluation report in January 2023 (see explanation for Recommendation 3).

3. The Department should further revise and implement its CPC evaluation policy and procedures for addressing CPC evaluation report recommendations to include:
 - Requirements for addressing areas needing improvement that Department staff determine to be nonactionable.
 - Requirements for staff to retain documentation demonstrating progress toward completing CAP action items.
 - How CIB staff should monitor, assess, and document their review of reported progress toward completing CAP action items during the 12-month monitoring period, such as reviewing documentation or taking other steps to verify reported progress.

Implementation in process—The Department has revised its CPC evaluation policy and procedures to include requirements for addressing areas needing improvement that Department staff determine to be nonactionable; requirements for staff to retain documentation demonstrating progress toward completing CAP action items; and guidance for how CIB staff should monitor, assess, and document progress toward completing CAP action items. As of July 2022, the Department had initiated a CPC evaluation, which is the first CPC evaluation it will have conducted since revising its CPC evaluation policy and procedures. The Department estimates it will finalize the associated CPC evaluation report in January 2023. We will further assess the Department's implementation of its revised CPC evaluation policy and procedures during our 18-month followup.

Finding 3: Department has not tracked comprehensive set of treatment programming outcomes or conducted outcome evaluations, limiting its ability to demonstrate and improve its treatment programming's effectiveness in rehabilitating youth population who received treatment

4. The Department should develop and implement a plan to identify opportunities, methods, external assistance, and resources for developing additional outcome measures and conducting outcome evaluations related to its treatment programming. The plan should include goals, action items, completion time frames/deadlines, and the individual(s) assigned to complete each action item.

Implementation in process—The Department has developed and begun to implement a plan to identify opportunities, methods, external assistance, and resources for conducting outcome evaluations related to its treatment programming. Further, the Department's plan includes goals, action items, completion time frames/

deadlines, and the individual(s) assigned to complete each action item. The Department has completed the initial steps of its plan, including researching other juvenile justice systems' use of outcome measures and evaluations. The Department anticipates completing additional steps of its plan throughout 2023 and 2024, including defining ranges of outcomes for the Department's treatment programming, identifying and prioritizing appropriate evaluation goals, identifying and addressing budget and resource constraints, identifying and developing appropriate methods of analysis, and collecting and analyzing data.

5. The Department should, based on the implementation of Recommendation 4, and as applicable:
 - a. Establish and track additional outcome measures related to its treatment programming's goals to address criminogenic risk factors, including outcome measures related to youths' treatment programming progress while in the Facility.

Implemented at 6 months

5. The Department should, based on the implementation of Recommendation 4, and as applicable:
 - b. Prioritize and conduct outcome evaluations it identifies through its planning process.
Not yet applicable—The Department is in the process of completing its planning process (see explanation for Recommendation 4). Therefore, this recommendation is not yet applicable.