

Arizona Department of Juvenile Corrections Youth Treatment Programming Evaluation

42-Month Followup of Performance Audit Report 21-121

The October 2021 Arizona Department of Juvenile Corrections—Youth Treatment Programming Evaluation performance audit was the second of 3 audit reports we issued as part of the Department’s sunset review.¹ Our performance audit on the Department’s youth treatment programming evaluation found that the Department had 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.

Department’s status in implementing 7 recommendations

Implementation status	Number of recommendations
 Implemented	6 recommendations
 Partially implemented	1 recommendation

Unless otherwise directed by the Joint Legislative Audit Committee, this report concludes our followup work on the Department’s efforts to implement the recommendations from the October 2021 report.

¹ For more information on the other performance audits we issued as part of the Department’s sunset review, including applicable followup reports, see [Report 21-104](#) and [Report 21-122](#).

Recommendations to the Department

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.

► Status: **Implemented at 30 months.**

The Department has developed and implemented revised policies and procedures for the ongoing monitoring of fidelity with its treatment programming's policy requirements. For example, the Department's clinical staff hold weekly meetings, which include an agenda item to identify youth who missed group treatment sessions and determine whether they have or need to make up the missed treatment session. Additionally, the Department has developed electronic and physical fidelity checklists for its treatment programs that Department behavioral health services staff are required to complete when conducting treatment session fidelity assessments. The checklists are designed to alert treatment program facilitators and their supervisors if a treatment session needs to be repeated because it had low or moderate fidelity or was shorter than required and/or if the facilitator did not appropriately manage youth behavior. Our review of a sample of fidelity checklists Department staff completed between June 2022 and January 2023 found that Department staff completed the checklists as required, and the Department followed its policy for correcting deficiencies. For example, for 1 checklist we reviewed, Department behavioral health services staff determined a treatment session had moderate fidelity, and during the monthly treatment fidelity administrators meeting, it was determined that the youth who attended the group did not need to make up the treatment session, but the staff conducting the treatment session should receive refresher training.

- 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.

► Status: **Implemented at 30 months.**

The Department has developed and implemented policies and procedures that outline its clinical director's responsibility for overseeing the results of the Department's fidelity-monitoring efforts. For example, consistent with the policies and procedures, the Department's clinical director has participated in weekly meetings with clinical staff that include agenda items such as whether fidelity-monitoring efforts have occurred, whether any fidelity deficiencies have been identified, and whether any youth have missed a group treatment session that they need to make up. Additionally, the Department's clinical director meets with clinical staff who are responsible for identifying and correcting fidelity deficiencies monthly to discuss corrective action plans and ensure deficiencies are corrected.

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.

► Status: **Implemented at 42 months.**

As reported in our last followup in June 2024, the Department began implementing its revised CPC evaluation policy and procedures when it completed its Correctional Program Checklist (CPC) evaluation report in December 2022. The CPC evaluation report made 34 recommendations to better align the Department's treatment programming with evidence-based practices. Consistent with its policy and procedures, the Department developed corrective action plans (CAPs) to address all recommendations and assigned priority levels and time frames for their implementation. As of June 2024, the Department reported it had completed CAPs addressing 10 of 34 report recommendations, was in the process of addressing CAPs for 14 recommendations, and had yet to begin addressing CAPs for the remaining 10 recommendations.

In December 2024, Department staff submitted a memo to the Department director stating that they were beginning to plan for the Department's next CPC evaluation, which was scheduled to start in 2025. Consistent with the Department's CPC evaluation policy and procedures, which require Department staff to monitor CAPs until completion or until staff start planning for the next CPC evaluation, the memo provided a final update on the Department's efforts to implement CAPs addressing the 2022 CPC evaluation report recommendations.² The Department reported that although it had made further progress implementing the 14 CAPs that were in process since June 2024, it had not fully completed any additional CAPs. According to the Department, its

² In April 2025, the Department's director approved a 1-year extension to allow the Department to implement various changes, such as developing and implementing new training for staff, before conducting its next CPC evaluation. The Department reported that it plans to start its next CPC evaluation in the fall of 2026.

next CPC evaluation will fully reevaluate all CPC standards related to evidence-based practices that reduce recidivism, including those areas for which the Department had developed CAPs based on the 2022 CPC evaluation. Further, Department policy and procedures require staff to develop new CAPs for the recommendations from the next CPC evaluation report with assigned priority levels and implementation time frames.

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 Continuous Improvement Bureau (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.

▶ Status: **Implemented at 42 months.**

As reported in our last followup, the Department further 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.³

Our review of a judgmental sample of 3 of 10 CAPs the Department reported it completed found that the Department retained documentation demonstrating it monitored, assessed, and completed the CAPs. For example, the Department retained documentation demonstrating CIB staff monitored the completion of a CAP for implementing a formal way that youth can provide input on the Department's programming. Further, the Department maintained the CAP documentation for each action step, including the status of the step, staff assigned to complete the step, and notes on the documentation CIB staff reviewed to verify implementation of the CAP. For example, CIB staff documented their review of meeting minutes from the Youth Advisory Council the Department created as a forum for youth to provide their input on the Department's programming.

³ According to the Department, none of the 34 CPC evaluation report recommendations were determined to be nonactionable.

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.

▶ Status: **Implemented at 30 months.**

As reported in our initial followup, the Department developed a plan to identify opportunities, methods, external assistance, and resources for conducting outcome evaluations related to its treatment programming, which includes goals, action items, completion time frames/deadlines, and the individual(s) assigned to complete each action item. Since our initial followup, the Department has continued to implement the plan. For example, as of August 2023, the Department had completed a pilot review of its Dialectical Behavior Therapy (DBT) treatment program to ensure the program is delivered as designed before conducting a full outcome evaluation of the program. Further, the Department reported it evaluated the pilot’s results, resolved issues with and made changes to program delivery identified during the pilot, and trained additional staff to deliver the program. As of March 2024, the Department reported it was in the process of conducting another pilot review of the changes made to its DBT treatment program as a result of the first pilot. As of June 2024, the Department estimated it would initiate a full outcome evaluation of its DBT treatment program by the end of calendar year 2024 (see recommendation 5 for information on the Department’s status in conducting the DBT treatment program outcome evaluation).

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.

▶ Status: **Implemented at 6 months.**

- b. Prioritize and conduct outcome evaluations it identifies through its planning process.

▶ Status: **Partially implemented at 42-months.**

As discussed in recommendation 4, the Department developed and began implementing a plan for conducting outcome evaluations related to its treatment programming, including completing a pilot review of its DBT treatment program and making needed changes to program delivery that were identified during the pilot.

In August 2024, the Department initiated a third pilot review of its DBT treatment program and implemented procedures for collecting additional data needed to conduct an outcome evaluation of its DBT treatment program. Department staff incorporated some of the data collected for the outcome evaluation into monthly progress reports provided to the director. For example, the monthly progress reports included information on the fidelity of treatment delivery and key activities, such as staff completing a program kick-off meeting with youth to introduce them to the program and conducting assessments of youths' DBT-related skills.⁴ The monthly progress reports also included information on the program's performance measures, including whether youth demonstrated behavioral improvements, such as a decrease in the number of violations youth received for not following facility rules. As discussed in our October 2021 performance audit report, performance measures, such as assessing positive changes in youth behaviors, can be useful indicators for assessing whether treatment programming is on track to achieve expected long-term outcomes.

However, the Department reported it discontinued its procedures for collecting additional data during the third pilot review due to the loss of key staff in 2024, including its clinical director. Although the Department has since filled these positions, it began implementing various changes that it reported would impact its ability to conduct an outcome evaluation and anticipates these changes will not be completed until 2026 (see explanation for recommendation 2). According to the Department, it will continue to follow its policy and procedures for conducting a pilot review, including taking steps for evaluating program outcomes, when it conducts its next pilot review.⁵

Finally, in July 2024 the Department worked with Arizona State University to submit a grant application to the National Institute of Justice for multiyear funding to support long-term outcome evaluation projects. Although the Department was not awarded the grant, it reported it is continuing to work with Arizona State University to identify similar grant opportunities.

⁴ As discussed in our October 2021 performance audit report, DBT is intended to help youth develop and practice skills in multiple areas, including distress tolerance, emotion regulation, and interpersonal effectiveness.

⁵ The Department reported that it has not yet scheduled its next pilot review.